
WGPR interim report to EB150

1. 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) and by decision WHA74(16) (2021).¹ The latter mandate has been fulfilled with the submission of the Report (A/WGPR/5/2) which was adopted by consensus at the WHA Special Session (WHASS) 29 November – 1 December 2021.

2. This report is developed to fulfill the mandate derived from WHA74.7 and will focus primarily on that mandate 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 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;

3. This report will serve as an interim report submitted to the 150th Session of the Executive Board (24–30 January 2022).

4. 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.

5. To facilitate Member State review and discussion, the WHO Secretariat created the *WHO Dashboard of COVID-19-related recommendations public website*. The dashboard is a tool developed by the WHO Secretariat to give access to a database containing a large number of recommendations stemming from different review panels on the COVID-19 pandemic and contained in World Health Assembly resolutions on COVID-19 as well as earlier recommendations formulated in relation to earlier health emergencies. In addition, the WGPR Bureau launched a survey on 6 December 2021 to Member States, non-state actors (NSAs) and other relevant stakeholders² to collect preliminary inputs on the findings and recommendations in a more systematic way. The survey covers a total of 131 recommendations issued by the officially commissioned panels or committees: IOAC, IPPPR, IHR Review Committee, and GPMB. The goal of the Survey is to solicit from Member States and

¹ 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.

² A/WGPR/1/6 Proposed modalities of engagement for relevant stakeholders.

relevant Stakeholders some basic prioritization among the recommendations; and to provide initial input on feasibility and potential methods of implementation through available tools.

SUMMARY OF PROGRESS TO DATE WITH A FOCUS ON WHA74.7 MANDATE

6. The WGPR has met six times from July 2021 – January 2022, and has also conducted several intersessional informal sessions on specific themes, such as International Health Regulations (IHR) (2005) Strengthening, Equity, Global Health Architecture, Benefits of a New Instrument. It organized two dialogues with non-state actors, providing opportunities for various stakeholders to participate in the WGPR's deliberations. The Bureau also briefed WHO Regional Committees on the progress of the working group, seeking inputs from regions based on their experience.

7. The WGPR expressed consensus on the importance of strengthening the role of WHO in health emergencies and a shared commitment to strengthen pandemic preparedness and response at the national, regional and global levels.

8. As Member States initiated their discussions, they sought to understand the areas of convergence and divergence among recommendations; the timeframes given for implementation; and identification of recommendations that are already being implemented in some fashion. Building on the preliminary mapping of recommendations that the Secretariat provided from its Dashboard, the WGPR began discussing the Secretariat's high-level assessment of each recommendation and possible mechanisms to implement recommendations and their current status of implementation (ANNEX).

9. Due to limited time and opportunity, and the need 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, the WGPR has thus far not been able to extensively discuss all the recommendations put forward by the review panels and committees. However, with the conclusion of the WHASS and adoption of the decision, *World Together: Establishment of an intergovernmental negotiating body (INB) to strengthen pandemic prevention, preparedness and response* (SSA2(5)), the WGPR continues its work as mandated by WHA74.7 with an expectation that a final report with proposed actions will be delivered to the WHA75 for its consideration.

10. Based on the analytical papers prepared by the Secretariat,¹ the WGPR still managed to continue its discussion of recommendations by focusing on the feasibility and degree of impact of the recommendations according to the following categories: leadership and governance, systems and tools, financing and equity.

¹ A/WGPR/3/5.

11. The WGPR sought additional analysis on convergence and divergence among the findings and recommendations. A further analysis of the 131 recommendations¹ was conducted by the Secretariat that highlighted the following points:

(a) Recommendations are consistent regarding the need for sustained investment in pandemic preparedness and response. However there is divergence among the panels and among Member States on how this should be done.

(b) Recommendations converge around the leading, coordinating and convening role of WHO in supporting Member States during a health emergency. However, on the issue of delivery, there are differing views as to whether WHO should take on procurement and supply functions and these issues have yet to be addressed in detail by Member States through the WGPR.

(c) All four panels and committees 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 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 in conjunction with moving forward the rest of the WGPR's mandates on aspects of pandemic preparedness and response beyond IHR.

(d) The four panels and committees came to the same conclusions regarding the need for WHO access to relevant sites during an outbreak to facilitate public health investigations. However, there was divergence over the means by which this should be implemented: some advocated that WHO should be given explicit power to investigate, while others suggested that WHO be limited to offering immediate technical support to the concerned Member State(s). On this topic, there has been some discussion within 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.

(e) Notably, due to the phase of the pandemic in which the findings and recommendations were published, the issue of equity was identified as an issue that warranted further attention and discussion by the WGPR.

(f) Looking across all the review panels and committees, it is worth noting that although the mandates of each as well as their methods of work were different, the recommendations are mainly consistent across their reports.

12. Based on initial discussions of the recommendations and their applicability for strengthening WHO as well as enhancing global preparedness and response to pandemics, the following items were repeatedly highlighted by Member States as priority areas, inter alia:

(a) **Strengthening governance.** Member States expressed an interest in strengthening WHO governance and Members States' oversight of WHO's work in health emergencies. There is

¹ The recommendations are derived from 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) as well as the 2019 and 2020 reports of the Global Preparedness and Monitoring Board.

general consensus around the need to increase Member State involvement in, and direction of, WHO governance.

(b) **Strengthening the IHR (2005).** Member States have reiterated their support for the IHR (2005) as a key component of the global health architecture. Member States expressed their support for strengthening the IHR (2005), including through implementation, compliance and potential targeted amendments without reopening the entire instrument for negotiations. This will be one of the important areas of work for the WGPR between February and May, including to the extent possible a clear identification of priority amendments as well as proposed action for other key areas of pandemic prevention, preparedness and response and health system strengthening. Some of the issues identified for consideration could include, inter alia:

- (i) building and strengthening Member States core capacities, including funding and financing for the implementation of and compliance with the IHR (2005) at national and subnational levels, and strengthening mutual accountability as well as strengthening the technical capacity of WHO to support Member States implementation of the IHR (2005) core capacities;
- (ii) enabling the transparent and timely sharing of information 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 ability to provide technical assistance including for rapid access to outbreak sites, with due regard to, and respect for, the sovereignty of States;
- (iv) clear guidance for action in the event of a public health emergency of international concern, with the potential to establish intermediate alerts; and
- (v) revising the IHR amendments process so that it is more agile in responding to future developments and advances.

(c) **Finance.** Member States recognized the need to provide WHO with adequate and sustainable financing, so that WHO can play a leading and coordinating role in global health as enshrined in the WHO Constitution. Member States also recognized the need for national investments and effective mechanisms and leadership from other actors, including the international financial institutions and existing global health institutions, in order to strengthen pandemic preparedness and response, especially in low-resource countries.

(d) **Equity.** Member States agree that equity is critically important for global health both as a principle and as an outcome and will remain an issue of focus for the WGPR. Member States emphasized that equity is essential in particular in prevention, preparedness and response to health emergencies, including with respect to capacity-building, equitable and timely access to and distribution of medical countermeasures and addressing barriers to timely access to and distribution of medical countermeasures, as well as related issues such as research and development, intellectual property, technology transfer and empowering/scaling up local and regional manufacturing capacity during emergencies to discover, develop and deliver effective medical countermeasures and other tools and technologies.

13. As noted earlier, to facilitate and expedite discussion on the recommendation from the review panels and expert bodies, the Bureau launched a survey to collect inputs from Member States and other

stakeholders of the WGPR on the 131 recommendations from the independent review panels/committees.

14. The survey intends to provide input for discussions and focus of the WGPR's work between February and submission of its final report in May 2022 at WHA75. The results of the survey will be shared in an aggregated, transparent manner while respecting the principle of confidentiality of Member State and stakeholder input.

PROPOSED WAY FORWARD AND PROGRAMME OF WORK FROM EB150 TO WHA75

15. The WGPR will continue discussion on issues and/or recommendations guided among others by the result of the survey results, in order to propose actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, on a range of issues including:

- (a) Leadership and governance, with a view to strengthen WHO's capacities in health emergencies and Member States' oversight of WHO's work in pandemic prevention preparedness and response to health emergencies including Surveillance and early warning systems;
- (b) IHR Strengthening, with a focus on implementation, resources, core capacities and compliance, including through the potential of targeted amendments to IHR 2005 as well as the role the Universal Health Preparedness Review;
- (c) Equity in pandemic prevention preparedness and response;
- (d) Strengthened health systems, including interdisciplinary health emergency workforce that can be immediately deployable and tasked to identify health emergencies and initiate early response;
- (e) Financing, with a view to ensure that WHO has the adequate level of resources to fund its activities on health emergencies preparedness and response and the capacity to leverage extra resources to respond to an acute health emergency.

16. The WGPR will continue the discussions on the aforementioned recommendations with a view to identify those for which they want to take action and to choose the most appropriate mechanism for their implementation, including:

- (a) the new international instrument as agreed by WHASS2 Decision;
- (b) through strengthening the IHR (2005), including through targeted amendments; and
- (c) existing tools and mechanisms available to WHO (e.g., recommendations that can be implemented through the regular technical work of WHO as per its normative functions, through existing frameworks (International Health Regulations (2005) obligations, and World Health Assembly resolutions/decisions)).

17. The WGPR will submit a report and recommendations to WHA75 based on the results of the discussions mentioned in paragraphs 15 and 16.

18. WGPR also note decision SSA2(5) that the INB process should take into account the discussions and outcomes of the WGPR, considering the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7, particularly with regard to implementation and strengthening of the IHR (2005)

19. To facilitate these discussions, the proposed Schedule of Meetings of the WGPR include:

- February 2022: following the INB's first meeting, WGPR meeting to discuss survey results and develop recommendations for WHA75.
- March 2022: additional discussion on survey results and development of recommendations for WHA75.
- Late April/early May 2022: WGPR meeting to finalize WHA75 report.

20. In considering this report, the Executive Board may wish to provide guidance on how the WGPR can further refine or contribute to building Member State consensus in these areas through its final report to WHA75. The Board is invited to provide guidance to the WGPR on how its further work reviewing the recommendations can inform the work on the new INB as well as support Member State-led processes in the WHO Governing Bodies in the areas of governance and capacity, finance, equity and IHR strengthening.

ANNEX

POSSIBLE MECHANISMS FOR IMPLEMENTING EACH RECOMMENDATION¹

Possible mechanism	Number of applicable recommendations	Overview of recommendations	Implementation status	Source of recommendation
Recommendations ² that can be implemented through 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.	These are primarily recommendations made by 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	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; and robust exercising of the Secretariat's flexibilities under the International Health Regulations (2005). 		
Recommendations that can be implemented immediately through existing frameworks (International Health Regulations (2005) obligations, World Health Assembly resolutions/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; and empowering the Secretariat to fulfil its constitutional mandates. 	Around 60% of the recommendations mapped under this category are being implemented through existing frameworks.	These are primarily recommendations made by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and a few by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.
Recommendations that can be implemented by amending or building on existing frameworks (International Health Regulations (2005), World Health Assembly resolutions/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; and 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.	These are primarily recommendations made by 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.
Recommendations that may effectively/optimally be implemented through 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 and budgetary plans, including through peer review of preparedness and response capacities; 		

Possible mechanism	Number of applicable recommendations	Overview of recommendations	Implementation status	Source of recommendation
		<ul style="list-style-type: none"> • 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; and • the empowerment of communities, strengthening of civil society and upholding of human rights principles. 		
Recommendations that may address/or involve 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; and • actions to be taken by other intergovernmental bodies. 		