
ZERO DRAFT Report of the Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies to the special session of the World Health Assembly

EXECUTIVE SUMMARY

1. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (hereafter referred to as the WGPR) has convened four meetings during the period July to November 2021. It has also conducted eight deep dive sessions to enrich deeper analysis and discussion on key issues. The WGPR has agreed to conduct its work in an efficient, effective, inclusive, consensus-based and transparent manner.
2. In line with the dual mandates of the WGPR, its discussions have focused on: (i) the feasibility and degree of impact of recommendations for strengthening pandemic preparedness and response according to the following categories: leadership and governance, systems and tools, financing and equity; and (ii) the benefits of developing a new WHO convention, agreement or other international instrument on pandemic preparedness and response. Repeatedly, Member States have returned to two key themes in the discussion: first, that the status quo is not acceptable to anyone and second, that the WGPR must be willing to move forward in a flexible way that advances both of its linked mandates.
3. Member States acknowledged that the International Health Regulations (2005) remains an important tool for health emergency preparedness and response and that there is need to strengthen its implementation, compliance and accountability. They also noted that there is value in exploring the role of existing tools and mechanisms available to WHO for implementing relevant recommendations. Finally, the WGPR identified potential benefits of a new WHO convention, agreement or other international instrument for pandemic preparedness and response.
4. In accordance with the mandate of the WGPR under decision WHA74.16 (2021), this report focuses on the assessment of the benefit of a new WHO convention, agreement and other international instrument on pandemic preparedness and response to be submitted to the special session of the World Health Assembly (WHASS) on 29 November–1 December 2021. The benefits of a new WHO convention, agreement or other international instrument on pandemic preparedness and response could include promoting high-level political commitment and whole-of-government whole-of-society approaches, addressing equity, enhancing the One Health approach, and strengthening health systems and their resilience.

5. The WGPR assesses that in order to be successful, the way forward should include both the initiation of a new instrument negotiation on the basis of Article 19 and strengthening the IHR (2005), including implementation, compliance and targeted amendment, as part of a comprehensive approach.
6. The WGPR recommends to WHASS the following actions:
 - (a) To task the WGPR to identify the tools to implement the recommendations that fall under the technical work of WHO, further develop targeted IHR (2005) amendments, and identify the elements of a potential WHO instrument and modalities of its negotiations.
 - (b) Towards this, the WGPR may draft and negotiate possible Health Assembly resolutions and decisions to implement the recommendations in order to strengthen WHO preparedness and response to health emergencies.
7. In accordance with its mandate under resolution WHA74.7, the WGPR will submit another report to the Seventy-fifth World Health Assembly through the Executive Board at its 150th session to be held in January 2022.

BACKGROUND

8. The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established with a mandate derived from resolution WHA74.7 (2021), which requested the WGPR:
 - (a) to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 response 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; and
 - (b) to submit a report with proposed actions for the WHO Secretariat, Member States and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.
9. In a separate but related decision (WHA74(16)), the WGPR was also requested “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.”
10. Recognizing and acknowledging the two inter-linked mandates with regard to their required reporting timelines, the WGPR will submit two reports: the first report to the special session of the World Health Assembly (WHASS), to be held on 29 November–1 December 2021; and the second to the Executive Board at its 150th session, to be held on 24–29 January 2022. The reports will be developed in an integrated manner to show the synergies and benefits of taking forward both mandates in a holistic manner.
11. The current report refers to the mandate as directed by decision WHA74(16) on assessing the benefits of developing a WHO convention, agreement or other international instrument (“the new

instrument”) on pandemic preparedness and response. After WHASS, the WGPR will continue its work as directed by resolution WHA74.7 to consider all the recommendations and the different actions and tools to implement them, including the new instrument and targeted amendments to the International Health Regulations (2005) (hereafter referred to as IHR (2005)), that will be proposed for consideration by the WHO governing bodies for further action by the WHO Secretariat, Member States and non-State actors, as appropriate.

12. The WGPR has convened four meetings during the period July to November 2021. The WGPR also conducted several intersessional deep dives on specific themes, such as IHR (2005) strengthening, equity, health architecture and benefits of a new instrument, and two dialogues with non-State actors. To facilitate better dissemination of information and Member State engagement, the Bureau briefed five¹ of the six WHO regional committees to provide opportunities for the exchange of views among regional stakeholders, encourage participation in the WGPR’s deliberations and seek input on regional experience.

13. At the first meeting of the WGPR, on 15–16 July 2021, it elected the officers of the Bureau.²

14. The WGPR agreed that its work needs to be conducted in an efficient, effective, inclusive, consensus-based and transparent manner to ensure the meaningful engagement of all Member States. The WGPR also agreed that given its focus to strengthen WHO preparedness and response to health emergencies, subgroup meetings during intersessional periods, if any, should be sequential and no more than two, to enable maximum participation by Member States.

15. At its first meeting, the WGPR adopted its terms of reference and methods of work, including the role of relevant key stakeholders as well as the timeline and deliverables of the WGPR. The WGPR meeting summaries are available online.³

EMERGING PRIORITY AREAS FOR FURTHER DELIBERATION

16. In the second and third meetings, Member States began to discuss the recommendations from the four entities – the Independent Panel on Pandemic Preparedness and Response, Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 Response, Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and Global Preparedness Monitoring Board – with a view to understanding more clearly how recommendations could be grouped to show convergences, divergences, the timeframes given for implementation; and where implementation is under way.

17. Repeatedly, Member States have returned to two key themes in the discussions: first, that the status quo is unacceptable for everyone; and second, that the WGPR must be willing to move forward in a flexible way that advances both of its linked mandates. Building on the preliminary mapping of recommendations, the WGPR began discussing the Secretariat’s high-level assessment of each

¹ The regional committees for Africa, the Americas, South-East Asia, the Eastern Mediterranean and the Western Pacific.

² Co-Chairs – H.E. Ms Grata Endah Werdaningtyas of Indonesia and Mr Colin McIff of the United States of America; Vice-Chairs – Dr Malebogo Kebabonye of Botswana; H.E. Mr François Rivasseau of France; Dr Ala Alwan of Iraq; Dr Lyn James of Singapore.

³ <https://apps.who.int/gb/wgpr/>.

recommendation and possible mechanisms to implement priority recommendations and their current status of implementation (see the annex to this report).

18. A further analysis of the 131 recommendations was conducted to identify convergences and divergences among the recommendations. Member States agreed to consider the recommendations in four broad categories: (1) leadership and governance; (2) systems and tools; (3) finance; and (4) equity. Key observations included the following.

- (a) The recommendations converge around the leading, coordinating and convening role of WHO in supporting Member States during a health emergency.
- (b) All four entities concluded that the IHR (2005) remain an important tool and that the weakness lies in their implementation. One idea put forward in the recommendations was that amendments should be proposed to the IHR (2005), while another was to focus on enhancing Member States' implementation and compliance. In the WGPR discussions, there is emerging consensus on the need to strengthen the IHR and a recognition that this can be undertaken through the IHR itself as well as through a new instrument.
- (c) Each of the four entities directly addressed issues of equity, including access to countermeasures, and members of the WGPR have agreed this is a priority area to be taken forward.
- (d) Although the recommendations are consistent regarding the need for sustained investment in pandemic preparedness and response, there is divergence among them on how this should be done and this divergence has continued to be reflected in Member State discussions thus far in the WGPR.
- (e) The four entities came to the same conclusions that there is a need for rapid information sharing to facilitate public health investigations. There has been some discussion within the WGPR on this as a critical gap that needs to be addressed, while several Member States have also cautioned the need to move forward in a way that fully respects national sovereignty.

19. Based on Member State discussions, emerging consensus has evolved that the WGPR will need to continue its discussions on the feasibility of implementing the recommendations, particularly how to implement through:

- (a) Existing tools and mechanisms available to WHO;
- (b) Strengthening the IHR (2005) including through strengthening implementation, compliance and targeted amendments; and
- (c) Role and scope of a new instrument and its relationship to existing legal instruments.

20. The WGPR has repeatedly reaffirmed the need to work in an efficient, effective, inclusive, consensus-based and transparent manner. The WGPR further expressed consensus on the importance of strengthening the role of WHO in health emergencies and a shared commitment to strengthen global, regional and national preparedness and response. While the second report to the Executive Board will provide a deeper review of the WGPR's discussions on all the recommendations and their applicability for strengthening WHO as well as global preparedness and response to pandemics, several items warrant mentioning including as they relate to assessing the benefits of a potential new instrument under WHO.

(a) Strengthening governance. There is general consensus around the need to increase Member State involvement in, and direction of, WHO governance. In particular, interest was expressed in proposals on establishing various WHO standing committees, for example on health emergencies and governance, which would support the Executive Board in policy proposals on pandemic and emergency preparedness and response, as well as in response to particular events of concern.

(b) Strengthening the International Health Regulations (2005). Member States have reiterated their support for the IHR (2005) as a key component of the global health architecture. Many Member States also expressed their support to strengthen the IHR (2005) including through implementation, compliance and targeted amendments without re-opening the entire instrument for negotiations; however, there is a need to agree on a process for how these would be identified and what would be addressed. Some of the issues identified for consideration include for example:

(i) building and strengthening core capacities for the implementation of and compliance with the IHR (2005) at national and subnational levels, and strengthening mutual accountability, through regular country reviews and potential mechanisms like the Universal Health Preparedness Review currently being piloted in WHO. Member States from all WHO regions have spoken appreciatively of the pilot process of the Universal Health Preparedness Review. Moving forward, the WGPR will need to consider whether and how to incorporate it into WGPR's work;

(ii) enabling the transparent immediate sharing of data on outbreaks, as proposed by the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 response;

(iii) strengthening WHO's authority, including for access to outbreak sites with due regard to and respect for the sovereignty of states; and

(iv) 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, pending further Member State discussions.

21. A number of risks were raised about amending the IHR (2005), including:

(a) a possible "slippery slope" from opening amendments to potentially weakening the instrument overall;

(b) potential time involved in negotiating and finalizing consensus on some of the more complex provisions;

(c) growing complexity of the IHR (2005) and its web of provisions;

- (d) limited scope of the IHR (2005): both within the instrument and per the WHO Constitution (Article 21); and
- (e) potential limitations of ambition resulting from the need for consensual reform of the IHR (2005).

Issues that fall outside of the scope of the International Health Regulations (2005)

22. There is general consensus that certain aspects of health emergency preparedness and response fall outside of the scope of the IHR (2005) and may be best addressed either through a potential new instrument or through another normative, policy or programmatic tool available through WHO. In addition, some recommendations and key areas will require effective coordination between WHO and other institutions that may have relevant mandates for those issues and recommendations. Member States raised the following topics.

- (a) One Health approach. This is an area where there is strong prioritized interest, but where further elaboration is needed. It is beyond the scope of the IHR (2005), and complex. This complexity is reflected through the involvement of multiple actors at global and national levels, but also might yield significant benefits for the international community if successful.
- (b) Equity, including universal health coverage and equitable access to health countermeasures, and issues such as research and development, intellectual property, technology transfer and empowering regional manufacturing capacity during emergencies to discover, develop and deliver effective tools and technologies. While each of these areas are complex, equity is at the core of the breakdown in the current system and is ideally suited for negotiation under the umbrella of a potential new instrument.
- (c) Rapid risk assessment and response. Some aspects of this could be handled under the discussions on strengthening the IHR (2005), while others could be incorporated under a new instrument. There is wide support among Member States to strengthen collective efforts necessary to prevent, rapidly detect and share information to respond effectively to outbreaks of disease with pandemic potential.
- (d) Compliance. While IHR (2005) has a compliance provision, it remains unused to date. Many Member States expressed a desire to prioritize strengthening compliance, but there remains divergence on how best to do that: as part of strengthening the IHR (2005) or as part of a new instrument.
- (e) Financing, in particular for WHO's technical and convening role. Member States recognize the need for leadership from other actors including the international financial institutions and existing global health institutions.
- (f) Universal health coverage and health system strengthening and resilience, for example primary health care, health workforce and social protection.
- (g) Sample sharing by enhancing and expanding networks, mechanisms and incentives for sharing pathogens, biological samples and the benefits. Member States see sample sharing as important, as well as the need to ensure that proper incentives and benefits are respected. There is openness to explore a more comprehensive mechanism under the auspices of WHO.

(h) Structural solutions to promote a whole-of-government and whole-of-society approach to pandemic preparedness and response. The recommendation of the Independent Panel for Pandemic Preparedness and Response to establish a Global Health Threats Council has not, so far, met with strong support from Member States. However, fostering a whole-of-government and whole-of-society approach to pandemic preparedness and response remains a priority for many Member States.

ASSESSMENT OF THE BENEFITS OF DEVELOPING A NEW WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE

WHO instruments available for Member States and their potential use

23. The WHO Constitution provides the Health Assembly with three types of possible instrument:¹
- (a) The Health Assembly may adopt conventions or agreements, per Article 19 (opt-in).
 - (b) The Health Assembly may adopt regulations, per Article 21 (opt-out).
 - (c) The Health Assembly may make recommendations, per Article 23 (non-binding).
24. Through extensive discussions, the WGPR established that the Health Assembly can take forward the WGPR's linked mandates through multiple means, to address any given health topic, including pandemic preparedness and response. There is no "either/or" requirement, from a governance or legal perspective with respect to the instruments, as to whether to strengthen the IHR (2005) using its existing terms and provisions or adopt a new instrument: both options are legally available, as well as complementary resolutions and decisions to address related issues such as WHO governance.
25. There was no support from Member States to renegotiate the entire IHR (2005). Member States will need to consider all the above options when discussing the proposals for strengthening IHR and a new instrument, and provide clear direction for the next phase of the work.
26. There is also the possibility of strengthening compliance through existing terms and provisions. In this regard, Article 54(1) of the IHR (2005) provides that "States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly"; this provision could be utilized by the Health Assembly to adjust the reporting obligations of States Parties, for example, by establishing an IHR (2005) reporting conference.
27. Promoting compliance through improved transparency and reporting commitments is further supported by Articles 61–65 of the WHO Constitution, which address overall reporting obligations by Member States to WHO, including with respect to conventions, agreements, and regulations established under the WHO Constitution.
28. Establishing a new instrument on pandemic preparedness and response under Article 19 of the WHO Constitution could offer a number of benefits. First, an Article 19 instrument would be legally binding on States Parties (as would be the case with Regulations), and this legally binding status offers

¹ https://apps.who.int/gb/wgpr/pdf_files/wgpr3/A_WGPR3_6-en.pdf.

the potential of greater sustained attention, both political and normative, to the critical issue of pandemic preparedness and response than a non-binding act.

Benefits of a new WHO convention, agreement and other instruments

29. Based on the discussions of the WGPR, a number of potential benefits of a new instrument for strengthening pandemic preparedness and response have been identified, inter alia:

- (a) High-level political commitment, and whole-of-government and whole-of-society approach which could strengthen cross-sectoral coherence and mobilization. This would maintain focus and drive continued momentum to ensure pandemic preparedness and response remains a regular feature on the agenda of world leaders.
- (b) An opportunity to update and strengthen the leading and coordinating role of WHO in the global health architecture in light of the 21st century global health landscape. Doing so could provide a clear pathway for policy-makers and leaders in pandemic preparedness and response, supporting coherence and avoiding fragmentation at both the national and global levels.
- (c) Create constituency support for the new instrument and its goals for pandemic preparedness and response, for example a conference of Parties or expanded Health Assembly. This will need to be looked at closely in the light of mechanisms already available, including a potential Conference of Parties to the IHR (2005) to be convened on a regular basis, which could be instituted immediately without additional negotiations.
- (d) Fostering confidence by States Parties to mutual high-level commitments to pandemic preparedness and response.
- (e) Anchoring all the key principles found in the WHO Constitution (Preamble), including the principle of non-discrimination and the right to health. This is a critical element when it comes to equity and ensuring equitable access to medical countermeasures both now and in the future. Agreeing on concrete actions to be taken is essential not only for equity itself, but for improved health outcomes for everyone around the world as COVID-19 has demonstrated.
- (f) Addressing equitable access to countermeasures such as vaccines, therapeutics and diagnostics. A framework could facilitate concrete measures and long-term mechanisms to develop, manufacture and scale up new countermeasures through increasing local production, sharing of technology and know-how for broadening manufacturing capacity, and strengthening regulatory systems.
- (g) Sharing of data, samples, technology and benefits in the context of pandemic preparedness and response. There are some legally binding agreements relating to pathogen sharing, but no comprehensive framework within WHO, either for sharing of pathogens or for sharing of the benefits derived therefrom, which takes into account the reality and needs of global health security and pandemic response.
- (h) Reducing the risks posed by emerging diseases of zoonotic origin in the future, recognizing that diseases of zoonotic origin are among the most likely sources of future pandemics. This could include strengthening existing platforms and surveillance, furthering multisectoral partnerships (human, animal and environmental health sectors), and promoting specific countermeasures in line with the One Health approach.

- (i) Supporting the strengthening of strong, resilient and inclusive health systems which are foundational for effective and efficient pandemic preparedness, prevention, detection and response systems, through strengthening primary health care service, healthcare workers and achieving universal health coverage.

Key risks of a possible new instrument to address pandemic preparedness and response

30. The key risks include possible delays, or deadlock due to negotiation, and insufficient resource and time commitments resulting from intergovernmental negotiations. There may also be a perception of WHO as not having the mandate or leverage for the instrument. However, the WHO Constitution expressly provides for the possibility of a new instrument, and WHO has experience managing whole-of-government and whole-of-society instruments, including for example the WHO Framework Convention on Tobacco Control.

31. There are also structural risk considerations, for example incorrect drafting of the instrument, overlap in obligations of State Parties to the IHR (2005) and the new instrument or lack of harmony between the IHR (2005) and the new instrument. Some Member States have posed questions for consideration on how to ensure maximum efficiency and effectiveness of current tools while assessing the benefits of a new instrument. Member States also expressed concern over how the “opt-in” nature of an Article 19 convention might reduce the effectiveness of the instrument due to the insufficient signatories. As a result, a number of Member States have expressed openness to launching a negotiating process for a potential new instrument, while seeking to preserve flexibility in the type of instrument to be finalized as well as the potential for “quick wins” if some elements are ready to be agreed before a final agreement is adopted, making full use of the legal flexibilities outlined above under the WHO Constitution.

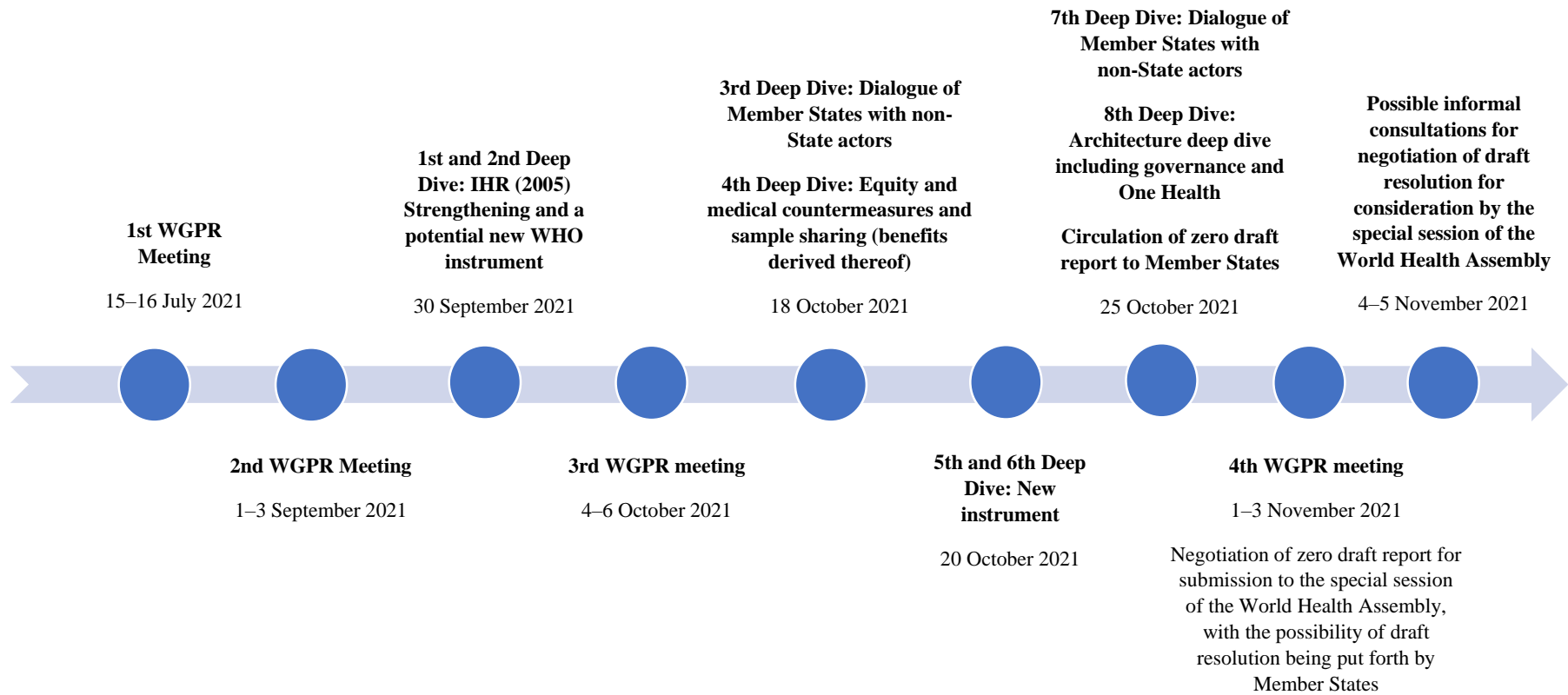
32. Fragmentation of resources for negotiation is also a concern. Member States, at WHASS, should provide clear onward negotiating instructions and mandates to the WGPR to take all of this work forward, keeping in mind the goals of transparency, inclusivity and consensus among all Member States, together with the limited time and resources in the face of the continuing pandemic.

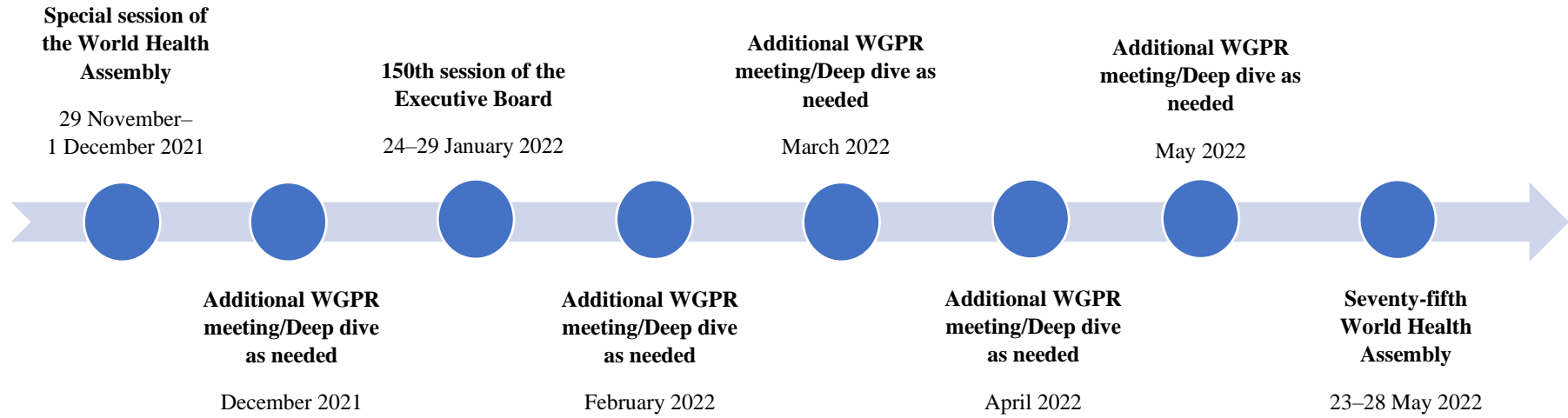
CONCLUSION AND RECOMMENDATIONS ON THE WAY FORWARD

33. The WGPR agrees that its work covers all aspects of the mandates looking at each topic including both how to use existing tools to close gaps and to develop a new WHO convention, agreement or instrument, pending any additional guidance from WHASS. The WGPR assesses that in order to be successful, the way forward should include both the initiation of a new instrument negotiation on the basis of Article 19 and strengthening the International Health Regulations (2005), including implementation, compliance and targeted amendments to the Regulations, as part of a comprehensive approach.

34. With these issues in mind, the WGPR agrees to maintain a coherent and inclusive negotiating track to cover all aspects of the WGPR mandate. This will be to limit pressure on all delegations, but especially small delegations who cannot engage in multiple parallel work streams. At the same time, given the interrelated nature of all these discussions, this approach will allow the WGPR to maintain and strengthen overall system coherence, for both WHO and relevant partners.

35. Therefore, the WGPR seeks the endorsement by WHASS of the following recommendations.
- (a) To task the WGPR to identify the tools to implement the recommendations that fall under the technical work of WHO, further develop targeted IHR (2005) amendments, and further identify and develop the elements of a potential WHO instrument and modalities of its negotiations.
 - (b) Towards this, the WGPR may draft and negotiate possible Health Assembly resolutions and decisions to implement the recommendations in order to strengthen WHO preparedness and response to health emergencies.
36. Bearing in mind the recommendations above, the WGPR agrees to undertake the following actions.
- (a) During the intersessional period following WHASS, to continue its work in order to propose actions for consideration by the WHO governing bodies in 2022 as per resolution WHA74.7, which requests the submission of a report with proposed actions for the WHO Secretariat, Member States and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session. This report will include the discussions of the first three meetings of the WGPR, written submissions/non-papers provided by Member States or groups of Member States as well as observations by non-State actors and observers, and document A/WGPR/3/5.
 - (b) To conduct regular meetings of the WGPR and deep dives as needed leading to the Seventy-fifth World Health Assembly, for example in December 2021 and February, March and April 2022, in order to propose actions for consideration by the governing bodies in 2022 on overarching topics as agreed, based on the guidance of Member States and analyses by the Secretariat.





ANNEX

POSSIBLE MECHANISMS FOR IMPLEMENTING EACH RECOMMENDATION¹

Possible mechanism	Number of applicable recommendations	Overview of recommendations ²	Implementation status	Source of recommendation
The regular technical work of WHO as per its normative functions	Around 44 recommendations could be implemented under this category	<ul style="list-style-type: none"> • 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 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. 	Around 65% of the recommendations mapped under this category are being implemented via WHO's technical work.	Primarily the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

¹ A/WGPR/3/5.

² 131 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.

Possible mechanism	Number of applicable recommendations	Overview of recommendations ¹	Implementation status	Source of recommendation
		<ul style="list-style-type: none"> 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. <p>Robust exercising of the Secretariat's flexibilities under the International Health Regulations (2005).</p>		
Existing frameworks (International Health Regulations (2005) obligations, Health Assembly resolutions and decisions)	Around 19 recommendations could be implemented immediately under this category	<ul style="list-style-type: none"> 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. Empowering the Secretariat to fulfil its constitutional mandates. 	Around 60% of the recommendations mapped under this category are being implemented through existing frameworks.	Primarily the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, with a few by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.
Amending or building on existing frameworks (International Health Regulations (2005), Health Assembly resolutions and decisions)	Around 26 recommendations could be implemented under this category	<ul style="list-style-type: none"> Adjusting or amending 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. Strengthening the governance capacity of the WHO Executive Board for health emergencies. 	Around 40% of the recommendations mapped under this category are being implemented by building on existing frameworks.	Primarily 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.
New WHO international agreement(s)/instrument(s)	Around 30 recommendations could be implemented under this category	<ul style="list-style-type: none"> 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. 		

¹ 131 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.

Possible mechanism	Number of applicable recommendations	Overview of recommendations ¹	Implementation status	Source of recommendation
		<ul style="list-style-type: none"> • 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 countermeasures; including personal protective equipment, diagnostics, therapeutics and vaccines. • Effective and scalable supply chains for the rapid development and deployment of 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. The empowerment of communities, strengthening of civil society and upholding of human rights principles. 		
Addressing or involving external bodies/actors	Around 12 recommendations fall under this category	<ul style="list-style-type: none"> • The mandate of international financial institutions. • The establishment of bodies or issuance of declarations under the aegis of the United Nations. • Actions to be taken by other intergovernmental bodies. 		

¹ 131 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.