

Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience

Concept note for consultation process

24 March 2022



EXECUTIVE SUMMARY

- The COVID-19 pandemic has highlighted the need for a stronger and more inclusive health emergency preparedness, response, and resilience (HEPR) architecture.
- The Director-General will present proposals for strengthening this architecture, developed in consultation with Member States and considering other ongoing processes and input from independent reviews to the Seventy-fifth Health Assembly.
- To ensure a broad and inclusive consultation process, a draft of the Director-General's proposals for strengthening HEPR will be published by 21 April for consultation with Member States.
- The consultation document will outline the overarching principles of equity in access and outcomes; inclusivity of ownership by all countries and sectors; and coherence in the alignment of systems and their financing and governance with existing instruments and mechanisms.
- The consultation document will outline the HEPR needs covering systems, governance and financing at the national, regional and global levels across the emergency continuum of preparedness, prevention, readiness, detection, and response, including:
 - **Systems** and capacities required for effective HEPR, including surveillance & collaborative intelligence; population interventions & community engagement; clinical care and resilient health systems; research & access to countermeasures & supplies; and HEPR coordination & emergency operations.
 - **Governance** to bring greater coherence to the global architecture, including strengthened mechanisms for leadership, regulation, and accountability.
 - **Financing** that is predictable and adequate for national preparedness and prevention; rapidly available to support scaling emergency response, and sustainable financing for WHO and other providers of global public goods and services in HEPR.
- The consultation document will additionally outline the current gaps in the global architecture for HEPR; identify processes that are currently ongoing to address gaps in HEPR; and propose solutions and processes to address remaining critical gaps.
- This concept note outlines the proposed goals, principles, and priorities for strengthening the global architecture of HEPR; proposes a framework for the global architecture of HEPR and describes the process by which the Secretariat will be informed by the Member States and other stakeholders in the development of the consultation document.

BACKGROUND

1. At the 150th session of the Executive Board, in responses to comments from Member States, the Director-General undertook 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 Health Assembly.
2. The COVID-19 pandemic has revealed deep inequities in the global ecosystem for HEPR. There is a clear need to build a stronger and more inclusive HEPR architecture so that the world can better prepare for, and more equitably respond to, future outbreaks of diseases with epidemic and pandemic potential. Numerous independent reviews have identified gaps and weaknesses in HEPR and provided specific recommendations towards governance, financing and various systemic areas including surveillance and early warning systems, equitable access to countermeasures, global supply and logistic system, global health emergency workforce, community engagement for population interventions, lifesaving clinical care and multisectoral approaches to the risks posed by emerging diseases of zoonotic origin.
3. The vision for a strengthened architecture of HEPR is a world that is alert and ready to respond to emerging health threats, based on the principles of inter-connected and inter-operable national capacities. Strong national systems are the building blocks of an effective global architecture for HEPR, but no single country – however capable or technologically advanced – can alone prevent, detect and respond to all public health threats. Long-term readiness must be fostered through risk identification and vulnerability analysis for prevention and risk reduction. Preparedness and response must be based on the principles of equity and solidarity to ensure that capacities are strengthened first where they are weakest, and that essential commodities and countermeasures are directed to where they are most needed. As foreseen in the WHO Constitution, ‘the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.’
4. The purpose of this consultation document is to inform the development of the Director General’s Report to the Seventy-fifth Health Assembly will propose to Member States, for their consideration, a framework for a strengthened global architecture of HEPR. This framework will seek to identify and address the main weaknesses and gaps identified in the current architecture, and make specific proposals for strengthening the systems, financing, and governance of HEPR, based on the principles of equity, inclusivity, and coherence, to deliver on the goals of HEPR.
5. The consultation document will consider HEPR from an all-hazards perspective. Although COVID-19 has focused attention on infectious threats, the management of pandemics cannot be separated from the wider health emergency management landscape, including humanitarian crises and response to natural disasters. HEPR requires intersectoral coordination (economic, social, agricultural, environmental) and needs a One Health

approach that engages whole of government & whole of society across social & economic systems.

6. The scope of the consultation document will be limited to health emergency and pandemic preparedness, response, and resilience, but will recognize that this is part of the broader architecture of global health. HEPR and health development are interlinked and interdependent, but the governance of HEPR is fundamentally different due to the transboundary nature of pandemics and outbreaks. HEPR depends on shared responsibilities and therefore requires mandatory and collective mechanisms for financing and governance, building on WHO's constitutional function 'to act as the directing and co-ordinating authority on international health work'.

7. The consultation document will take into consideration other ongoing processes in this field, including the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. It will also have regard to the recommendations of the Working Group on Sustainable Financing.

8. This concept note describes the process by which the Secretariat will be informed by the Member States in the development of the consultation document; outlines the proposed goals, principles, and priorities for strengthening the global architecture of HEPR; and proposes a framework for the global architecture of HEPR. Specific options and proposals for strengthening systems, financing and governance will be developed and included in the consultation document.

CONSULTATION PROCESS

9. Establishing that no conversation on future HEPR can be conducted without the participation of all Member States, the development of the Director General's proposals will follow a broad and inclusive consultation process.

10. Member States will be invited to provide their feedback on the Director-General's proposals via an online platform to encourage inclusivity and transparency. This will be supplemented by other mechanisms to encourage dialogue, including the proposed Executive Board retreat (TBC) and virtual Member State briefings. It will also consider the feedback provided by Member States in the on-line consultation process established by the Intergovernmental Negotiating Body. The secretariat will also consult with key stakeholders engaged in HEPR, including UN agencies and other multilateral partners.

11. Consultation process and timeline:

- By 24 March: concept note including an outline of the Director-General's proposals for strengthening HEPR and details of the consultation process, published as white paper on the WHO website

- By 21 April: draft of Director-General’s proposals for strengthening HEPR published as white paper for consultation with Member States. Member States will be invited to provide their perspectives on the solutions proposed by the Director-General, and the processes to develop these solutions.
- The Director-General’s Report on strengthening HEPR paper submitted to World Health Assembly.

OUTLINE OF CONSULTATION DOCUMENT

Context

12. COVID-19 has revealed serious deficits in the global architecture for HEPR and has had a devastating impact on societies. During the first months of the pandemic, more than 90% of healthcare systems were disrupted. Since the beginning of the pandemic, global economic losses of more than US\$ 12 trillion were sustained and more than 135 million people are expected to be pushed into poverty by 2030 as a result of the pandemic. The profound and prolonged inequitable access to COVID-19 vaccines is the most visible example of the systemic inequity that has characterised numerous pandemics, outbreaks and other health emergencies in recent decades. Lack of investment in national and global systems for preparedness has stunted the development of the core capacities needed to prevent, detect and respond to health emergencies. Nationalism, geopolitical conflicts and competition for scarce resources have all exacerbated fragmentation in the international response.

13. COVID-19 will not be the last pandemic. Pathogens will emerge and re-emerge with the potential to cause disease, death, and disruption of a magnitude equal to or greater than SARS-CoV-2. Outbreaks of infectious pathogens have been a defining feature of human history, and any analysis of prevailing trends strongly suggests that outbreaks of pathogens of pandemic potential will continue to increase in frequency for the foreseeable future. Most health emergencies have a disproportionately severe impact on low-income and fragile settings, but also carry significant risks to all countries in today’s interconnected world. The actions and investments required to address these risks must, therefore, be considered as a collective burden.

Key outcomes

14. A strengthened global architecture for HEPR would:
- Ensure equity in outcomes and access to countermeasures in health emergencies;
 - Prevent health emergencies from occurring and/or escalating, including by reducing animal-to-human infectious spill over events that could lead to outbreaks or pandemics;
 - Rapidly detect, respond to, and contain health emergencies;

- Minimise the health-related, social, and economic impact of health emergencies.

Principles and priorities

15. A flexible, responsive, and sustainable architecture for HEPR is essential to achieve these goals, designed and implemented based on the following principles:

- **Equity** in access and outcomes is both a principle and a goal of HEPR, including in respect to countermeasures and capacity strengthening.
- **Inclusivity** of ownership and engagement with all countries. The principle of inclusivity also encompasses the multisectoral collaboration required for a whole-of-society approach to HEPR, with essential roles for partners from across the One Health spectrum, including animal and environmental health, civil society, and the private sector.
- **Coherence** in the alignment of HEPR systems and their financing and governance with the International Health Regulations, other relevant international instruments, financing mechanisms and entities, and the constitutional mandate of WHO.

16. The following priorities could provide the basis of actions to strengthen the global HEPR architecture:

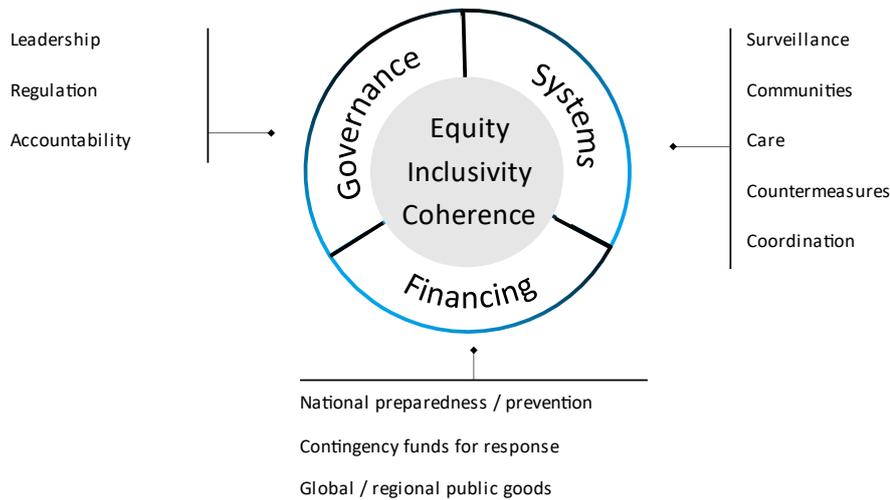
- Build local, national, regional, and global capacities for preparing and responding to pandemics and other health emergencies, based on a whole-of-government and whole-of-society approach.
- Establish global access and benefit sharing for all pathogens and determine a global policy for the equitable production and distribution of countermeasures.
- Establish robust systems and tools for health emergency and pandemic preparedness, response and resilience.
- Build a long-term plan for the sustainable financing of HEPR, so that support for global health threat management and response systems is shared by all.
- Empower WHO to fulfil its mandate as the directing and coordinating authority on international health work, including for pandemic preparedness and response.

Framework for global architecture of HEPR

17. COVID-19 exposed gaps in essential systemic elements of the HEPR architecture that required urgent ad hoc solutions, and which now need to be refined based on the lessons of the pandemic, made sustainable, and integrated into a strengthened overarching system. COVID-19 also highlighted deficiencies in the way that the existing systemic elements of the HEPR architecture are networked, integrated and financed.

18. A strengthened health emergencies architecture will address several of the most pressing challenges. The consultation document will aim to enunciate the system needs, governance and financial implications and mechanisms to ensure a coordinated and collective response and enhanced allocation of resources tied to systemic identification of gaps (as shown on Figure below).

Figure 1: Framework and key components of the HEPR ecosystem



19. HEPR depends on national and local capacities supported and enabled by regional and global structures for governance and oversight, norms and standard setting, and long-term and emergency financing, where needed. Local and global HEPR are therefore indivisible, and each of these core elements must be linked horizontally at local, national, and regional/global levels, and vertically integrated between each level of geographical organization.

20. There is also a temporal dimension: the constituent parts of each core element take on different roles and functions at each step of the health emergency continuum from preparedness, through prevention, readiness, detection, and response.

Systems

21. Support for strengthening health emergency preparedness is necessarily specific to context, but Member States have requested urgent support to strengthen core capacities related to laboratories; clinical management; disease surveillance, including at the human-animal interface; multisectoral coordination; community resilience; risk communication and infodemic management; and health-system strengthening. Deeply rooted in the outcomes of a strengthened HEPR architecture, key principles, and building on a large body of recommendations examining both the response to COVID-19 and the state of pandemic preparedness and response, the HEPR framework (presented above) has been outlined to guide any future discussions on the systems, governance, and funding. Key system needs of the HEPR framework include:

- **Surveillance**, including collaborative intelligence and advanced analytics; integrated disease surveillance and field epidemiology; laboratories & diagnostics; and multi-sectoral risk and vulnerability intelligence and analysis. An interconnected global system for public health intelligence, has the potential to revolutionize our ability to detect and communicate information about emerging outbreaks rapidly. Strong, standardized, and interoperable national capacities can be linked to global centres of technical and analytical expertise in order to harness the potential of technologies such as artificial intelligence and machine learning. Such a global early warning and alert system (e.g., facilitated by the WHO Hub for Pandemic and Epidemic Intelligence) would enable a broader health emergency intelligence system to rapidly detect and understand a threat, and promptly act on that information to mount a rapid, coordinated, sustained and adaptable emergency response at any and all levels. Enhancing and expanding lab capacity, networks, mechanisms, and incentives for the sharing of pathogens, biological samples and genomic data are vital to global pandemic preparedness and remain a pressing priority. In that regard, in 2021 the Director-General launched the pilot testing phase of the WHO BioHub System, the goal of which is to offer a reliable, safe, and transparent mechanism for Member States to voluntarily share novel biological materials, without replacing or competing with existing systems and to contribute to the acceleration of research and innovation before and during epidemics and potential pandemics.
- **Communities**, including risk communication, community engagement; infodemic management; public health and social measures; animal human interface and environment; border health, travel, and trade; and emergency vaccination. Investment in disease prevention, especially through proven tools such as vaccination and vector control, remains one of the best-value interventions available in health security, and will be essential for the achievement of the health-related Sustainable Development Goals and the target of one billion people better protected from health emergencies. Effective policy and control strategies for all epidemic-prone and pandemic-prone diseases, high-threat pathogens, emerging and hypothetical (“disease X”) zoonoses and biological risks are becoming critically important (and are either complete or under development). On top, solutions must be reinforced to tackle problems of misinformation, disinformation, lack of information and information presented in a way that is not accessible to communities.
- **Care**, including lifesaving and scalable clinical care; health worker protection and infection prevention and control; maintained essential health services; and resilient health systems. Adequate, cross-sectoral planning and infrastructure must ensure maintained health services and clinical care in case of emergencies which includes access to scalable, lifesaving and resilient clinical care (including emergency plans), resilient hospital infrastructure, trained field trauma teams and coordinated response plans with authorities. It must ensure adequate protection of health workers that goes beyond infection prevention and control measures and includes critical elements such as appropriate remuneration, training, and mental health support.

- **Countermeasures**, including prioritized research and development of countermeasures; fast-track regulatory pathways, pre-qualification, and quality assurance; manufacturing scale-up and equitable access; and emergency supply chains and logistics. The COVID-19 pandemic and other recent epidemics have highlighted the need to continue to strengthen capacity worldwide to rapidly develop and equitably deploy medical, public health and social countermeasures to prevent, identify and contain outbreaks and to reduce morbidity and mortality. The rapid development of innovative tools such as vaccines, therapeutics and diagnostics must be part of a global mechanism to ensure that technologies are tested, manufactured, and distributed at a scale and with an absolute commitment to equity that will ensure they fulfil their potential as a global good. The aim is to ensure a rapid, resourced, coordinated and uninterrupted supply of essential commodities that unites technical expertise and quality assurance upstream with rapid access to financing instruments such as volume guarantees and bridge funding for procurement, transport capacity, end-user training, delivery, and monitoring of usage.
- **Coordination**, including health emergency workforce; coordinated emergency operations; preparedness assessment and national action plans for health security; risk and vulnerability and readiness planning; scaled prevention strategies for epidemic-prone diseases; alert and risk assessment; rapid and scaled response systems; and simulation exercises and intra/after action reviews. Robust and flexible platforms for coordination and collaboration can harness the national capacities built through smart, coordinated strengthening of preparedness and readiness and enable their translation into a regional and international capability for health emergency preparedness and response. The speed at which threats are verified and reported is as equally important as the degree of an effective collective response to identified threats. Initiatives such as the global health workforce or WHO's Public Health Emergency Operation Centre Network exemplify well how the Secretariat can work with Member States using the power of new technological solutions for coordination, strengthened national capacities and the political will to prevent another global pandemic.

Financing

22. COVID-19 has reinforced what previous outbreaks and epidemics had already shown: global pandemic preparedness and response depends on strong local and national capacities. Effective response is dependent on dynamic knowledge of what to respond to, where, at what scale, and with what tools, and it is predicated on long-term investments in prevention and preparedness.

23. Similarly, the COVID-19 pandemic highlighted massive gaps in terms of funding targeted to HEPR activities. As pointed out by various reviews, the needs are most prevalent for "Surveillance and collaborative intelligence" at US\$ 4.1 billion per year, with "Countermeasure development and access", "Population interventions", and "Lifesaving clinical care" each at around US\$ 1.8 billion per year, with "Coordination and operations" at US\$ 0.9 billion per year – most of these are in urgent need to start being filled. These gaps are

prevalent both at a national level (US\$ ~7 billion per year) and at the regional and global levels (US\$ ~3.5 billion per year), with international funding flows playing a complementary role to domestic financing. While rapid response funding activities significantly increased when the COVID-19 pandemic began, many of these mechanisms remained time-bound and limited in effectiveness.

24. Current funding streams of existing organizations should be maintained, or increased to the extent possible, but for gaps identified that cannot be served by existing solutions, a dedicated gap filling modality should be set up. Financing streams of this modality must be catalytic in nature and be able to fill gaps at all levels of the HEPR architecture that are underfunded. This new modality could thus be complementary, rather than duplicative to existing institutions, and it could mobilize long-term, additional resources on a sustained and predictable basis. To be effective, this new financing mechanism must strive for simplicity in its governance, it needs to work through strong implementing entities, drawing on their comparative advantages, and it must demonstrate flexibility to make adjustments over time as needs and the institutional landscape evolves. Through its connection to the five subsystems of HEPR at national, regional, and global levels, as well as the global health emergency workforce, WHO will have the means and the knowledge to inform the channelling of funds to the most adequate implementer. The modality should be well suited to effectively manage funds, including measuring performance and impact, and channel financing in a manner that incentivizes increased domestic financing of HEPR, including by putting in place innovative funding mechanisms.

25. There is a fundamental need for:

- **National preparedness / prevention:** long-term sustainable financing of prevention and preparedness activities at the country level, enabled by catalytic & gap filling financing modalities. The International Health Regulations (2005) stipulate the need for all countries to assess their own preparedness and response capacities on an ongoing basis and develop action plans to address the identified gaps. Existing tools and process, such as State Party self-assessment Annual Reporting (SPAR), Joint External Evaluations (JEE), Universal Health and Preparedness Reviews (UHPR), National Action Plans for Health Security (NAPHS) can be utilized for this purpose. The COVID-19 pandemic has demonstrated there are significant gaps in HEPR financing for which countries need to increase their domestic funding, both on health and national security, to be able address. In many Low Income and Lower Middle-Income Countries, domestic funding will not be sufficient to address all gaps. International financing institutions such as multilateral development banks, international development agencies will need to provide dedicated, sustainable, and long-term funding flows to supplement domestic financing in critical areas such as surveillance and rapid response capacities which are also global public goods. On this basis a portion of HEPR financing should come from non-ODA budgets. While the IHR addresses country level assessments, mechanisms will need to be put into place to effectively coordinate, monitor, and equitably distribute funding targeting most critical gaps.

- **Contingency funds for response:** rapidly deployable funding for response to acute emergencies. Timely response to emergencies is critical both in responding to humanitarian needs and to maximize the chance of containing outbreaks at a small scale. Rapidly releasable funding is a critical enabler of this. Existing mechanisms, including the Contingency Fund for Emergencies have had success in COVID-19 and other recent emergencies, but the overall capacity of the system for rapid response must be adequate to support all systems.
- **Global / regional public goods:** sustainable financing of WHO and other Global and Regional HEPR institutions. WHO, together with other global and regional institutions provide critical functions and global goods and services for HEPR including setting standards; providing technical and operations support; assessing capacities and addressing gaps; and coordinating preparedness and response actions. Sustainable financing is necessary to enable these institutions to deliver these global goods and services to the high standard expected and needed by its Member States, and essential for effective health emergency preparedness, response, and resilience.

Governance

26. Effective governance is essential to bring greater coherence to the global architecture of HEPR, enabling countries and partners to work collectively around a shared plan, galvanized by political will and with the resources to sustain positive changes. This requires strengthened mechanisms for leadership, regulation, and accountability.

- **Leadership.** Decision-making in HEPR should be elevated to the highest – heads of state – level and should be linked to and aligned with the mandate of WHO, rather than creating a parallel structure, which could lead to further fragmentation of the global health architecture. Multi-sectoral, multi-party representation involving actors from a national to a global level will be critical to ensure a whole-of-society and collective approach, where decision-making and priorities will be informed by world-class technical experts. Any decisions should align with a clear theory of change and impact measurement and be guided by transparent rationale and criteria to allow effective and targeted strengthening of the ecosystem.
- **Regulation.** including a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response and Strengthening the IHR (2005) including through strengthening implementation, compliance, and targeted amendments.
- **Accountability.** the mechanisms should leverage existing preparedness & response readiness review mechanisms (e.g., a strengthened self-assessment mechanism of IHR and a peer review mechanism through UHPR) to inform the state of national capacities. Furthermore, independent monitoring of the mechanism must be put in place (e.g., such as the independent monitoring of WHO's work in health emergencies by the IOAC and

the global ecosystem of preparedness by the GPMB) to ensure accountability & effectiveness of the mechanism and related instruments.

NEXT STEPS

27. The consultation document will explore some fundamental questions, including:

- What are the most critical needs and gaps in the HEPR architecture (across systems, financing, and governance)? What are those gaps that are already being addressed through various initiatives / mechanisms?
- What would be those critical gaps that are not being addressed or remain a challenge to be addressed? In this case, what mechanisms would be best suited to fill these gaps (incl., how existing mechanisms or instruments would need to be adapted, what financing mechanisms could close those gaps and how would they prioritize, allocate, and monitor funding flows etc.)?
- What would a strengthened HEPR architecture look like & operate? How would key actors (across various sectors and from a local to a global level) fit in the new architecture, what would be the key linkages across all HEPR systems, financing, and governance and how would accountability be ensured?

ANNEX

List of abbreviations

DG: Director-General of the World Health Organization

G20: Intergovernmental forum comprising of 19 countries and the European Union

GPMB: Global Preparedness Monitoring Board

HEPR: Health Emergencies & Preparedness, Response and Resilience

IHR: International Health Regulations

INB: Intergovernmental Negotiation Body

IOAC: Independent Oversight and Advisory Committee for the World Health Organization

UHPR: Universal Health and Preparedness Review

WB: World Bank

WHA: World Health Assembly

WHO: World Health Organization