

EUR/RC72/BG/18

ORIGINAL: ENGLISH

Overview of ongoing processes to strengthen the global security health architecture

Background document

- Since the start of the devastating and still ongoing COVID-19 pandemic, and other global and regional public health emergencies, incorporating lessons learned and identified gaps in the contemporary global health security architecture has been prioritized amongst the world's stakeholders.
- Following the many recommendations made by independent review committees, expert bodies and Member State consultations, the world's global health players joined efforts to improve the global health architecture.
- To strengthen the global health security architecture, consultation processes at the global and regional levels have been initiated and are described in this document.
- This background document provides an overview of ongoing processes and delineate one from the other.

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WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES (WGPR)

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)⁴ and by decision WHA74(16)(2021)⁵. The WGPR's first report was welcomed at the World Health Assembly at its second special session (WHASS2) at the end of 2021, which led to the historic formation of the Intergovernmental Negotiating Body (INB).

Following WHASS2, the WGPR launched a survey to all Member States on implementation of COVID-19 recommendations derived from lessons learned so far. Based on the WGPR analysis of the survey on implementation of COVID-19 recommendations, and proposed actions and priority areas raised by Member States' during consultations throughout the process, the WGPR final report⁶ was developed and presented at the 75th session of the World Health Assembly (WHA75). The report is structured around four categories: equity, systems and tools, leadership and governance, and financing, and includes an Annex on potential actions for further discussion.

During WHA75, WGPR's final report including the decision point outlining the process to manage targeted amendments to the IHR, was approved by the Assembly. Decision point three encourages Member States to continue to review and consider the possible actions at three levels, targeting the Secretariat, Member States and Non-State actors, under four areas: equity, systems & tools, leadership & governance, and financing.

INTERGOVERNMENTAL NEGOTIATING BODY (INB)

For the second time in WHO's history, the World Health Assembly (WHA) convened for a special session (WHA SS2) between 29 November to 1 December 2021 to discuss the development of a new instrument on pandemic preparedness and response (PPR), to be added to the Global Health Security architecture. During the WHASS2, the Assembly decided to establish an INB to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Art. 19 of the WHO Constitution, or other provisions of the Constitution as may be deemed appropriate by the INB. The INB will deliver a progress report to the WHA76 in 2023 and submit its outcome for consideration by WHA77 in 2024.

Member States expressed their commitment and solidarity for an inclusive, transparent, efficient and Member State-led process, which takes into account the inputs from diverse stakeholders in consensus. While, simultaneously, ensuring synergy and coherence with other WHO related workstreams, including the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) and the possible amendments process to the IHR (2005).

The INB is open to all Member States and is led by a Bureau comprising of six officers, each representing one WHO region. The WHO European Region is represented by the Netherlands, who holds one of the co-chairmanships. To inform its deliberations, the INB will hold public hearings.

Member States may submit their written comments to the working draft by 15 September 2022. Prior to the next meeting of the INB, which will be held in December 2022, an updated working draft will be published online.

WORKING GROUP ON INTERNATIONAL HEALTH REGULATIONS (IHR) (2005) AMENDMENTS (WGIHR)

As per the approved proposed decision in the final report of the WGPR, following WHA75, the WGPR will continue its work with a revised mandate and name - "Working Group on IHR amendments" (WGIHR) - to work exclusively on consideration of proposed targeted amendments to the IHR. This decision was based on the near unanimous position amongst Member States that specific elements of the IHR (2005) needed strengthening. The WGIHR shall present its outcome to the Health Assembly during its 76th Session with a view to their adoption by consensus at WHA77. WHO Director-General will convene an IHR Review Committee, to provide the WGIHR with technical support. Member States may submit proposed amendments until 30 September 2022.

STRENGTHENING THE GLOBAL ARCHITECTURE FOR HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE (HEPR)

At the 150th meeting of the Executive Board in January 2022, the Director-General committed to develop proposals, in consultation with Member States, on strengthening the architecture for health emergency preparedness, response and resilience (HEPR), and present these to the Seventy-fifth World Health Assembly.



The WHO Director-General's 10 proposals are to be positioned under the aegis of a new overarching Pandemic Accord that is currently under negotiation by Member States. The proposals stem from over 300 consolidated recommendations from review committees and other bodies engaged in evaluation of the global response to COVID-19, as well as other emergencies and prior outbreaks. The 10 proposals are grouped under three main pillars: Governance, Systems and Financing, and are underpinned by three key principles; Equity, Inclusivity and Coherence. The proposals are designed to support and contribute to decision-making within and beyond WHO. The Secretariat welcomes comments from Member States and partners through informal consultations and feedback in writing.

MEMBER STATES WORKING GROUP ON SUSTAINABLE FINANCING

The Working Group on Sustainable Financing (WGSF)¹ successful negotiations leading to increased assessed contributions by full adoption of decision WHA75(8)² will create a more financially stable WHO with sustained financial means to support and lead its Member States through future pandemics and other health emergencies.

The report³ of the WGSF submitted to the WHA75 sets out additional recommendations to improve WHO's financing model including exploring new, agile and underutilized sources of funding, such as those from the private sector, in accordance with the Framework of Engagement with Non-State Actors (FENSA) and exploring the feasibility of a replenishment mechanism to broaden the financing base of the organization. It also asks the WHO Secretariat to work with a Member States task group to strengthen WHO's governance to analyze transparency, efficiency, accountability and compliance.

¹ [WHO | Working Group on Sustainable Financing](#)

² [Sustainable financing \(who.int\)](#)

³ [Sustainable financing: report of the Working Group \(who.int\)](#)

FINANCIAL INTERMEDIARY FUND FOR PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE

Recommendations by multiple working groups and review bodies on the global response to COVID-19, including the Independent Panel for Pandemic Preparedness and Response (IPPPR) and the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, have led to the establishment of a Financial Intermediary Fund (FIF)⁴ to reduce the world's vulnerability to future pandemics and enhance pandemic preparedness and response (PPR).

The FIF will build on the existing global health architecture for PPR, within the context of the International Health Regulations (IHR 2005) and associated monitoring and capacity building mechanisms.

Key principles of the FIF will be to complement the work of existing institutions that provide international financing for PPR, drawing on their comparative advantages and catalyzing funding from private, philanthropic, and bilateral sources.

MEMBER STATES ENGAGEMENT IN THE EUROPEAN REGION

WHO Member States in the European Region have been involved in all the above-mentioned processes. However, continued engagement and contribution by all Member States in the WHO European Region is desirable to bring forward specific priorities of the WHO European Region in negotiations at the global level. Development of an updated *Health Emergency Preparedness, Response and Resilience in the WHO European Region (Preparedness 2.0)* will be informed by the WHO/Europe MSs during the consultation process and key principles will be aligned with the global discussions. Member States of the WHO European Region engagement in the ongoing global consultation processes will strengthen their outcomes and will ensure global best practices are adapted into the Regional context.

⁴ [World Bank Board Approves New Fund for Pandemic Prevention, Preparedness and Response \(PPR\) \(who.int\)](https://www.who.int/news/item/20-05-2020-world-bank-board-approves-new-fund-for-pandemic-prevention-preparedness-and-response-ppr)
[Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response \(worldbank.org\)](https://www.worldbank.org/en/news/press-release/2020/05/20/world-bank-board-approves-new-fund-for-pandemic-prevention-preparedness-and-response-ppr)