Strengthening WHO preparedness for and response to health emergencies

Strengthening the global architecture for health emergency preparedness, response and resilience

Report by the Director-General

CONTEXT AND PURPOSE

1.   The devastation caused by the pandemic of coronavirus disease (COVID-19) has brought urgency to efforts to strengthen the way countries and the world prepare for, prevent, detect and respond to health emergencies. But while it is vital for the world to seize the chance to do things differently, it is nonetheless essential that national, regional and global efforts are coordinated and coherent, reflective of a broad consensus and inclusive of participation by all stakeholders, including community stakeholders, and that all efforts have equity at their heart. During the three years that have passed since the onset of the pandemic, WHO has worked with Member States and diverse partners to provide that coherence and coordination, and to ensure that every Member State's voice is heard with a view to achieving a safer future for all.

2.   This work of strengthening the global architecture for health emergency preparedness, prevention, response and resilience (HEPR) has never been more important or more pressing; and although the COVID-19 pandemic has been a catalyst for action, efforts to strengthen national and global capacities for HEPR must be about more than just preparing for and preventing the next pandemic. Multiple threats to health are proliferating, compounded by systemic vulnerabilities that interact with, and reinforce, one another. There is now an urgent need for action to protect communities and strengthen national HEPR capacities to prepare for and respond to current and future health crises.

3.   The emergence and re-emergence of epidemic-prone diseases continues to accelerate; hunger and shortages of essential goods are caused by and exacerbate geopolitical conflict; ecological degradation and climate change continue to intensify; and social and economic inequalities continue to widen. This affects everyone, but those living in fragile, conflict-affected and vulnerable settings are at the highest risk. More than 339 million people living in such settings – almost 1 in 20 of the world's population – need urgent humanitarian assistance throughout 2023. This is an increase of 25% compared with 2022, and is more than double the number of 135 million people who needed humanitarian assistance in 2018.

4.   If the threats to health are interlinked and self-reinforcing, so must be the solutions. WHO's strategic framework for HEPR can guide, inform and resource collective efforts to strengthen the key interlinked national, regional and global multisectoral capacities and capabilities that sit at the intersection of health security, primary health care and health promotion.

5.   Ongoing efforts, including Member State negotiations, to strengthen HEPR, along with key challenges, are presented below under three main thematic headings: global governance, financing and HEPR systems. In January 2022, the Executive Board at its 152nd session considered an earlier version of this report,[1] which was subsequently amended to reflect the Board's comments and rapid progress made in the three areas outlined above since January. WHO Member State processes, multilateral forums such as the G20 and G7, and other regional and national initiatives inform and are informed by the HEPR framework.

6.   It is vital that these efforts to forge further consensus among all Member States continue in order to accelerate collective progress towards a global architecture for HEPR built from the ground up, with strong national capacities as the bedrock that underpins our collective health security.

Strengthening global governance of HEPR: leadership, inclusivity and accountability

International legal instruments

7.   Effective governance enables governments and partners to achieve the collective goals of HEPR, galvanized by political will and with the resources to sustain positive changes. Several key initiatives are already under way to strengthen the global governance of HEPR, cognizant of the lessons of the COVID-19 pandemic and based on agreed rules and norms.

8.   At the heart of efforts to strengthen global HEPR governance are two aligned processes driven by WHO Member States. The first of these processes is the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the INB). The INB is mandated to submit its outcome for consideration by the Seventy-seventh World Health Assembly, and its work is well under way, as summarized in its progress report to the Seventy-sixth World Health Assembly.[2]

9.   In addition to the INB process, WHO Member States are also engaged in the process of considering targeted amendments to the International Health Regulations (2005), through the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). The WGIHR was provided with the report of the Review Committee regarding amendments to the International Health Regulations (2005) and has started its consideration of the proposed amendments. Intersessional meetings have also been held to facilitate consideration of the proposed amendments. The INB's zero draft instrument and the proposed targeted amendments to the International Health Regulations (2005) being considered by the WGIHR address several common, cross-cutting themes, including equity, transparency, trust, sovereignty, collaboration and assistance.

Sustained political leadership

10.   The Standing Committee on Health Emergency Prevention, Preparedness and Response, was established by the Executive Board at its 151st session in May 2022[3] to immediately strengthen WHOs ability to prepare for and respond to health emergencies. The Committee has two core remits: (a) in the event that a public health emergency of international concern ("PHEIC") is determined, to consider

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[1] Document EB152/12; see also the summary records of the Executive Board at its 152nd session, second meeting (section 4), fourth meeting (section 3) and fifth meeting (section 1).

[2] Document A76/37 Add.1.

[3] See decision EB151(2) (2022).

information provided by the Director-General and, as appropriate, provide guidance to the Executive Board and advice to the Director-General, through the Executive Board; and (b) to review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme and for effective health emergency prevention, preparedness and response.

11.   Proposals have been made for the establishment of a global health threats or health emergencies council, comprising Heads of State. The establishment of a global health threats council could enhance our collective capacity and accountability for systematic, sustained, inclusive and multisectoral preparedness and response. Such a council should be anchored in WHO's Constitutional mandate and the Health Assembly, thereby maintaining the vital link between empowered health ministers and Heads of State that proved itself to be a powerful platform in a number of Member States during the pandemic. Such a close alignment allowed for a more effective all-of-government, whole-of-society approach, driven by the best real time health and scientific evidence. This link must remain in place if rapid, coherent, trusted, sustained and evidence-based multisectoral action is to be generated at international level.

12.   The forthcoming high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response will provide an opportunity for Member States, through a political declaration, to affirm their commitment to a coherent, equitable and inclusive approach to strengthening national, regional and global pandemic and health emergency preparedness, prevention and response, with WHO at the centre.

Driving accountability

13.   Several key questions identified in both the INB and the WGIHR processes to date relate to the need to balance sovereignty with the promotion of mutual accountability among the 196 States Parties to the International Health Regulations (2005), including all WHO Member States, for building and maintaining effective capacities and systems for the prevention and detection of, preparedness for and response to public health emergencies, and for adherence to relevant international rules.

14.   In November 2020, at the request of Member States, the WHO Director-General announced the launch of the voluntary pilot phase of the Universal Health and Preparedness Review as a way of achieving that balance through a voluntary, transparent, Member State-led peer review mechanism that establishes regular high-level and multisectoral intergovernmental dialogue between Member States on their national HEPR capacities.

15.   The piloting of the Universal Health and Preparedness Review is part of a broader ongoing effort to transition to more dynamic assessments of threats and vulnerabilities in order to drive action, as capacity assessments evolve to put greater emphasis on functional capacities and outcomes. Collective health security also depends on the tailoring of these approaches for application in areas that are characterized by a reduced presence of the State, or which are under the control of local de facto authorities, as is often the case in humanitarian and conflict-affected settings.

16.   Independent monitoring of the state of global preparedness for health emergencies should continue to complement national-level self-assessment and peer review, with strengthened roles for existing monitoring mechanisms, such as the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

Sustainable, coordinated and innovative financing for HEPR

17.   Financing effective national, regional and global health emergency preparedness alone will require approximately US$ 30 billion per year, with a gap of US$ 10 billion per year, according to WHO–World Bank analyses. However, effective financing for HEPR not only depends on making more funds available – it also requires more effective mechanisms to ensure that funds are allocated rapidly, scaled appropriately and targeted to fill critical gaps. Such effective financing is crucial for reducing risks, not only to health but also to economies and financial stability.

18.   Rapid progress on financing over the past two years is now bearing fruit, with the launch of the Pandemic Fund posed to transform funding for HEPR preparedness and readiness, and deliberations as part of the G20 joint health and finance track beginning to forge a consensus on the scale of needs and potential mechanisms to administer surge financing for large-scale pandemic and health emergency response.

The Pandemic Fund: catalytic financing to transform national HEPR capacities

19.   The launch of the Pandemic Fund in November 2022 promises to be a transformative moment in the effort to strengthen national HEPR capacities. The Fund has already secured more than US$ 1.6 billion in donations to strengthen HEPR in low-income and middle-income countries, and has moved rapidly to constitute its Governing Board and Technical Advisory Panel.

20.   In early 2023, the Fund issued its first call for expressions of interest. After receiving an overwhelming response (more than 650 expressions of interest), the Fund opened its first call for proposals on 3 March, which will close on 19 May 2023. WHO and partners have provided intensive support for eligible countries, regional entities and implementing entities to develop full proposals for potential projects to be supported by the initial tranche of funding. WHO, in collaboration with the World Bank, the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations, the Global Fund and Gavi, the Vaccine Alliance, held a series of webinars starting in March 2023 to outline the tools and approaches countries can take to develop Pandemic Fund proposals as part of broader national plans to strengthen HEPR. The initial funding window of US$ 300 million will provide catalytic funding for HEPR investments that will operate alongside and be coordinated with funding from other international and domestic sources.

Expanding surge financing to save lives during health emergencies

21.   As part of its work to understand, monitor and mitigate pandemic risks to global economic stability and growth, the G20 Joint Finance and Health Task Force has adopted a multiyear rolling agenda up to 2025. Delivering on the mandate of the G20 Rome Leaders' Declaration, in 2023 the Task Force will continue developing coordination arrangements between finance and health ministries, and will share best practices and experiences from previous finance–health coordination to develop joint responses to pandemics, as appropriate. To ensure that the voices of low-income and middle-income countries are heard and considered, the G20 Task Force members extended invitations to regional economic and political organizations. The Task Force has collaborated with the World Bank, the International Monetary Fund and the European Investment Bank to better understand economic risks and vulnerabilities from pandemics and how to mitigate them.

22.   There remains a fundamental mismatch between the scale and speed at which funds are required to finance large-scale operations and ensure access to medical countermeasures during global and regional health emergencies, and the scope of current financing mechanisms. Mechanisms that were able to release money quickly during the COVID-19 crisis were unable to do so at sufficient scale. Other

mechanisms that were able to call on a greater magnitude of funding were unable to move with the required speed or to direct funding through the most effective channels.

23.   Clearly a new approach is needed to rapidly mobilize and coordinate sufficient large-scale financing for an international response in the event of a pandemic or other global health emergency, complementary to the Pandemic Fund's focus on investments in national HEPR capacities.

24.   As part of its work for the G20 Joint Finance and Health Task Force, WHO reviewed experiences from the COVID-19, influenza A (H1N1) and other outbreaks, and found that in order for outbreak containment and control measures to be effective, substantial surge response financing is needed within the first one to six months of the onset of a pandemic or potential pandemic. Using the magnitude of financing that was channelled through international implementing agencies in response to the COVID-19 pandemic as a benchmark, it was estimated that this minimum financing requirement would be of the order of US$ 30 billion.

25.   WHO will continue to work with Member States and other stakeholders, especially the World Bank and other partners, including through the G20 Joint Finance and Health Task Force, to advance discussions around a number of key areas, including the need for an agreed approach to accelerate and coordinate existing funding streams for the greatest possible impact; strategies for accessing and channelling other potential funding sources and new mechanisms to complement existing financing; and how to integrate pathfinding work on surge financing with other ongoing work, including through relevant G20 working groups, on the design of a new coordination platform for access to medical countermeasures, which comprise a significant proportion of estimated surge financing costs (see also the five core HEPR systems described below).

Strengthening systems: realizing the world's potential through collaboration, coordination and strengthened capacities

26.   The frequency, scale and complexity of health emergencies continues to increase year on year, driven by many of the same long-term trends that continue to accelerate the emergence and re-emergence of epidemic-prone diseases: geopolitical conflict; the collapse of trade leading to famine and shortages of essential goods; the intensification of ecological degradation and climate change; weakened health systems; and widening health, economic and social inequalities. The evidence of the past few decades tells us that these trends are increasingly interacting – in complex and unpredictable ways – to drive health emergencies. Sustainable solutions and the attainment of the health-related sustainable development goals will depend on giving more weight to proactive preventive, readiness and resilience-building measures even as we respond to ongoing crises.

27.   To respond effectively to the ever-increasing scale of health emergencies, particularly in fragile, conflict-affected and vulnerable settings, countries and health emergency stakeholders must adopt a strategic shift towards an ecosystem approach to health emergencies prevention, preparedness and response. This shift should focus on strengthening five core health emergency components:

- **collaborative** surveillance;

- **community** protection;

- safe and scalable **care**;

- access to **countermeasures**; and

- emergency **coordination**.

28.   These "five Cs", which are defined below, sit at the intersection of health security, primary health care and health promotion, and interface with multiple non-health sectors and stakeholders at national, regional and global levels.

1: Collaborative surveillance

29.   Collaborative surveillance is the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making. It emphasizes collaboration itself as a key capability-building, intentional collaboration across disease- and threat-surveillance systems, sectors, geographic levels, and emergency cycles ,with the goal of enhancing capacities and fostering data and information exchange for mutual benefit.

30.   Collaborative surveillance presents a modern vision of integrated surveillance strategies, in which local authorities develop tailored solutions that embrace the respective strengths of integrated disease surveillance, vertical and specialized programmes, and other sectors and actors.

31.   By ensuring that contextualized intelligence is communicated to decision-makers at all levels, collaborative surveillance can lead to effective actions and policies for reducing risks, preparing effectively for, responding to, and recovering from health emergencies. Collaborative surveillance is therefore central to minimizing mortality, morbidity and societal impacts from health emergencies, as well as strengthening national and global health security.

32.   Collaborative surveillance depends on three key capabilities:

- strong national integrated disease, threat, and vulnerability surveillance;

- effective diagnostics and laboratory capacity for pathogen and genomic surveillance; and

- collaborative approaches to event detection, risk assessment and response monitoring.

2: Community protection

33.   Any effective health emergency response must have communities and their interests at its heart; therefore, communities must be at the centre of efforts to prepare for, prevent and respond to health emergencies. The COVID-19 pandemic, like every health emergency before it, demonstrated the crucial importance of community engagement, risk communication and infodemic management, including by listening to and understanding communities; co-designing guidance and messaging; and co-developing priority actions to strengthen community resilience and build trust.

34.   Whether it is population-based interventions (such as vaccination or emergency nutrition) or environmental interventions (such as vector control and safe water, sanitation and hygiene measures), to be most effective these interventions must be co-created with affected communities and, crucially, combined with multisectoral actions that ensure that health protection is indivisible from the protection of social and economic welfare for all, mental health, livelihoods, education, food security and dignity.

35.   Achieving this holistic, community-centred protection of health and well-being will require a broad spectrum of partners to come together at subnational, national, regional and global levels to ensure that three capabilities are in place:

- community engagement, risk communication and infodemic management;

- population and environmental public health interventions; and

- multisectoral action for social and economic protection.

3: Safe and scalable care

36.   The safe delivery of high-quality health services is essential for preventing, detecting and responding effectively to health emergencies. This requires strong and resilient health systems, with the resources and agility to reorganize and deploy resources in response to health emergencies, while at the same time maintaining essential health services and protecting and supporting health workers and patients.

37.   The COVID-19 pandemic showed that the most resilient health systems are also the most equitable health systems, with the fewest financial, contextual and cultural barriers to accessing care. Furthermore, resilient health systems are a core component of societies and economies that have the ability to recover fast from shocks.

38.   However, the COVID-19 pandemic continues to show that many health systems were unable to rapidly scale up to meet the needs of the populations affected by the pandemic, while routine health services were severely disrupted. Many national health systems are still struggling to recover from the disruption of the COVID-19 pandemic at its peak, and nowhere are these struggles more intense than in contexts affected by fragility, conflict and vulnerability.

39.   Strengthening the global HEPR architecture means ensuring that national and subnational health systems are prepared and ready to rapidly respond to emergencies, and to ensure that communities have access to high-quality health services in safe and functional settings during and after emergencies. This requires working together to develop and implement dynamic and sustainable plans for positive change at national level, which is founded on the principles of equity, coherence and inclusivity and is informed and owned by communities. The nature of these plans will necessarily be context-specific, but the three ultimate objectives at the centre of safe and scalable care are universal across countries and contexts:

- scaling clinical care during emergencies;

- protecting health workers and patients; and

- maintaining essential health services.

4: Access to countermeasures

40.   Testing, treating and protecting communities during health emergencies depends on timely, sufficient and equitable access to medical countermeasures, such as diagnostics, therapeutics, vaccines, medical devices and medical equipment.

41.   The medical countermeasures ecosystem is diverse, encompassing a broad and complex network of potential collaborations that span distinct functional areas (such as research and development, manufacturing and procurement), geographical regions and phases across the health emergency cycle. Harnessing and aligning the collective capabilities of these various actors in a coordinated manner is critical in order to better prepare for and respond to future health emergencies, and it necessitates the

creation of a medical countermeasures coordination platform to support coordination efforts across different stakeholders. Global health stakeholders should focus efforts on achieving three key objectives to increase access to countermeasures:

- fast-track research and development;

- scalable manufacturing; and

- end-to-end health emergency supply chains.

42.   Access to countermeasures should be part of an integrated system for health emergency preparedness and response, with strong links to collaborative surveillance; safe and scalable clinical care; community protection; and emergency coordination.

43.   Due the urgent need for an interim coordination platform for countermeasures, and pending the conclusions of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), WHO is convening partners and connecting key countermeasure networks and actors with agreed mechanisms for collaboration and coordination in times of crisis.

5: Emergency coordination

44.   The ability to rapidly detect health threats and mount a decisive and sustained response requires meticulous and continual strategic planning at subnational to global levels across every stage of the emergency cycle, informed by a constantly evolving and accurate assessment of readiness, threats and vulnerabilities. The benefits of strengthening the other four core HEPR systems can only be realized through systems of leadership and coordination that are able to rapidly leverage the capacities of a cohesive multisectoral and professionalized health emergency workforce.

45.   Emergency coordination must be embedded in strengthened national health systems and linked to multiple sectors and systems; be enacted by a well-resourced and protected health emergency workforce; underpinned by data, integrated analytics, research and innovation; be informed by dynamic assessments and monitoring of threats, vulnerabilities and functional capabilities; and have strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing, preventing, detecting, responding and recovering. At national, regional and global levels, strong health emergency coordination can be achieved by ensuring that three key capabilities are in place:

- strengthened workforce capacity for health emergencies;

- health emergency preparedness, readiness and resilience; and

- health emergency alert and response coordination.

46.   These five interlinked systems described above, which encompass and complement all the core capacities required by the International Health Regulations (2005), are explicitly multistakeholder and whole-of-government systems and extend into every area of HEPR. The five Cs are explicitly aligned with the One Health approach that underpins zoonotic disease prevention and response strategies, with multidisciplinary and intersectoral efforts focusing on the understanding and investigation of the

multiple drivers, patterns and dynamics that lead to the emergence and re-emergence of zoonotic diseases. However, as the five Cs extend to all hazards to health, they apply the same coordinated, multifactorial One Health approach to health emergencies more broadly.

Next steps

47.   WHO will continue to work with partners to provide intensive support to national efforts to formulate detailed investment plans in order to strengthen capacities across the five Cs, based on a thorough appraisal of existing capabilities, risks and vulnerabilities, as well as an understanding of available technical and financial resources, including new streams of funding available through the Pandemic Fund. The WHO Secretariat held Member State consultation sessions on each of the five Cs between March and early May 2023.

48.   Effective support for national capacity strengthening across the five Cs will require increasing collaboration between international partners and stakeholders. The global health landscape has evolved and diversified over the past several decades, particularly since the onset of the COVID-19 pandemic. The emerging roles of new public–private partnerships, philanthropic donors and multilateral institutes have combined with the increased participation of civil society organizations and communities in global health initiatives to produce a broad network of actors and stakeholders at national, regional and global levels. This diversity can be a potent source of strength, but greater complexity also increases the risks of fragmentation, duplication and competition.

49.   WHO will continue to forge new ways of connecting and coordinating partners to harness our collective strengths in health emergency preparedness, prevention and response, with particular attention to supporting fragile, conflict-affected and vulnerable countries and contexts. At the national level, this means working more effectively across governments and more broadly across societies to prevent, prepare for, detect and respond to health emergencies. At the regional and global levels, this means streamlining and strengthening mechanisms for prevention, preparedness, detection and response, built on trust, cooperation, solidarity and accountability among governments and other global health stakeholders, including UN agencies, regional public health institutes and other international partner organizations.

ACTION BY THE HEALTH ASSEMBLY

The Health Assembly is invited to note the report and to provide guidance in respect of the following questions.

- Do the initiatives outlined adequately reflect what is required to strengthen the global architecture for health emergency prevention, preparedness, response, and resilience?

- How can the implementation of the HEPR framework be accelerated at the national level to meet the pressing needs of communities affected by health emergencies in the short term?

- What is the best approach to ensure effective coordination and coherence among the diverse partners and stakeholders required to successfully translate the HEPR framework into global, regional, national, and local impact?

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