World Health Organization

NINTH MEETING OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES
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Zero draft report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the Seventy-fifth World Health Assembly

I. BACKGROUND, MANDATE, AND SCOPE OF THE MEMBER STATES WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES (WGPR)

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 WGPR successfully submitted its first report and the latter mandate was fulfilled successfully with the submission of the report[2] which was adopted by consensus by the WGPR and welcomed at the World Health Assembly at its second special session (29 November–1 December 2021),[3] which led to the historic formation of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response (PPR). An interim report was also submitted to the Executive Board at its 150th session (24–29 January 2022),[4] fulfilling part of the former mandate.

2. This final report is developed to fulfil the rest of the mandate derived from resolution WHA74.7, that is "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", including a proposal for onward work to close critical gaps that remain in pandemic PPR not covered by the INB.

3. After the 150th session of the Executive Board, the WGPR met an additional three times between February and May 2022. Member States continued to emphasize: prioritizing equity as an objective and outcome in the final report; the critical role of strengthening of the International Health Regulations (2005) (IHR), including through implementation, compliance and potential amendments; and the need for sustainable financing, both for WHO and for broader pandemic PPR. The WGPR also discussed the

[1] To request the WPRG "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] Document SSA2/3.

[3] See document WHASS2/2021/REC/1, summary records of the fourth meeting, section 2.

[4] Document EB150/16.

survey[1] results and indicated that the survey should serve as one of several inputs for the WGPR's deliberations. It was also agreed that the survey's outcome will not be used as a tool for decision-making in the prioritization of recommendations. In addition, the WGPR also held several intersessional informal sessions on priority areas such as equity, leadership and governance, systems and tools, and finance.

II. SHORT SUMMARY OF THE PROCESS AND ANALYSIS, WHERE THE WGPR PROPOSES DIFFERENT PATHWAYS FOR IMPLEMENTATION OF THE RECOMMENDATIONS

4. To facilitate Member States' review and discussion, the WHO Secretariat created the WHO Dashboard of COVID-19-related recommendations, a public website.[2] In addition, the Bureau of the WGPR launched a survey on 6 December 2021 of Member States, non-State actors and other relevant stakeholders[3] to collect inputs on the recommendations in a more systematic way. The survey covered a total of 131 recommendations issued by the independent review panels/committees: the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, 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 Global Preparedness and Monitoring Board. The survey invited Member States and stakeholders to provide input on the recommendations in terms of priority, feasibility, time frame, resource needs, implementer, and mechanisms for implementation. While the survey focused on the 131 recommendations, it provided scope for comment on any other recommendations from the WHO Dashboard on COVID-19 recommendations.

5. At the close of the survey period, 113 entities (64 Member States and 49 stakeholders) had submitted input[4] that responded to at least one recommendation, representing an average response rate of 24% (33% of Member States and 18% of stakeholders) (see Annex 1). In addition, a number of respondents provided qualitative comments on recommendations included in the survey. Because the total number of Member States' responses varied by region, WGPR members found that the results of the survey provided useful guidance for areas of convergence and focus; nonetheless, they considered that the survey's results should not be the only source of input for guiding their recommendations on proposed actions.

6. Analysis of the recommendations (see Annex 1) found a positive correlation between a high number of responses and a rating of high priority; high feasibility to implement; a short- and medium-term time frame for implementation; and the need for some combination of technical and financial resources for implementation of the recommendation. When reviewing the survey responses by category, the WGPR made the following observations.

(a) Within the **Leadership and governance** category, consistent priority themes include: strengthening IHR core capacities; role and functioning of IHR National Focal Points; using a

[1] WGPR survey on implementation of COVID-19 recommendations.

[2] The dashboard is a tool to provide access to a database on recommendations from different review panels on the COVID-19 pandemic, related World Health Assembly resolution on COVID-19 and recommendations formulated in relation to earlier health emergencies.

[3] See document A/WGPR/1/6 Proposed modalities of engagement for relevant stakeholders.

[4] See document A/WGPR/7/3, Survey on implementation of COVID-19 recommendations: preliminary findings, for a list of top responses overall and by category.

whole-of-government approach; integrating core capacities for emergency preparedness, surveillance, and response within the broader health system and essential public health functions.

(b) Within the **Equity** category, although it was noted that many of the recommendations were published before equitable access to countermeasures emerged as a major challenge in the COVID-19 response, consistent priority themes include: strengthening coordination of local and regional support for research and development in health emergencies; transfer of technology and know-how; establishing a sustainable mechanism to ensure rapid development, timely, affordable, effective and equitable access to medical and non-pharmaceutical interventions, public health and social measures for health emergencies, including capacity for testing, scaled regional manufacturing and distribution; the development of norms and standards for digital technologies related to international travel; ensuring adherence to WHO's allocation mechanisms for equitable access; addressing supply chain constraints; and for WHO, working with existing and established multilateral mechanisms to support countries in fragile, conflict-affected and vulnerable settings.

(c) Within the **Systems and tools** category, consistent priority themes include integration of core capacities for emergency preparedness, surveillance, and response within the broader health system and essential public health functions; strengthening capacity and systems to automatically share real-time emergency information, including genomic sequencing; coordinating systems to address the risks of emergence and transmission of zoonotic diseases as part of a One Health approach; standardizing forms for information sharing and verification of events under the IHR; routine assessments of multisectoral preparedness; strengthening early alerts and transparency through the Emergency Committee and WHO's role in information sharing; as well as incentive for sharing information of international concern, for instance, indiscriminate travel restrictions, misinformation and/or stigmatization.

(d) Within the **Finance** category, there is support for collective investment in global, regional and national preparedness and health security, including for WHO to be financed across its three levels for effective implementation of its mandate and strengthen global health resilience and pandemic PPR. There is also interest in the establishment of a mechanism to finance global health security, noting the ongoing discussions at the G20 Finance and Health Task Force track and that the issue could be outside the scope of the WGPR.

7. The WGPR Bureau committed several days to reviewing the survey responses and comments. Through this process, the Bureau in conjunction with the Secretariat reviewed the survey results and identified potential pathways for implementation of recommendations as well as noting those recommendations that were generally beyond the scope and mandate of the WGPR (see Annex 2).

8. The Bureau also identified a set of specific topics for intersessional discussions. During the intersessional sessions, Member States were provided updates that included on initiatives or pillar projects initiated by WHO in to response to the COVID-19 pandemic including the Access to COVID-19 Tools Accelerator (ACT-A), the WHO BioHub System, the WHO Hub for Pandemic and Epidemic Intelligence and Universal Health and Preparedness Review. Some of the pertinent points coming out of the intersessional sessions include:

Leadership and governance

(a) Member States reiterated the need to avoid duplication, overlap, fragmentation, lack of transparency, competition on WHO's role in the global architecture for pandemic PPR. WHO's

leadership role in health needs to be maximized in future pandemic architecture and financing, especially its norms and standard setting role.

(b) Member States also reiterated the importance of the IHR and the need of strengthening implementation and compliance as well as efforts to "modernize" the instrument.

(c) Member States requested the Bureau to develop a proposed way forward on amending the IHR, especially for a clear plan with a comprehensive, inclusive approach with defined timelines. Discussion covered possible options to consider, including the establishment of an IHR review committee to propose amendments; an extension of the WGPR; or a structured Member State informal process to take forward the work on amendments.

(d) On IHR amendments, Member States reiterated the need for it to be limited and targeted. Some Member States showed interest to reach agreement on some amendments where there was convergence. However, Member States reiterated that amendments should be done in a considered manner without conflicting other IHR articles; respectful of national sovereignty; and complementarity between the IHR and the new instrument.

(e) On the Universal Health and Preparedness Review, Member States underlined the need for an inclusive, transparent forum for solutions and not a "name/blame/shame" system. There was also a strong request by Member States to have more details on the pilots.

Equity

(f) Member States explored the idea of defining the equity concept, to be broader and actionable based on WHO's Constitution as well as going beyond the pandemic; not only equitable access to medical countermeasures but also to include universal health coverage and national health systems strengthening.

(g) Member States discussed on how the ACT-A could be enhanced to be future-ready and address Disease X – including (not restricted to) more inclusive Member State governance especially from low- and middle-income countries, expansion of scope beyond COVID-19 alone, and to become an end-to-end mechanism.

Systems and tools

(h) Member States also reiterated the need for mutual assurance that no Member State is penalized for sharing information of international concern, for example through indiscriminate travel restrictions, misinformation and/or stigmatization.

(i) On access and benefits sharing, discussion focused on information and sample sharing. Specific issues raised including incentivizing (and not penalizing Member States) from sharing information and/or samples. There is preference for a multilateral rather than a bilateral approach and the need for consistency with existing legal frameworks like Convention on Biological Diversity and the Nagoya Protocol on Access and Benefit Sharing.

(j) On the WHO BioHub System, Member States requested further consultation for the "co-creation" of the system. They also requested clarity over how the System relates to the existing surveillance instruments such as the WHO Hub for Pandemic and Epidemic Intelligence and the WHO Academy.

Finance

(k) On WHO's financing for prevention, preparedness and response for health emergencies, there was recognition of the importance of sustainable financing for WHO, including its Pillar 2 work and support for a contingency fund for emergencies to be funded to strengthen its role in pandemic PPR.

(l) On financing for national and global preparedness and response, there is acknowledgement that additional national resources are needed for pandemic PPR and for resilient health systems. Member States also agreed that there is value in a new financing instrument for pandemic PPR that is additive, strengthens the IHR core capacities and maintains WHO's technical expertise as basis for allocation considerations.

(m) Member States also discussed the need for new incentives such as increased funding in health systems and core capacities as national and local system capacity need adequate health systems for pandemic PPR and resiliency.

9. Concurrent with the work of the WGPR, the Secretariat initiated or continued implementation on many of the 131 recommendations. The majority of the recommendations already being implemented relate to the IHR Review Committee, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and those recommendations that Member States agreed to in resolution WHA74.7 (2021). Of these 131 recommendations,

(a) a total of 44 can be implemented through the regular technical work of the Secretariat in accordance with its normative functions and around 66% of these 44 recommendations mapped under this category are already being so implemented, with 22% being partially implemented;

(b) a total of 19 can be implemented immediately through existing frameworks (such as the IHR and Health Assembly resolutions and decisions) and around 58% of those mapped under this category are being implemented through WHO's technical work and existing frameworks, with around 16% being partially implemented; and,

(c) a total of 25 recommendations can be implemented by amending or building on existing frameworks (such as the IHR (2005) and Health Assembly resolutions and decisions), with 48% of these 25 recommendations mapped under this category being implemented through WHO's technical work by building on existing frameworks and 24% being partially implemented.

10. Importantly, some of the 131 recommendations are yet to be implemented because of resource constraints or owing to pending decisions by Member States or within the Secretariat. This set of recommendations covers: some issues that are the subject of proposed amendments to the IHR; clarity of the roles and responsibilities in emergency management; sustainable financing for WHO including the WHE Programme; equitable access to medical countermeasures for health emergencies; and human rights monitoring in health emergencies.

11. The WGPR supports WHO continuing the work that is underway through its normative role (see Annex 2).

12. Consistent with its report to the World Health Assembly at its second special session, the WGPR is of the opinion that for strengthening WHO's work on pandemic PPR the INB could consider the following issues:

(a) measures to gather high-level political commitment and a whole-of-government and whole-of-society approach, to maintain focus and drive continued momentum to ensure that pandemic preparedness and response remains a regular feature on the agenda of world leaders;

(b) adequate investment in developing innovative, effective, affordable vaccines and therapeutics, building local and regional surge manufacturing capacity including transfer of technology and know-how, broad-spectrum antiviral agents and appropriate public health and social measures, and non-pharmaceutical interventions;

(c) aspects of the preparedness, readiness and response during a pandemic that are not addressed by the IHR such as strategies for the rapid and timely sharing of pathogens and specimens, and strengthening capabilities and capacities for whole genome sequencing for surveillance and the public health response, including the development of effective countermeasures;

(d) timely and equitable access globally to benefits arising from sharing the above, mindful that there are some legally binding agreements relating to data and pathogen sharing, but no comprehensive framework within WHO for sharing of data/pathogens or for sharing of the benefits derived therefrom;

(e) strengthening all aspects of the health system capacity, including community health systems for health emergency prevention, preparedness and response as well as ensuring continuation of essential health services for universal health coverage.

(f) rapid deployment of a WHO team for early investigation and response;

(g) maintaining the global supply chain in particular to improve access to countermeasures that are considered global public goods;

(h) implementation of a One Health approach related to prevention and surveillance, including specific responsibilities and a clear division of labour among the partners in the quadripartite alliance;

(i) establishment or transformation of WHO pilots and initiatives initiated or launched in the midst of COVID-19 such as ACT-A, the WHO BioHub System, and the Universal Health and Preparedness Review mechanism with full Member State ownership and buy-in;

(j) sustainable financing of pandemic PPR functions both within the WHO and in the larger context of discussions around existing and new financial instruments for pandemic PPR;

(k) the continued importance of respecting international human rights principles in a health emergency, including the protection of personal data and privacy;

(i) addressing misinformation and disinformation in respect of pandemic PPR.

13. The WGPR identified several issues that will require continued Member State and Secretariat consultation, such as the Universal Health and Preparedness Review pilot and the WHO BioHub System, and how these initiatives can be taken forward in a sustainable way to strengthen pandemic PPR.

14. The WGPR also considered that additional discussion should be dedicated to two technical issues: strengthening WHO's ability to provide technical assistance, for instance for increased capacity in rapid data sharing and analysis, as well as rapid and timely access to outbreak sites with due regard to, and respect for, the sovereignty of States; and the request for WHO to provide clear guidance for action in the event of a public health emergency of international concern.

15. The WGPR, pursuant to resolution WHA74.7 (2021) and its urging Member States "to increase and improve efforts to build, strengthen and maintain the capacities required under the International Health Regulations (2005)", supports the Health Assembly continuing with an inclusive Member State-led process on amending the IHR (2005) and proposes the following approach for adoption by the Seventy-fifth World Health Assembly of a decision as follows:

(a) Decision adopted by Seventy-fifth World Health Assembly that, in overview:

- adopts any amendments to the IHR ready for adoption (if any);
- agrees a Member State process to convene between the Seventy-fifth and Seventy-sixth World Health Assemblies to take forward work on all proposed IHR-targeted amendments; and
- invites the Director-General to convene an IHR Review Committee to make technical recommendations on the proposed amendments referred to in subparagraph (b) below, with a view to informing the work of the Member State process.

(b) Proposed amendments to be submitted by 30 June, 2022. All such proposed amendments will be distributed by the Director-General to all States Parties without delay.

(c) An IHR Review Committee to be established by the Director-General in accordance with Article 50(1)(a) of the IHR, with particular attention to be paid to the fulfilment of the letter and spirit of Article 51(2).

(d) The Member State process, to be convened no later than September 2022, should be aligned with the INB process, as both the IHR and the new instrument are expected to play central roles in pandemic PPR in the future.

(e) The IHR Review Committee to submit its report to Director-General by October 2022, with the Director-General transmitting it without delay to the Member State process. The Director-General will also communicate the report to the Executive Board at its 152nd session, in accordance with Article 52(3) of the IHR.

(f) The Member State process to continue work during the remainder of 2022 with the aim of finalizing a package of proposed amendments for submittal to the Director-General by the January 2023 deadline under Article 55(2) of the IHR.

(g) The Director-General to communicate this package of proposed amendments to all States Parties in accordance with Article 55(2) of the IHR in January 2023.

(h) If needed, the Member State process to continue work with a view towards furthering agreement on the proposed amendments between the Executive Board at its 152nd session and the Seventy-sixth World Health Assembly.

(i) Member States to consider adoption of the package of proposed amendments, along with any further outcomes of the Member State process, at the Seventy-sixth World Health Assembly.

III. RECOMMENDATIONS OF THE WGPR TO THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY

Political leadership

16. The WGPR agrees that a whole-of-government and whole-of-society approach for pandemic PPR is required. A lesson learned from the COVID-19 pandemic is the importance of engagement of governments at the highest level on the basis of science, evidence and best practice when confronted with health emergencies.

17. There should be a renewed commitment to the multilateral system, including strengthening WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness and response. In this regard, political leadership is also needed to ensure adequate prioritization and financing for strengthening national, regional, and global pandemic PPR. Governments should also prioritize and dedicate domestic resources for preparedness as an integral part of their national pandemic PPR strategy and a strengthened resilient health system.

18. 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 its Constitution. Member States also recognize the need for national investments and leadership from other actors, including the international financial institutions and existing global health institutions. There exists a disconnect between Member States' expectations of WHO and the resources provided to meet those expectations in the area of pandemic PPR.

19. WGPR sees the need to promote consensus around scientific and evidence-based measures to protect public health, ensure social protection and global solidarity. These actions are crucial to discourage misinformation, stigmatization and discrimination among and within countries.

20. With respect to political leadership, the WGPR proposes the actions set out in Table 1.

Table 1. Political leadership

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to appoint a national high-level coordinator with the authority and political accountability to lead whole-of-government and whole-of-society approaches. 2. MS to update their national preparedness plans, ensuring that whole-of-government and whole-of-society coordination is in place and that there are appropriate and relevant	6. WHO Secretariat to play the leading, convening and coordinating role in operational aspects of an emergency response to a pandemic. 7. WHO Secretariat to provide normative, policy, and technical guidance including supporting countries to build capacity for pandemic PPR and for resilient health systems.	9. NSAs to work with governments to strengthen health emergency preparedness. 10. NSAs to work with governments to sharing information with communities, fighting disinformation and building digital capacity and community engagement and where relevant be involved in independent

skills, logistics, and funding available to cope with future health crises. 3. MS to routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness. 4. MS to renew their commitment to the multilateral system and strengthen WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness and response. 5. MS to empower their citizens and strengthen civil society on health emergency preparedness.	8. WHO Secretariat, at all three levels, to prioritize support to MS to establish national competent authorities in pandemic PPR and to situate the IHR national focal points adequately within them. WHO must clearly articulate where resource constraints are preventing execution of this strong and repeated mandate.	monitoring of preparedness and response. 11. While respecting privacy, NSAs to leverage their considerable data and forecasting power with governments, WHO and other international partners to create the strongest possible early warning and response systems.

Cooperation and collaboration

21. The WGPR observed that in meeting the challenges of a global pandemic, new levels of cooperation and collaboration were required, including within the United Nations system, among global health institutions and actors as well as between countries. Structures like the United Nations Inter-Agency Standing Committee, the United Nations COVID-19 Supply Chain Task Force and related regional efforts proved essential to addressing gaps and challenges presented by COVID-19. Given their current roles in the ongoing pandemic, these structures remain vital to ending the pandemic and warrant review after the pandemic ends in order to future-proof our framework for pandemic PPR. Where possible, Inter-Agency Standing Committee-style collaborations should be designed beyond the humanitarian space to include travel, trade and digital communication systems as well.

22. WHO initiated a coordinated global research road map for COVID-19, building upon its R&D Blueprint, which allowed scientists across the world to work under a common agenda to identify and address the knowledge gaps and solutions needed to tackle evolving COVID-19 issues and challenges, especially for vaccines, diagnostics and therapeutics.

23. The WGPR discussed the need for strengthening the United Nations coordination mechanisms including strengthened coordination in different country, health and humanitarian emergency contexts, by ensuring clear United Nations system-wide roles and responsibilities.

24. With respect to cooperation and collaboration, the WGPR proposes the actions set out in Table 2.

Table 2. Cooperation and collaboration

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to support research efforts to inform and expand capacity for effective public health and social measures during pandemics to underpin preparedness & readiness efforts, including in the formulation of emergency guidance and advice. 2. MS to participate in WHO-led research and development efforts including under the WHO R&D	3. WHO Secretariat to continue coordinating global research, building upon its R&D Blueprint, to identify and address the knowledge gaps and solutions needed for health emergencies. 4. WHO Secretariat to facilitate and support efforts to build evidence and research on the effectiveness of public health and social measures during	7. NSAs, including researchers, research institutions, research funders, the private sector, to work with governments, and WHO to improve coordination and support for research and development in health emergencies 8. NSAs, including international research funders, to continue working under the R&D Blueprint umbrella for

Blueprint, recognizing that WHO's role is not to direct national efforts, but to facilitate greater alignment, collaboration and more rapid progress toward shared goals.	pandemics to underpin preparedness and readiness efforts, including the formulation of emergency guidance and advice. 5. WHO Secretariat to strengthen its Science Division with a view to regularizing and elevating the level and calibre of pandemic PPR research and guidelines across the board. 6. WHO Secretariat to work with all key United Nations and/or other international system actors to establish clear roles and responsibilities and to enable coordination and ongoing collaboration, with the aim of improving pandemic PPR.	global equity in prioritizing and ensuring equitable access to the research and development products.

WHO at the centre

25. The WGPR reiterated its commitment to the role of WHO enshrined in WHO's Constitution "to act as the directing and coordinating authority on international health". It acknowledged the central role of WHO's normative and standard setting functions, provision of technical assistance and support as well as its convening power at the global, regional and national levels. The WGPR strongly agreed that WHO is a Member State-led organization and Member States have a vital role in providing the necessary resources and support for WHO to perform these functions. The WGPR recommended that any external financing facility or related mechanism for pandemic PPR should rely on WHO's norms and standards for prioritizing resource allocations and measuring success.

26. With respect to WHO's central role, the WGPR proposes the actions set out in Table 3.

Table 3. WHO at the centre

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS and the WHO Secretariat to partner at the national, regional and global levels for strengthening pandemic PPR and resilient health systems. 2. MS to provide adequate increased resources to WHO to act as the directing and coordinating authority on international health work including pandemic PPR, and engage with WHO to strengthen management and oversight of the Organization.	3. WHO Secretariat to empower country and regional offices to lead the public health response within the United Nations system at country level, while continuing to prioritize transparency and accountability in the human resources, budget, and administrative functions. 4. WHO Secretariat to resource and equip WHO country offices sufficiently to respond to technical requests from national governments to support pandemic PPR, including support to build resilient health systems, universal health coverage and healthier populations 5. WHO Secretariat to prioritize the quality and performance of staff at each level of the Organization, and depoliticize recruitment (especially at senior levels) by adhering to criteria of merit and relevant competencies. 6. WHO Secretariat to set new and measurable targets and benchmarks for pandemic preparedness and response capacities for each of the three levels of the Organization (for example, regional targets could include relevant stockpiles of personal protective equipment).	7. NSA to work with Member States and relevant partners in supporting WHO in enhancing cooperation and collaboration in norms and standard setting as well as technical capacity on pandemic PPR and health system strengthening.

Financing (national, regional and global, including for WHO)

27. The WGPR agrees with governments' need to invest and prioritize domestic resources as an integral part of national and global security to enhance preparedness and response as well as strengthen health system resilience. Member States and regional intergovernmental organizations must follow through on their political and funding commitments for preparedness.

28. Some aspects that warrant continued investment include strengthening capacity for research and development, in advance of and during an epidemic, surge manufacturing capacity (including local and regional production), IHR core capacities, primary health care and the health workforce.

29. Member States recognized the need to provide WHO with increased, adequate and sustainable financing so that it can act as the directing and coordinating authority on international health work as enshrined in WHO's Constitution, and to strengthen management and oversight of the Organization. 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 PPR, and to safeguard the continuation of essential health services especially in low-resource countries.

30. With respect to Financing, the WGPR proposes the actions set out in Table 4.

Table 4. Financing

Member States (MS)	WHO Secretariat	Non-State Actors
1. MS to increase national health and social investments to build and strengthen capacities for health emergency preparedness and response, including for IHR implementation, as well as for resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well-supported health workforce, including public health and community health workers. 2. MS to provide adequate resources to WHO to act as the direction and coordinating authority on international health work including PPR as well as sustainably fund WHO's Contingency Fund for Emergencies and to align MS' expectations with WHO's financial capacities to address emergencies. 3. MS to consider further discussion to establish an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and for rapid global finance-surge for response in the event of a pandemic. Early prioritization for funding through this facility should focus on IHR core capacities and other preparedness gaps.	4. WHO Secretariat to work with countries, the World Bank and partners, develop and cost packages of priority interventions to increase preparedness capacity. 5. WHO Secretariat to ensure that there are adequate human and financial resources across all its offices at HQ, regional and country levels for effective implementation of the WHO's obligations under the IHR, including functions relating to: communication with National Focal Points; building and assessment of core capacities; notification, risk assessment and information sharing; coordination and collaboration during public health emergencies; and other relevant IHR provisions. 6. WHO Secretariat to support humanitarian and development efforts for pandemic PPR and universal health coverage in fragile, conflict-affected and vulnerable settings, including adapting its human resources planning and accelerate the recruitment of staff trained in emergency response at country level. 7. WHO Secretariat to redesign the replenishment mechanism for a contingency fund for emergencies, disbursement criteria and operating processes especially to improve its sustainability and transparency.	8. NSAs, as members of the international community, contribute and advocate collective investments in global pandemic PPR, including closing financing gaps for national prevention, preparedness and response as a joint responsibility and a global public good. 9. Once established, to support any new International Pandemic Financing Facility, including with financial resources as allowed by the new facility's rules. 10. Donors and multilateral institutions to ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity (including local and regional manufacturing), broad-spectrum antiviral agents and appropriate non-pharmaceutical interventions.

Sustainability of COVID-19 innovative mechanisms, namely ACT-A, the mRNA vaccine technology transfer hub, the WHO BioHub System, the WHO Hub for Pandemic and Epidemic Intelligence, and the COVID-19 Technology Access Pool

31. In response to the COVID-19 pandemic, WHO has launched multiple initiatives and pilots such as ACT-A, mRNA Hub, the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence, and the COVID-19 Technology Access Pool. The WGPR expressed the need to further discuss the sustainability of these initiatives and pilots and acknowledged the potential for each of them to address long-standing structural inequities, but also emphasized the need for Member State ownership and buy-in for any of them to be sustainable over the long term.

32. The WGPR acknowledged the essential role of ACT-A during the COVID-19 pandemic in particular its contribution to equity and COVID-19 response; it was a crisis response to an unprecedented situation. Recognizing that ACT-A was designed as a temporary platform and is still facing many challenges including (not restricted to) financial sustainability, the WGPR recommended a more-inclusive Member State governance from low- and middle-income countries, and a refocusing of ACT-A's work from development to delivery. The discussion also touched upon the possibility of expanding its scope beyond COVID-19. Member States discussed further on how the ACT-A should be enhanced to address these challenges in order to be future-ready and address Disease X. The WGPR noted the intention of the current co-chairs of ACT-A to initiate an independent evaluation of the platform and its successes and challenges, and noted that this was consistent with calls from many Member States for such an evaluation, and that it may be beneficial to share the results of that evaluation with Member States through the Health Assembly in due course.

33. The WGPR supported the intention of the pilot mRNA hubs but also noted that more discussions on the mRNA hub concept are needed, in particular on how to build and expand the biomedical workforce; establish, develop and shape market; expansion to other vaccine products beyond COVID-19, as well as improving access and capacity to produce input products, such as raw materials.

34. The WGPR acknowledged the importance of rapid and broad sharing of pathogens for effective surveillance and the timely development of medical response products such as diagnostic, therapeutic and vaccines. It noted the WHO BioHub System that is currently in pilot phase and requested the need for Member States' consultation on the "co-creation" of such a system, in particular its relationship to the existing surveillance instruments and initiatives under way at national and regional levels around the world.

35. With respect to sustainability of COVID-19 innovative mechanisms, the WGPR proposes the actions set out in Table 5.

Table 5. Sustainability of COVID-19 innovative mechanisms

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to seek an independent evaluation of ACT-A with a view to inform further discussions on the creation of a future permanent structure to support end-to-end development, production and procurement of, and equitable access to, medical countermeasures for health emergencies as well as a more inclusive governance structures that include representatives of countries across income levels and regions, civil society, and the private sector. 2. MS to participate in the discussions on the future role and sustainability of WHO initiatives such as the COVID-19 Technology Access Pool, mRNA Hub and the WHO BioHub System. 3. R&D and all other relevant processes in MS to be driven by a goal and strategy to achieve equitable and effective access.	4. WHO Secretariat to oversee and support the independent evaluation of ACT-A with the results to be reported to the Health Assembly in due course for its consideration into onward improvements in the global health architecture for PPR. 5. WHO Secretariat to consult and update MS regularly on the progress of mRNA Hub; design of the WHO BioHub System and WHO Hub for Pandemic and Epidemic Intelligence, including how it integrates with existing global surveillance system and tools across a One Health interface.	6. NSAs, including stakeholders from civil society and the private sector, to participate in the evaluation of ACT-A. 7. NSAs to engage with MS and the Secretariat on continuing discussions on future role and sustainability of WHO initiatives such as the COVID-19 Technology Access Pool, mRNA Hub and the WHO BioHub System. 8. NSAs, with technology or resources to contribute, to consider contributing to these initiatives, both for progress against the COVID-19 pandemic and to build the evidence base and best practice for preparedness for future pandemics.

Global surveillance

36. The WGPR expressed a strong interest in the application of a One Health approach that would yield significant benefits for the international community to reduce the risks posed by emerging diseases of zoonotic origin in the future, recognizing that diseases of zoonotic origin are among the most likely sources of future pandemics.[1]

37. The WGPR is of the opinion that the INB could consider discussing the One Health concept. This could include new and/or strengthening of existing platforms, surveillance, furthering multisectoral partnerships (human, animal and environmental health sectors) and promoting specific countermeasures in line with the One Health approach.

38. With respect to global surveillance, the WGPR proposes the actions set out in Table 6.

[1] The WHO, FAO, World Organisation for Animal Health (OIE), UNEP One Health Joint Plan of Action is currently under development, was recently presented to Member States in an information session, with plans to be finalized and launched in June 2022. For more information, see https://apps.who.int/gb/MSPI/pdf_files/2022/03/Item3_31-03.pdf (accessed 22 April 2022).

Table 6. Global surveillance

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to strengthen national systems for preparedness by identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a One Health approach that integrates animal and human health. 2. MS to build core public health capacities and workforce for surveillance, early detection and sharing of information on outbreaks and similar events; strengthening health systems based on universal health coverage with surge capacity for clinical and supportive services; and putting in place systems of social protection to safeguard the vulnerable, leaving no one behind. 3. MS to work with WHO's global system for surveillance (for example, the WHO Hub for Pandemic and Epidemic Intelligence).	4. WHO Secretariat to work with Member States, in collaboration with the World Organisation for Animal Health, FAO, and UNEP, as well as other networks and relevant stakeholders and partners, to address the risks of emergence and transmission of zoonotic diseases, and provide a coordinated, rapid response and technical assistance as early as possible for acute events; as part of a One Health approach. 5. WHO Secretariat to further leverage existing systems and networks, such as the R&D Blueprint and the Global Influenza Surveillance and Response System, and build stronger linkages with the animal sector and One Health partners. 6. WHO Secretariat to strengthen existing systems and networks for coordinated global surveillance of public health threats, based on transparency and interoperability using digital tools to connect information centres around the world and include animal and environmental health surveillance, with appropriate protections of people's rights.	7. NSAs to engage at all levels to promote viable and sustainable responses under a One Health approach. In particular, it is critical that NSAs working in the fields of the human-animal interface, and in environmental health, engage with the quadripartite alliance and with MS to find practical concrete solutions to these challenges.

Strengthening IHR implementation, compliance and potential amendments

39. The WGPR reiterated its support for the IHR (2005) as a key component of the global health architecture. Many Member States also expressed their support for strengthening the IHR (2005), including through implementation, compliance and potential targeted amendments without reopening the entire instrument for negotiations.

40. With respect to strengthening implementation of, compliance with and potential amendments to the IHR (2005), the WGPR proposes the actions set out below (see Tables 7a–7g).

(a) Building and strengthening Member States' core capacities (Table 7a).

Table 7a. Strengthening the IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to integrate the core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions including promoting inclusiveness and gender equality into IHR core capacity development and monitoring. 2. MS to strengthen national, regional capabilities and capacities for whole genomic sequencing.	3. WHO Secretariat to provide guidance and technical support to countries on how to integrate assessment of IHR core capacities, and the subsequent development of national plans for emergency preparedness, surveillance and response, into national efforts to strengthen essential public health functions and to rebuild resilient health systems after the COVID-19 pandemic. 4. WHO Secretariat to develop guidance on how to structure rigorous and all-inclusive, whole-of-government assessments and other preparedness activities, and work with MS to engage multisectoral stakeholders in order to identify and address country level gaps in preparedness. 5. WHO Secretariat to review and strengthen its tools and processes for assessing, monitoring and reporting on core capacities, taking into consideration lessons learned from the current pandemic including functional assessments, to allow for accurate analysis and dynamic adaptation of capacities at the national and subnational levels. 6. WHO Secretariat, working with MS and relevant stakeholders, to develop options to strengthen, and where appropriate, build global genomic sequencing infrastructure to maximize this critical technology as a component of future pandemic preparedness and response.	7. NSAs, including experts on human rights and other vulnerable groups, engage with Member States and the Secretariat to strengthen core capacities in emergency preparedness.

(b) Strengthening transparency and mutual accountability as well as strengthening the technical capacity of the Secretariat to support Member States implementation of the IHR core capacities, including IHR National Focal Points (Table 7b).

Table 7b. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
8. MS, where relevant, enact or adapt legislation to authorize National Focal Points to perform their functions and ensure that the National Focal Point is a designated centre, which is appropriately organized, resourced and positioned within government, with sufficient seniority and authority	11. WHO Secretariat to provide clear guidance on the functions of the National Focal Point required by the IHR, and documents and disseminates best practices for the designation and operation of National Focal Point centres. 12. WHO Secretariat to support MS to strengthen the capacities of National	17. NSAs, such as professional organizations and academic institutions, to support IHR advocacy, implementation and monitoring, in collaboration with National Focal Points where appropriate, so as to enhance and facilitate mutual support

to meaningfully engage with all relevant sectors. 9. MS, where relevant, to establish and inform the Secretariat of its national competent authority responsible for overall implementation of the IHR that will be recognized and held accountable for the National Focal Point's functioning and the delivery of other IHR obligations. 10. MS to define clearly the mandate, position, role and resources of the National Focal Point.	Focal Points, including through regular and targeted training and workshops, especially at the national and regional levels. 13. WHO Secretariat to assess the performance and functioning of National Focal Points using appropriate criteria and in full transparency, and report its findings accordingly in the Director-General's annual report to the Health Assembly on IHR implementation. 14. WHO Secretariat to work with MS to identify additional stakeholders, such as professional organizations and academic institutions, capable of supporting IHR advocacy, implementation and monitoring, in collaboration with National Focal Points where appropriate, so as to enhance and facilitate mutual support mechanisms and networks at the regional and global levels. 15. WHO Secretariat to make greater use of digital technology for communication among National Focal Points and support MS in strengthening information technology systems to enable rapid communication between National Focal Points, the Secretariat and other Member States. 16. WHO Secretariat, in consultation with MS and where relevant, to develop and improve review framework for the competent authorities responsible for implementing the IHR.	mechanisms and networks at the regional and global levels.

(c) Enabling the transparent and timely sharing of information on outbreaks (Table 7c).

Table 7c. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
18. MS to consider proposing amendments to the IHR, to include, inter alia: strengthening early notification and comprehensive information sharing; intermediate grading of health emergencies; development of evidence-based recommendations on the role of domestic and international travel and trade recommendations; and mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review	22. WHO Secretariat to continue supporting MS to strengthen and build capacities to share relevant public health information needed by WHO to assess the public health risk. 23. WHO Secretariat to monitor and document MS' compliance with their IHR requirements for information sharing and verification requests, and report its findings in the Director-General's annual report to the Health Assembly on IHR implementation. 24. WHO Secretariat to develop standard forms for requesting information and verification of events under relevant articles	27. NSAs in coordination with MS and the Secretariat, work within relevant systems to support the transparent and timely sharing of information on outbreaks.

mechanism as well as related relevant issues on equity. 19. MS to share relevant public health information needed by WHO to assess the public health risk for a notified or verified event as soon as it becomes available, and continue to share information with WHO after notification or verification to allow WHO to conduct a reliable risk assessment. 20. States Parties to communicate more proactively through WHO's Event Information Site with both other States and the Secretariat. 21. MS to continue to discuss strengthening information sharing including WHO's use of public domain information in assessing if an event is of significant risk and where the allegedly affected State Party does not respond to WHO's verification request concerning a possible event.	of the IHR, disseminate these forms and provide training for National Focal Points on how to use them. 25. WHO Secretariat, in accordance with Article 11 of the IHR, to share information about public health risks with States Parties and report annually to the Health Assembly on how it has complied with the implementation of Article 11. 26. WHO Secretariat to strengthen its interactions with MS to enable the Secretariat to conduct high-quality rapid risk assessments, including through confidence-and-trust-building mechanisms (for example, periodic conferences and informal information-sharing sessions) between itself and the appropriate National Focal Points/competent authorities, at the global, regional and country levels.	

(d) Recognizing the need for national and global coordinated actions to address the misinformation, disinformation, and stigmatization, that undermine public health (see Table 7d).

Table 7d. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
28. MS to strengthen their approaches to and capacities for information and infodemic management, risk communication and community engagement in order to build public trust in data, scientific evidence and public health measures and to counter inaccurate information and unsubstantiated rumours. 29. MS to support the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics. 30. MS to invest in and coordinate risk communication policies and strategies that ensure timeliness and accountability and work with marginalized communities in the co-creation of plans. 31. MS to discuss with the Secretariat the use of an alternative acronym for public health emergency of international concern.	32. WHO Secretariat to work with MS to strengthen their approaches to and capacities for information and infodemic management, risk communication and community engagement in order to build public trust in data, scientific evidence and public health measures and to counter inaccurate information and unsubstantiated rumours. 33. WHO Secretariat to build capacity to deploy proactive countermeasures against misinformation and social media attacks and further invest in risk communication as an essential component of epidemic management; 34. WHO Secretariat to discuss with MS on use of an alternative acronym for public health emergency of international concern, such as PHEMIC (pronounced "phee-mek" as opposed to the PHEIC, often pronounced "fake" in English).	35. NSAs and communities to advocate and support individuals in seeking and using accurate information to educate themselves, their families and their communities, including adopting health promoting behaviours and take actions to protect the most vulnerable. 36. NSAs to leverage their role as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, particularly in engaging local communities.

(e) 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 (see Table 7e).

Table 7e. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
37. MS to provide clear mandate to the Secretariat to support individual MS, when information about high-risk events becomes known to WHO. 38. MS to accept the Secretariat's offer of immediate technical support in outbreak investigations and risk assessments and where such offers are not accepted by MS, the latter should promptly provide a written explanation of their position.	39. WHO Secretariat to publish information about outbreaks with pandemic potential on an immediate basis. 40. WHO Secretariat to strengthen its work with relevant networks to coordinate and offer immediate technical support in outbreak investigations and risk assessments when information about high-risk events becomes known to WHO. 41. WHO Secretariat to adopt a more formal and clearer approach to conveying information about the IHR Emergency Committee's meetings to States Parties and the public, including providing a standard template for statements issued following each meeting as suggested in IHR_21. 42. WHO Secretariat to establish and implement clear procedures and mechanisms for intersectoral coordination and collaboration on preparedness and for alert and rapid response to acute events, including a Public Health Emergency of International Concern (PHEIC), and strengthen existing operations through an expanded Global Outbreak Alert and Response Network and by working with Emergency Medical Teams, the Global Health Cluster and other relevant networks. 43. WHO Secretariat to actively alert the global community on events that may not meet the criteria for a PHEIC but may nonetheless require an urgent escalated public health response.	44. NSAs to contribute to transparency and accountability in this area through prompt sharing of information and commitment to leveraging their relevant resources to create the most inter-operable and reliable system of information sharing possible at global, regional, and national levels, as appropriate.

(f) Clear guidance for action in the event of a public health emergency of international concern, with the potential to establish intermediate alerts (Table 7f).

Table 7f. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
45. MS to continue to discuss the feasibility of an intermediate and/or regional public health emergency of concern.	46. WHO Secretariat to support MS in the discussion, including involvement of the Regional Offices.	

(g) Revising the IHR amendments process so that it is more agile in responding to future developments and advances (Table 7g).

Table 7g. Strengthening IHR

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
47. MS to consider adopting amendment to Article 59 of the IHR at the Seventy-fifth World Health Assembly.	48. WHO Secretariat to support for MS' discussions on the targeted amendment process.	

Universal Health and Preparedness Review pilot

41. The WGPR discussed the importance of strengthening the IHR (2005), with a focus on implementation, resources, core capacities, transparency and compliance, and noted the role of potential mechanisms such as WHO's pilot Universal Health and Preparedness Review (UHPR). In this regard, the WGPR emphasized the vision for an inclusive, transparent mechanism that focuses on capacities, resourcing and solutions. This mechanism should not be a "name and shame" system and should draw from the best practices around the United Nations system in finalizing its potential processes and way forward.

42. The mechanism should aim to improve the IHR (2005) core capacities and strengthen resiliency of health systems with clear timelines, linkages to existing tools like Joint External Evaluations and the State Parties Self-Assessment Annual Reporting Tool, and not constitute an undue burden on Member States. There are questions about the scope of the UHPR and, depending on how those are resolved, it could be that UHPR needs to be addressed in part both in the INB and in discussions on strengthening the IHR. In addition, if the UHPR moves from pilot stage to full implementation, there will need to be much more engagement with Member States for full buy-in and commitment to action, as well as clarity from the Secretariat on the resource needs, both financial and human resource to establish a truly universal review mechanism.

43. With respect to the UHPR pilot review, the WGPR proposes the actions set out in Table 8.

Table 8. Universal Health and Preparedness Review Pilot

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to participate in the discussions on the pilot UHPR as a means of accountability and cross-country learning.	2. WHO Secretariat to consult and update MS and relevant stakeholders on the pilot UHPR development to assess, report on and improve compliance with IHR requirements, and ensure accountability for the IHR obligations, through a multisectoral and whole-of-government approach.	3. NSAs to participate in the discussions on the pilot UHPR as a means of accountability and cross-country learning.

Travel measures

44. The WGPR discussed the need to address the obligation to share information under the IHR without being penalized (for example, indiscriminate travel restrictions, misinformation and/or

stigmatization). There were further discussions to promote the sharing of information of a potential public health emergency of international concern along incentives.

45. With respect to travel measures, the WGPR proposes the actions set out in Table 9.

Table 9. Travel measures

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to apply risk-based approach to implementing additional health measures in response to public health risks and acute public health events, including those determined to constitute PHEICs or pandemics, and conduct regular and frequent risk assessments and re-evaluations of measures in place, based on WHO's advice. 2. MS to establish mechanisms to support public health measures that are necessary, proportionate and non-discriminatory. 3. MS to comply with Article 43 of the IHR when implementing additional health measures that restrict international traffic, following both the letter and spirit of that Article, including considering defining States Parties' responsibilities for implementing isolation and quarantine measures under the IHR on international cruise ships, as well as international contact tracing, and care and repatriation of international cruise ship passengers and national citizens abroad. 4. MS to support the development of standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis.	5. WHO Secretariat to support research efforts to strengthen the evidence base and its recommendations on the impact and advisability of travel restrictions measures in relation to a PHEIC or pandemic. 6. WHO Secretariat to examine the term "unnecessary interference with international traffic", to arrive at a more practical and consensual interpretation of this term in the context of travel measures during a PHEIC or a pandemic. 7. WHO Secretariat to make public its mechanism to collect and share real-time information about travel measures, in collaboration with States Parties and international partners. 8. WHO Secretariat to develop standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis, in consultation with States Parties and partners including conducting a study on issues relating to digital vaccination certificates, such as mutual authentication and data security. 9. WHO Secretariat, working with relevant partners, to develop norms and standards for digital technology applications relevant to international travel, ensuring individual privacy and facilitating equitable access to all persons, including those in low-income countries inter alia the development of digital technologies for contact tracing in the international context, as well as options for the digitalization of all health forms in the IHR.	10. NSAs, in particular those in the travel and transportation sectors support and adapt implementation of both additional and easing of travel measures in a timely manner.

Equity

46. During the meetings of the WGPR, Member States repeatedly underscored the fact that equity is critically important for global health both as a principle and as an outcome. Member States emphasized

that equity is essential in particular in pandemic PPR, 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, transfer of technology and know-how, empowering/scaling up local and regional manufacturing capacity during emergencies to discover, develop and deliver effective medical countermeasures and other tools and technologies.

47. The WGPR discussed the scope and definition of equity in particular in and beyond pandemics and how it is operationalized by WHO through its work on issues like access to medicines. It emphasized the need to consider having a broad and actionable definition of equity based on the definition of equity in WHO's Constitution while noting the challenges in sustaining/achieving equity and the importance of having a shared understanding of the scope and intent of equity at the outset for effective policy-making.

48. The WGPR emphasized that equity extends beyond equitable access to medical countermeasures in a pandemic but also includes universal health coverage and national health systems strengthening.

49. Based on WHO's Constitution, equity as a principle can be defined as the attainment by all peoples of the highest possible level of health. This was further elaborated as follows.

- Health is a state of complete physical, mental and social well-being.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all. Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

50. Furthermore, the Secretariat explained that the concept of access to medicines is embedded in the concept of the right to health. This means that the right to the highest attainable standard of health requires that all health services, goods and facilities, including medicines, should be made available, accessible, acceptable and of good quality.[1]

51. The components of access to medicines are recognized as the rational selection and use of medicines, reliable health and supply systems, sustainable financing, and affordable prices. In this regard, equitable access to health product means that medicines, vaccines, diagnostics, personal protective equipment, ventilators, medical oxygen and other essential medical equipment are available in a timely manner, accessible, affordable, acceptable, quality assured, safe, and effective for those who need them without differences among groups of people.

[1] **Availability**: refers to the need for a sufficient quantity. **Accessibility**: includes dimensions of non-discrimination, physical accessibility, economical accessibility (affordability), information accessibility. **Acceptability**: relates to respect for medical ethics, culturally appropriate, and sensitivity to gender; people-centred and catering for the specific needs of diverse population groups. **Good quality**: should be safe, effective, people-centred, timely, equitable, integrated, and efficient.

52. With respect to equity, the WGPR proposes the actions set out in Table 10a–10c.

(a) Empowering/scaling up local and regional manufacturing capacity during emergencies to discover, develop and deliver effective medical countermeasures and other tools and technologies (Table 10a).

Table 10a. Equity

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
1. MS to establish national and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials, based on plans jointly developed by WHO, regional institutions, and the private sector. 2. MS to consider processes for transfer of technology and know-how, including to and among larger manufacturing hubs in each region. 3. MS to support regional manufacturing and diversifying production across all regions beyond fill and finish and establish more public health tools, manufacturing hubs of vaccines, personal protective equipment, diagnostics, therapeutics that are sustainable and interdependent including in low- and middle-income countries. 4. MS to identify platform technologies and business models that have utility for non-emergency production (e.g., for routine and childhood vaccines) to rapidly scale up manufacturing during emergencies, including reviewing and potentially expanding sustainable manufacturing of raw materials and consumables critical to health emergencies and non-emergency medical products and devices. 5. MS, where relevant, to promote more timely and equitable access to public health response technologies originally developed by government entities, such as through the use of non-exclusive voluntary licensing of these technologies on mutually agreed terms to developing countries. 6. MS to establish national allocation plans and support global allocation plans for countermeasures in a way that will have the most impact in stopping the pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access.	7. WHO Secretariat, working with Member States, regional institutions and the private sector, to support and develop plans to establish national and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials. 8. WHO Secretariat to develop guidelines to promote transparency in public funding research and development related to pandemics to promote measures to support technology transfer and commitment to voluntary licensing.	9. International financial institutions and regional development banks and other public and private financing organizations support establishing national and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for conducting clinical trials. 10. NSAs, including manufacturers and international organizations, ensure countermeasures are allocated in a way that will have the most impact in stopping a pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access. 11. NSAs, including global health agencies like the Global Fund, Gavi, The Vaccine Alliance, Coalition for Epidemic Preparedness Innovations, UNICEF, support efforts to shorten global supply lines and build supply-chain resilience by working with local producers and consider long-term cooperation.

(b) Strengthening health system resilience, and achieving universal health coverage (Table 10b).

Table 10b. Equity

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
12. MS to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong health workforce, and consider areas where innovative technologies can be used to leapfrog health systems. 13. MS to accelerate investments in health workforce education, skills and jobs which also can contribute towards building regional pools of expertise to use during the pandemic.	14. WHO to support to MS to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong health workforce.	15. NSAs to support investments in health workforce education, skills and jobs to strengthen national health systems.

(c) Strengthening regulatory systems for public health emergency response (Table 10c)

Table 10c. Equity

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
16. MS to improve national, regional, and global regulatory systems to promote equitable access to quality-assured, safe, and effective public health response products during pandemics and other public health emergencies. 17. MS to improve engagement and cooperation with Stringent Regulatory Authorities/WHO Listed Authorities and manufacturers regarding WHO Emergency Use Listing/Pre-Qualification to facilitate regulatory preparedness and rapid regulatory decision-making based on best available data during emergencies. 18. MS, as appropriate, to consider use of Stringent Regulatory Authorities/WHO Emergency Use Listing/Pre-Qualification decisions, in the context of an emergency.	19. WHO to promote global regulatory reliance approaches and the use of Stringent Regulatory Authorities/WHO Emergency Use Listing/Pre-Qualification decisions by MS in the context of an emergency.	20. NSAs to support strengthening regulatory systems for public health emergency response.

IV. DECISION POINT

The WGPR invites the Seventy-fifth World Health Assembly to consider the following draft decision:

The Seventy-fifth World Health Assembly, having considered the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies,

Decided:

(1) to adopt the report, including the onward process for IHR amendments outlined in paragraph 15 of this report, and the proposed actions set out in Tables 1 through 10 of this report;

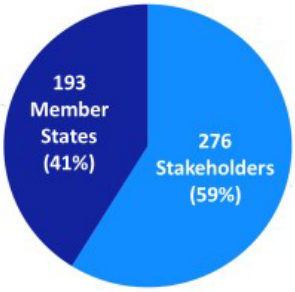
(2) to request the Director-General to report back to the Seventy-seventh, Seventy-ninth and Eighty-first World Health Assemblies in 2024, 2026, and 2028 on the implementation of proposed actions.

ANNEX 1

WGPR SURVEY (DECEMBER 2021–FEBURARY 2022)

The survey was conducted from December 2021 with a deadline of 4 January 2022 that was extended to 14 February 2022 at the request of Member States. A total of 469 entities (193 Member States and 276 stakeholders) were invited to participate in the survey.

WGPR survey on implementation of COVID-19 recommendations: Number of invited entities by category



Total 469 entities invited to join the survey

Stakeholders as listed in the document *A/WGPR/1/6. Proposed modalities of engagement for relevant stakeholders*

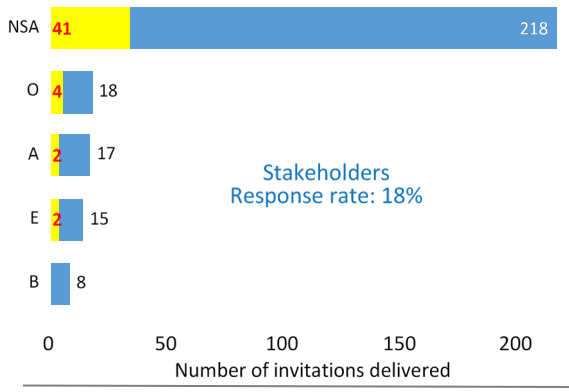
- Annex A. United Nations and other intergovernmental organizations in effective relations with WHO (**17 entities**);
- Annex B. Observers (**8 entities**);
- Annex C. Non-State actors in official relations with WHO (**218 entities**);
- Annex D. Other stakeholders, as decided by the Working Group, invited to (1) attend open sessions of meetings of the Working Group, (2) speak at open sessions of meetings of the Working Group, at the Chair's request, and (3) provide inputs to the Working Group via an electronic portal, an open "hearing", and/or a segment of a session (**18 entities**); and
- Annex E. Other stakeholders, as decided by the Working Group, invited to provide inputs to the Working Group, including other UN system organizations, other intergovernmental organizations and arrangements, and Non-State actors not in official relations with WHO (**15 entities**).

At the close of the survey period, 113 entities (64 Member States and 49 stakeholders) submitted input[1] that responded to at least one recommendation, representing an average response rate of 24% (33% of Member States and 18% of stakeholders). Several extensions to the survey deadline were made and outreach was done to encourage more responses to the survey. In addition, a number of respondents provided qualitative comments on recommendations included in the Survey. Because the total number of Member State responses varied by region, WGPR members found that the results of the survey provided useful guidance for areas of convergence and focus; nonetheless, members considered that the survey's results should not be the only source of input for guiding their recommendations on proposed actions.

Overall response rate and breakdown by sub-categories

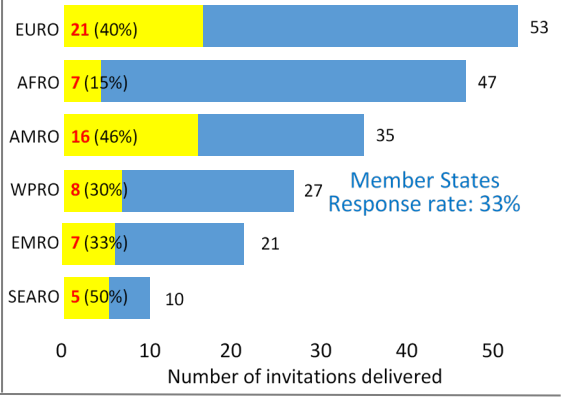
113 out of total 469 entities submitted at least one response: Overall response rate is 24%

Figure 2 : Number of survey invitations delivered by Annex categories



49 out of total 276 stakeholders participated

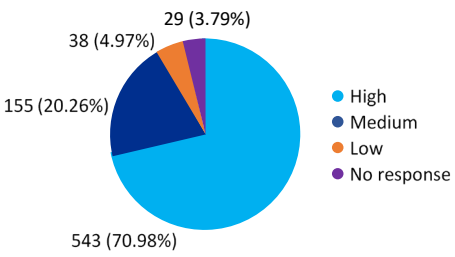
Figure 3 : Number of survey invitations delivered by WHO Member State region



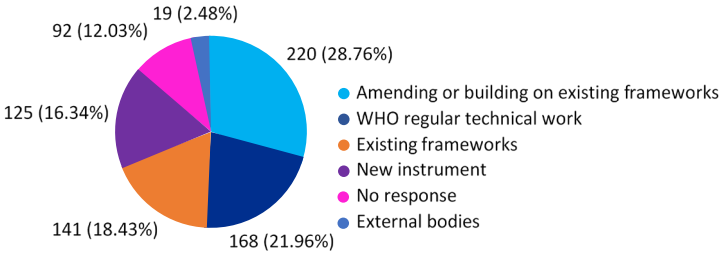
64 out of total 193 Member States participated

Analysis of the recommendations found a positive correlation between a high number of responses and a rating of high priority; high feasibility to implement; a short- and medium-term time frame for implementation; and the need for some combination of technical and financial resources for implementation of the recommendation.

Priority of the top 10 most popular recommendations

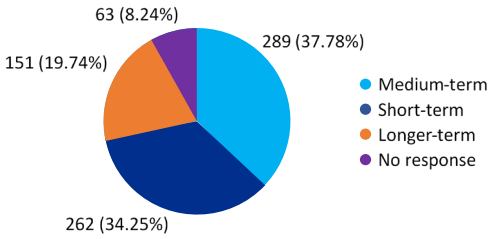


Mechanism for implementation of the top 10 most popular recommendations

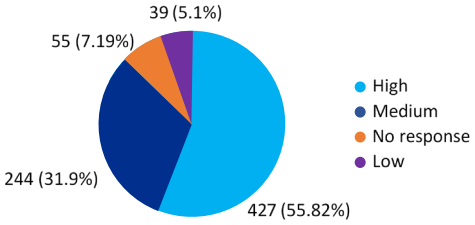


[1] See document A/WGPR/7/3, Survey on implementation of COVID-19 recommendations: preliminary findings, for a list of top responses overall and by category.

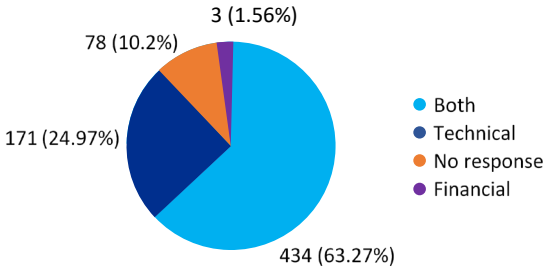
Time frame of the top 10 most popular recommendations



Feasibility of the top 10 most popular recommendations



Resource needs of the top 10 most popular recommendations



ANNEX 2

CATEGORIZATION OF 131 RECOMMENDATIONS BY PRIORITY, FEASIBILITY AND IMPLEMENTATION

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	GPMB_01	Heads of government must commit and invest: Heads of government in every country must commit to preparedness by implementing their binding obligations under the IHR.	47	93.62%	63.83%	PARTIALLY		Strengthening of IHR (2005)	
Finance	GPMB_02	Heads of government must commit and invest: Heads of government must prioritize and dedicate domestic resources and recurrent spending for preparedness as an integral part of national and global security, UHC and the SDG; WHO, the World Bank and partners, working with countries, develop and cost packages of priority interventions to increase preparedness capacity that can be financed in current budget cycles and map these interventions to expected results in the near term.	43	72.09%	63.83%	PARTIALLY		Address or involve external bodies/actors New international instrument	
Finance	GPMB_03	Countries and regional organizations must lead by example: G7, G20 and G77 Member States and regional intergovernmental organizations must follow through on their political & funding commitments for preparedness.	40	70.00%	37.21%	PARTIALLY	WHA74.7_61	Address or involve external bodies/actors	IHR_31;IPPPR_21;WHA 74_61
Finance	GPMB_04	Countries, donors and multilateral institutions must be prepared for the worst: Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions; Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad-spectrum antivirals, and targeted therapeutics. Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.	42	71.43%	37.50%	PARTIALLY		Address or involve external bodies/actors New international instrument WHO normative work	IPPPR_21;IPPPR_22;IP PPR_30;IPPPR_31;IPPP R_33

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
System & tools	GPMB_05	Countries, donors and multilateral institutions must be prepared for the worst: All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries; WHO and its MS develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.	55	69.64%	30.95%	PARTIALLY		New international instrument Strengthening of IHR (2005) WHO normative work	
Finance	GPMB_06	Financing institutions must link preparedness with financial risk planning: To mitigate the severe economic impacts of a national or regional epidemic and/or a global pandemic, the IMF and World Bank must urgently renew their efforts to integrate preparedness into economic risk and institutional assessments, including the IMF's next cycle of Article IV consultations with countries and the World Bank's next Systematic Country Diagnostics for International Development Association (IDA) credits and grants.; The IMF and World Bank integrate preparedness in their systematic country risk, policy and institutional assessments, including in Article IV staff reports and for IDA credits/grants, respectively; International funding mechanisms expand their scope and envelopes to include health emergency preparedness, including the IDA19 replenishment, the Central Emergency Response Fund, Gavi, the Global Fund and others.	37	56.76%	43.64%	PARTIALLY		Address or involve external bodies/actors New international instrument	IPPPR_21;IPPPR_22;IPPPR_30;IPPPR_31;IPPPR_33

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Finance	GPMB_07	Development assistance funders must create incentives and increase funding for preparedness: Donors, international financing institutions, global funds and philanthropy must increase funding for the poorest and most vulnerable countries through development assistance for health and greater/earlier access to the UN Central Emergency Response Fund to close financing gaps for their national action plans for health security as a joint responsibility and a global public good; MS need to agree to an increase in WHO contributions for the financing of preparedness & response activities and must sustainably fund the WHO Contingency Fund for Emergencies, including the establishment of a replenishment scheme using funding from the revised World Bank Pandemic Emergency Financing Facility.	39	56.41%	35.14%	PARTIALLY	WHA 74.7_61	Address or involve external bodies/actors WHO governing bodies	IHR31;IPPPR_21;IOAC_27;IOAC_28;WHA74_61
Finance	GPMB_08	Development assistance funders must create incentives and increase funding for preparedness: MS need to agree to an increase in WHO contributions for the financing of preparedness & response activities and must sustainably fund the WHO Contingency Fund for Emergencies, including the establishment of a replenishment scheme using funding from the revised World Bank Pandemic Emergency Financing Facility; WHO MS agree to an increase in contributions for preparedness at the 73rd WHA; and MS, the World Bank and donors provide sustainable financing for the Contingency Fund for Emergencies to a level of US$ 100 million annually.	39	53.85%	35.90%	NO	WHA74.7_61	Address or involve external bodies/actors WHO governing bodies	IHR31;IPPPR_21;IOAC_27;IOAC_28;WHA74_61
Leadership & governance	GPMB_09	The UN must strengthen coordination mechanisms: The UN SG, with WHO and the UN OCHA, must strengthen coordination in different country, health and humanitarian emergency contexts, by ensuring clear UN system-wide roles and responsibilities, rapidly resetting preparedness & response strategies during health emergencies,; and enhancing UN system leadership for preparedness, including through routine simulation exercises; The UN SG, with WHO DG and Under-Secretary-General for Humanitarian Affairs, strengthens coordination and identifies clear roles &	51	66.67%	20.51%	PARTIALLY		Address or involve external bodies/actors WHO normative work	IHR_35;IPPPR_02

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		responsibilities and timely triggers for a coordinated UN systemwide response for health emergencies in different countries and different health & humanitarian emergency contexts; The UN SG UN convenes a high-level dialogue with health, security and foreign affairs officials to determine how the world can address the threat of a lethal respiratory pathogen pandemic, as well as managing preparedness for disease outbreaks in complex, insecure contexts.							
Leadership & governance	GPMB_10	The UN must strengthen coordination mechanisms: WHO should introduce an approach to mobilize the wider national, regional and international community at earlier stages of an outbreak, prior to a declaration of an IHR PHEIC; WHO develops intermediate triggers to mobilize national, international and multilateral action early in outbreaks, to complement existing mechanisms for later and more advanced stages of an outbreak under the IHR.	51	70.59%	45.10%	PARTIALLY		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Leadership & governance	GPMB_11	National leaders and leaders of international organizations and other stakeholders take early decisive action based on science, evidence and best practice when confronted with health emergencies. They discourage the politicization of measures to protect public health, ensure social protection and promote national unity and global solidarity.	46	82.61%	43.14%	PARTIALLY		Address or involve external bodies/actors	
Leadership & governance	GPMB_12	We reiterate our call for heads of government to appoint a national high-level coordinator with the authority and political accountability to lead whole-of government and whole-of-society approaches, and routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness.	42	57.14%	50.00%	PARTIALLY		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	IPPPR_24;IPPPR_25;GPMB_24
Equity	GPMB_13	National leaders, manufacturers and international organizations ensure that COVID-19 vaccines & other countermeasures are allocated in a way that will have the most impact in stopping the pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access. Each country should get an initial allocation of vaccine sufficient to	56	83.93%	45.24%	PARTIALLY		New international instrument WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		cover at least 2% of its population, to cover frontline health care workers.							
Leadership & governance	GPMB_14	Citizens demand accountability from their governments for health emergency preparedness, which requires that governments empower their citizens and strengthen civil society.	46	54.35%	60.71%	PARTIALLY		Address or involve external bodies/actors New international instrument	
System & tools	GPMB_15	Every individual takes responsibility for seeking and using accurate information to educate themselves, their families and their communities. They adopt health promoting behaviours and take actions to protect the most vulnerable. They advocate for these actions within their communities.	43	58.14%	36.96%	Not available		Address or involve external bodies/actors WHO normative work	
System & tools	GPMB_16	Heads of government strengthen national systems for preparedness: identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a One Health approach that integrates animal & human health; building core public health capacities and workforce for surveillance, early detection and sharing of information on outbreaks and similar events; strengthening health systems based on UHC with surge capacity for clinical and supportive services; and putting in place systems of social protection to safeguard the vulnerable, leaving no one behind.	54	83.33%	39.53%	PARTIALLY		Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	IHR_13
Equity	GPMB_17	Researchers, research institutions, research funders, the private sector, governments, WHO and international organizations improve coordination and support for research and development in health emergencies and establish a sustainable mechanism to ensure rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution.	65	80.00%	42.62%	PARTIALLY		Address or involve external bodies/actors New international instrument WHO normative work	
Leadership & governance	GPMB_18	Heads of government renew their commitment to the multilateral system and strengthen WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness & response.	48	72.92%	47.69%	PARTIALLY		New international instrument WHO governing bodies	
Finance	GPMB_19	G20 leaders ensure that adequate finance is made available now to mitigate the current and future	36	63.89%	58.33%	YES	WHA74.7_61	Address or involve external bodies/actors	IHR_31;IPPPR_21;WHA 74_61

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		economic and socioeconomic consequences of the pandemic.							
Finance	GPMB_20	Heads of government protect and sustain the financing of their national capacities for health emergency preparedness and response developed for COVID-19, beyond the current pandemic.	42	78.57%	41.67%	Not available	WHA74.7_61	Address or involve external bodies/actors New international instrument	IHR_31;IPPPR_21;IPPPR_12;IPPPR_27;WHA74_61
Finance	GPMB_21	The UN, WHO, and the International Financing Institutions develop a mechanism for sustainable financing of global health security, which mobilizes resources on the scale and within the time frame required, is not reliant on development assistance, recognizes preparedness as a global common good, and is not at the mercy of political and economic cycles.	48	60.42%	42.86%	PARTIALLY		Address or involve external bodies/actors New international instrument	IPPPR_22;IOAC_29
Finance	GPMB_22	The World Bank and other International Financial Institutions (IFI) make R&D investments eligible for IFI financing and develop mechanisms to provide financing for global R&D for health emergencies.	40	55.00%	33.33%	NO		Address or involve external bodies/actors New international instrument	IOAC_29;IPPPR_21;IPPPR_22
Leadership & governance	GPMB_23	State Parties to the IHR, or the WHO DG, propose amendments of the IHR to the WHA, to include: strengthening early notification and comprehensive information sharing; intermediate grading of health emergencies; development of evidence-based recommendations on the role of domestic and international travel and trade recommendations; and mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review mechanism.	49	69.39%	47.50%	YES		New international instrument Strengthening IHR (2005) WHO governing bodies	
System & tools	GPMB_24	National leaders, WHO, the UN and other international organizations develop predictive mechanisms for assessing multisectoral preparedness, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies.	57	57.89%	59.18%	YES		Address or involve external bodies/actors New international instrument WHO normative work	IPPPR_25;GPMB_12
Leadership & governance	GPMB_25	The SG of the UN, the WHO DG, and the heads of International Financing Institutions convene a UN Summit on Global Health Security, with the aim of agreeing on an international framework for health emergency preparedness and response, incorporating the IHR, and including mechanisms for sustainable financing, research and development,	51	58.82%	36.84%	NO		Address or involve external bodies/actors	IHR_35;IPPPR_02

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		social protection, equitable access to countermeasures for all, and mutual accountability.							
Leadership & governance	IHR_01	Role and functioning of National IHR Focal Points (NFPs): 1.1. States Parties should enact or adapt legislation to authorize NFPs to perform their functions and to ensure that the NFP is a designated centre, not an individual, which is appropriately organized, resourced and positioned within government, with sufficient seniority and authority to meaningfully engage with all relevant sectors. The mandate, position, role and resources of the NFP should be clearly defined.	79	81.01%	50.98%	YES		Strengthening IHR (2005)	
Leadership & governance	IHR_02	Role and functioning of National IHR Focal Points (NFPs): 1.2. WHO should continue working with States Parties to strengthen the capacities of NFPs, including through regular and targeted training and workshops, especially at the national & regional levels. WHO should provide clear guidance on the functions of the NFP required by the IHR, and document and disseminate best practices for the designation and operation of NFP centres. WHO should also assess the performance and functioning of NFPs using appropriate criteria and in full transparency, and report its findings accordingly in WHO's annual report to the WHA on IHR implementation.	71	73.24%	51.90%	YES		Strengthening IHR (2005) WHO normative work	
Leadership & governance	IHR_03	Role and functioning of National IHR Focal Points (NFPs): 1.3. WHO should work with States Parties to identify additional stakeholders, such as professional organizations and academic institutions, capable of supporting IHR advocacy, implementation and monitoring, in collaboration with NFPs where appropriate, so as to enhance and facilitate mutual support mechanisms and networks at the regional and global levels.	71	50.70%	69.01%	NO		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
System & tools	IHR_04	Core capacities requirements for preparedness, surveillance and response: 2.1. States Parties should strive to integrate the core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions, in order to ensure that national health systems are resilient enough to function effectively during pandemics and other	67	71.05%	52.11%	YES	WHA74.7_43	Strengthening IHR (2005)	IPPPR_11;IPPPR_12;WHA74_43

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		health emergencies. States Parties should ensure that gender equality is integrated into IHR core capacity development & monitoring.							
Leadership & governance	IHR_05	Core capacities requirements for preparedness, surveillance and response: 2.2. WHO should continue to provide guidance and technical support to countries on how to integrate assessment of IHR core capacities, and the subsequent development of national plans for emergency preparedness, surveillance and response, into national efforts to strengthen essential public health functions and to rebuild resilient health systems after the COVID-19 pandemic.	76	80.26%	55.22%	YES	WHA74.7_43	Strengthening IHR (2005) WHO normative work	IPPPR_11;WHA74_43
Leadership & governance	IHR_06	Core capacities requirements for preparedness, surveillance and response: 2.3. WHO should continue to review and strengthen its tools and processes for assessing, monitoring and reporting on core capacities, taking into consideration lessons learned from the current pandemic including functional assessments, to allow for accurate analysis and dynamic adaptation of capacities at the national & subnational levels.	68	69.12%	64.47%	YES	WHA74.7_28	Strengthening IHR (2005) WHO normative work	IPPPR_11;WHA74_28
Leadership & governance	IHR_07	Legal preparedness: 3.1. States Parties should periodically review existing legislation and ensure that appropriate legal frameworks are in place to: manage health risks and health emergencies; enable the establishment or designation of an NFP and the responsible authorities for IHR implementation; foster a whole-of-government approach; and support the establishment and functioning of core capacities in all the areas referred to in Articles 5 and 13 and Annex 1 of the IHR.	60	71.67%	58.82%	PARTIALLY		Strengthening IHR (2005)	
Leadership & governance	IHR_08	Legal preparedness: 3.2. States Parties should ensure that national legislation on emergency preparedness & response supports and is consistent with IHR provisions and IHR implementation (e.g. that the IHR have been incorporated into the domestic legal order and that implementing legislation has been adopted); that legislation is in place to protect personal data, including of travellers & migrants during the response to PHEIC and pandemics; and that sufficient resources are	62	70.97%	40.00%	PARTIALLY		Strengthening IHR (2005)	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		available for full implementation of existing and new legislation.							
Leadership & governance	IHR_09	Legal preparedness 3.3. WHO should engage with partners and continue to develop tools, technical guidance and internal capacity to support States Parties in their use of national legislation for IHR implementation consistent with its normative function under the WHO Constitution. Tools may include quick checklists, detailed process guidance, templates and model legislative text and should address the characteristics and attributes of legislation necessary to implement the IHR.	60	66.67%	43.55%	PARTIALLY		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Leadership & governance	IHR_10	Notification and alert system: 4.1. States Parties should share the relevant public health information needed by WHO to assess the public health risk for a notified or verified event as soon as it becomes available, and continue to share information with WHO after notification or verification to allow WHO to conduct a reliable risk assessment. States Parties should communicate more proactively through WHO's Event Information Site (EIS) with both other States and WHO Secretariat. WHO should monitor and document countries' compliance with their IHR requirements for information sharing and verification requests, and report its findings in WHO's annual report to the WHA on IHR implementation.	64	89.06%	53.33%	YES		New international instrument Strengthening IHR (2005) WHO normative work	
System & tools	IHR_11	Notification and alert system: 4.2. WHO should develop a mechanism for States Parties to automatically share real-time emergency information, including genomic sequencing, needed by WHO for risk assessment that builds on relevant regional and global digital systems.	62	80.65%	67.19%	YES		New international instrument Strengthening IHR (2005) WHO normative work	IPPPR_15
System & tools	IHR_12	Notification and alert system: 4.3. WHO should develop options to strengthen, and where appropriate, build global genomic sequencing infrastructure to maximize this critical technology as a component of future pandemic preparedness & response.	52	73.08%	58.06%	PARTIALLY		New international instrument Strengthening IHR (2005) WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
System & tools	IHR_13	Notification and alert system: 4.4. As part of a One Health approach to preparedness, alert, response, and research to emerging zoonotic diseases, WHO should work closely with States Parties, in collaboration with the World Organisation for Animal Health, FAO, and UNEP, as well as other networks and relevant stakeholders and partners, to address the risks of emergence and transmission of zoonotic diseases, and provide a coordinated, rapid response and technical assistance as early as possible for acute events.	61	85.71%	53.85%		WHA74.7_38; WHA74.7_39; WHA74.7_40	Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	GPMB_16;WHA74_38;WHA74_39;WHA74_40
System & tools	IHR_14	Risk assessment and information sharing: 5.1. In cases where WHO deems an event to be of significant risk and where the allegedly affected State Party does not respond to WHO's verification request concerning a possible event, and if other information about the event is already in the public domain, then WHO should provide that publicly available unverified information about the event, while protecting the source of that information. This will allow States Parties to: (a) have access to the signals that caused WHO concern and the status of WHO's request for verification and (b) to respond by providing information about the event in question.	55	83.64%	57.38%	NO		Strengthening IHR (2005) WHO normative work	IHR16;IPPPR_16
System & tools	IHR_15	Risk assessment and information sharing: 5.2. WHO should develop standard forms for requesting information and verification of events under relevant articles of the IHR. As part of the information and verification request, States Parties should provide the information that WHO requests as necessary for conducting its risk assessment. Such information may include, but is not limited to, microbiological information, infection epidemiology (e.g. transmission patterns, incubation period, attack rate, incidence), disease burden (e.g. clinical features, case-fatality rate) and public health and health system response capacity. WHO should disseminate these forms and provide training for NFPs on how to use them.	59	72.88%	63.64%	NO	WHA74.7_44	Strengthening IHR (2005) WHO normative work	WHA74_44
Leadership & governance	IHR_16	Risk assessment and information sharing: 5.3. WHO should proactively and assertively make use of the provisions of Article 11 of the IHR to share information about public health risks with States	64	78.13%	62.71%	PARTIALLY		Strengthening IHR (2005) WHO normative work	IHR14;IPPPR_16

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		Parties (including unofficial information from reliable sources, without seeking agreement from the States Parties concerned) and should report annually to the World Health Assembly on how it has complied with the implementation of Article 11, including instances of sharing unverified information with States Parties through the EIS.							
System & tools	IHR_17	Risk assessment and information sharing: 5.4. WHO should strengthen its informal interactions with States Parties to enable the Organization to conduct high-quality rapid risk assessments. To this end, WHO should further develop confidence- and trust-building mechanisms (e.g. periodic conferences, informal information-sharing sessions) between itself and the appropriate NFPs/competent authorities, at the global, regional and country levels.	51	50.98%	56.25%	PARTIALLY		Strengthening IHR (2005) WHO normative work	
System & tools	IHR_18	Emergency Committee and determination of PHEIC-Emergency Committee: 6.1. WHO should make its decision-making process for convening an Emergency Committee available on its website and ensure that it continues to be based on a risk assessment.	49	68.63%	56.86%	PARTIALLY	WHA74.7_41	Strengthening IHR (2005) WHO normative work	IPPPR_19;WHA74_41
Leadership & governance	IHR_19	Emergency Committee and determination of PHEIC-Emergency Committee: 6.2. WHO should make available to States Parties through the EIS all the information and technical documentation it provides to the Emergency Committee for each of its meetings, including findings of rapid risk assessments. WHO should allow sufficient time for Emergency Committee members to deliberate, reach a conclusion and prepare their advice to the DG. Emergency Committee members should not be required to reach a consensus; if there is division, divergent views should be noted in the Committee's report, consistent with Rule 12 of the Emergency Committee terms of reference.	57	75.00%	83.02%	YES	WHA74.7_42	Strengthening IHR (2005) WHO normative work	IPPPR_18;WHA74_42
Leadership & governance	IHR_20	Emergency Committee and determination of PHEIC-Emergency Committee: 6.3. WHO should consider an open call for the IHR Roster of Experts, organized to promote gender, age, geographic and professional diversity and equality, and should generally give more consideration to gender, geography and other aspects of equality and to	66	53.03%	71.93%	PARTIALLY		Strengthening IHR (2005) WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		succession planning (identifying and appointing younger experts).							
System & tools	IHR_21	Emergency Committee and PHEIC determination - Raising the alarm: 6.4. WHO should adopt a more formal and clearer approach to conveying information about the Emergency Committee's meetings to States Parties and the public. To that end, WHO should provide a standard template for statements issued following each meeting, which should include: • the information provided to the Emergency Committee and its deliberations; • the reasons and evidence that led to the Emergency Committee's advice; • any diverging views expressed by Emergency Committee members; • the rationale for the determination or not of a PHEIC by the WHO DG; • the issuance, modification, extension or termination of temporary recommendations; • the categorization of recommended health measures; • the significance of a PHEIC and the key public health response actions expected from States Parties (e.g. vaccine activities, funding, release of stockpiles); and • the difference between the declaration of a PHEIC and the characterization of a pandemic.	54	72.22%	66.67%	YES	WHA74.7_41; WHA74.7_42	Strengthening IHR (2005) WHO normative work	IPPPR_18;WHA74_41;WHA74_42
System & tools	IHR_22	Emergency Committee and PHEIC determination - Raising the alarm: 6.5. For events that may not meet the criteria for a PHEIC but may nonetheless require an urgent escalated public health response, WHO should actively alert the global community. Building on WHO's online Disease Outbreak News (DON), a new World Alert and Response Notice (WARN) system should be developed to inform countries of the actions required to respond rapidly to an event to prevent it from becoming a global crisis. This notice should contain the WHO risk assessment, shared in a manner consistent with IHR Article 11, and the specific public health response actions required to prevent a PHEIC, including calling for an increased response from the international community.	53	79.25%	67.80%	NO	WHA74.7_42	Strengthening IHR (2005) WHO normative work	WHA74_42

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	IHR_23	Travel measures: 7.1. States Parties should apply a risk-based approach to implementing additional health measures in response to public health risks and acute public health events, including those determined to constitute PHEICs or pandemics, and should conduct regular and frequent risk assessments and re-evaluations of measures in place, based on WHO advice. More scrutiny is needed to ensure that public health measures are necessary, proportionate and non-discriminatory.	63	79.37%	67.92%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Leadership & governance	IHR_24	Travel measures: 7.2. States Parties should comply with Article 43 of the IHR when implementing additional health measures that restrict international traffic, following both the letter and spirit of that Article, including by strictly adhering to its timing requirements for informing WHO about the measures and the public health rationale for their implementation. Consideration should be given to clearly defining States Parties' responsibilities for implementing isolation and quarantine measures under the IHR on international cruise ships, as well as international contact tracing, and care and repatriation of international cruise ship passengers.	59	71.19%	52.38%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Leadership & governance	IHR_25	Travel measures: 7.3. WHO should support research efforts to strengthen the evidence base and its recommendations on the impact and advisability of travel restrictions in relation to a PHEIC or pandemic. In this regard, WHO should examine the term "unnecessary interference with international traffic", to arrive at a more practical and consensual interpretation of this term in the context of travel measures during a PHEIC or a pandemic.	60	65.00%	44.07%	YES	WHA74.7_31; WHA74.7_32	Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	IOAC_10;IHR_23;IHR_24;WHA74_31;WHA74_32
Leadership & governance	IHR_26	Travel measures: 7.4. WHO should make public its mechanism to collect and share real-time information about travel measures, in collaboration with States Parties and international partners.	61	63.93%	56.67%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
System & tools	IHR_27	Digitalization and communication: 8.1. WHO should develop standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis, in consultation with States Parties and partners. An urgent priority is for WHO to study issues relating to digital vaccination certificates, such as mutual authentication and data security.	58	63.79%	60.66%	YES	WHA74.7_44	Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	WHA74_44
Equity	IHR_28	Digitalization and communication: 8.2. WHO should develop norms & standards for digital technology applications relevant to international travel, ensuring individual privacy and facilitating equitable access to all persons, including those in low-income countries. This may include the development of digital technologies for contact tracing in the international context, as well as options for the digitalization of all health forms in the IHR.	62	61.29%	62.07%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
System & tools	IHR_29	Digitalization and communication: 8.3. WHO should make greater use of digital technology for communication among NFPs and should support States Parties in strengthening information technology systems to enable rapid communication between NFPs, WHO and other States Parties.	50	68.00%	38.71%	YES	WHA74.7_44	Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	WHA74_44
System & tools	IHR_30	Digitalization and communication: 8.4. WHO and States Parties should strengthen their approaches to and capacities for information & infodemic management, risk communication and community engagement in order to build public trust in data, scientific evidence and public health measures and to counter inaccurate information and unsubstantiated rumours. As the acronym used for a public health emergency of international concern (PHEIC) is not part of the IHR text and is often pronounced [feɪk] (or "fake" in English), WHO and States Parties should consider using an alternative acronym, such as PHEMIC.	50	64.00%	62.00%	YES	WHA74.7_44	Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	WHA74_44

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Finance	IHR_31	Collaboration, coordination and financing: 9.1. States Parties should ensure adequate and sustained financing for IHR implementation at the national & subnational levels and provide adequate and sustained financing to the WHO Secretariat for its work on preventing, detecting and responding to disease outbreaks, pursuant to the recommendations of the Working Group on Sustainable Financing established by the EB in January 2021.	56	75.41%	58.82%		WHA74.7_61	Strengthening IHR (2005) WHO governing bodies	IPPPR_21;WHA74_61
Finance	IHR_32	Collaboration, coordination and financing: 9.2. WHO should strive to ensure that there are adequate human & financial resources across all its offices at HQ, regional and country levels for effective implementation of the Organization's obligations under the IHR, including functions relating to: communication with NFPs; building and assessment of core capacities; notification, risk assessment and information sharing; coordination and collaboration during public health emergencies; and other relevant IHR provisions.	50	78.00%	32.14%	PARTIALLY	WHA74.7_21	Strengthening IHR (2005) WHO normative work	WHA74_21
System & tools	IHR_33	Collaboration, coordination and financing: 9.3. States Parties should give WHO a clear mandate to proactively support individual States Parties when information about high-risk events becomes known to the Organization. Currently, this can only be provided upon a State Party's request. WHO should further strengthen its work with relevant networks to coordinate and offer immediate technical support in outbreak investigations and risk assessments when information about high-risk events becomes known to the Organization, and such offers should be accepted by States Parties; where such offers are not accepted by States Parties, they should promptly provide a written explanation of their position.	49	71.43%	50.00%	NO		Strengthening IHR (2005) WHO normative work	IPPPR_17
Leadership & governance	IHR_34	Collaboration, coordination and financing: 9.4. WHO should establish and implement clear procedures and mechanisms for intersectoral coordination and collaboration on preparedness and for alert and rapid response to acute events, including a PHEIC, and strengthen existing operations through an expanded Global Outbreak Alert and Response Network (GOARN) and by working with Emergency	64	76.56%	51.02%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
		Medical Teams, the Global Health Cluster and other relevant networks.							
Leadership & governance	IHR_35	Collaboration, coordination and financing: 9.5. WHO and States Parties should consider the benefits of developing a global convention on pandemic preparedness and response in support of IHR implementation. Such a convention may include provisions for preparedness, readiness and response during a pandemic that are not addressed by the IHR, such as, strategies for the rapid and timely sharing of pathogens, specimens and genome sequence information for surveillance and the public health response, including for the development of effective countermeasures; provision for equitable access globally to benefits arising from sharing the above; and provisions for rapid deployment of a WHO team for early investigation & response, for maintaining the global supply chain, and for prevention &management of zoonotic risks as part of a One Health approach.	72	76.39%	62.50%	YES	WHA74.7_45	New international instrument Strengthening IHR (2005)	IPPPR_2;WHA74_45
Leadership & governance	IHR_36	Collaboration, coordination and financing: 9.6. WHO should facilitate and support efforts to build evidence and research on the effectiveness of public health and social measures during pandemics to underpin preparedness & readiness efforts, including the formulation of emergency guidance and advice.	63	61.90%	47.22%	YES	WHA74.7_31	Strengthening IHR (2005) WHO normative work	WHA74_31
Leadership & governance	IHR_37	Compliance and accountability: 10.1. Each State Party should inform WHO about the establishment of its national competent authority responsible for overall implementation of the IHR that will be recognized and held accountable for the NFP's functioning and the delivery of other IHR obligations. WHO, in consultation with MS, should develop an accountability framework for the competent authorities responsible for implementing the IHR.	59	62.71%	63.49%	NO		Strengthening IHR (2005) WHO governing bodies WHO normative work	
Leadership & governance	IHR_38	Compliance and accountability: 10.2. WHO should work with States Parties and relevant stakeholders to develop and implement a universal periodic review mechanism to assess, report on and improve compliance with IHR requirements, and ensure accountability for the IHR obligations, through a multisectoral and whole-of-government approach.	62	58.06%	42.37%		WHA74.7_29	Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO governing bodies WHO normative work	IPPPR_13;WHA74_29

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Leadership & governance	IHR_39	Compliance and accountability: 10.3. Given the experience of the COVID-19 pandemic and the need for multisectoral collaboration, WHO should further develop guidance on how to structure rigorous and all-inclusive, whole-of-government assessments and other preparedness activities, and should work with MS to engage stakeholders beyond the health sector in order to identify and address country level gaps in preparedness.	65	61.54%	43.55%	YES		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	IPPPR_1
Leadership & governance	IHR_40	Compliance and accountability: 10.4. WHO should collaborate with international human rights bodies to monitor States Parties' actions during health emergencies and to regularly reiterate the importance of respecting international human rights principles, including the protection of personal data and privacy, as agreed by States Parties in the IHR.	58	53.45%	53.85%	NO		Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	
Equity	IOAC_01	WHO response to the COVID-19 pandemic: 1. WHO support MS in developing a global strategy to roll out the ACT Accelerator for operationalizing tools and maximizing impact with a public health approach and ensure fair and equitable access to COVID-19 vaccines. IOAC reiterates that the political & financial commitment of MS is fundamental to fully achieving the potential of the ACT Accelerator.	57	77.19%	46.55%	YES	WHA74.7_49	Address or involve external bodies/actors New international instrument WHO normative work	IPPPR_19;WHA74_49
Equity	IOAC_02	WHO response to the COVID-19 pandemic: 2. The international community address issues arising from supply chain constraints to ensure the equitable distribution of COVAX doses and guarantee investment to reduce the socioeconomic impacts of the global pandemic.	54	87.27%	52.63%	YES		Address or involve external bodies/actors New international instrument	
Leadership & governance	IOAC_03	WHO response to the COVID-19 pandemic: 3. WHO Secretariat support Member States to fully implement all public health measures and strengthen surveillance, monitoring and testing efforts in the light of the new variants of the virus.	62	87.69%	59.26%	YES		Strengthening IHR (2005) WHO normative work	
Leadership & governance	IOAC_04	WHO response to the COVID-19 pandemic: 4. the WHE Programme further leverage existing systems and networks, such as the R&D Blueprint and the GISRS, and build stronger linkages with the animal sector and One Health partners for managing variants of COVID-19.	61	68.85%	75.81%	YES	WHA74.7_38	Address or involve external bodies/actors New international instrument WHO normative work	IHR_13;WHA74_38

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Leadership & governance	IOAC_05	WHO response to the COVID-19 pandemic: 5. WHO country offices be empowered to lead the public health response to COVID-19 within the UN at country level.	57	54.39%	57.38%	YES		WHO normative work	
Leadership & governance	IOAC_06	WHO response to the COVID-19 pandemic: 6. WHO review the current structure of, and vision for, the IMST to ensure it has adequate capacity, resilience and sustainability to continue to deliver the 2021 SPRP.	47	57.45%	47.37%	YES		WHO normative work	
Leadership & governance	IOAC_07	WHO response to the COVID-19 pandemic: 7. WHO further strengthen core technical expertise capacity, including adequate staffing within the WHE Programme at HQ level, while continuing close collaboration with expert groups and expanding partnership.	52	55.77%	51.06%	YES	WHA74.7_51	Address or involve external bodies/actors WHO normative work	WHA74_51
Leadership & governance	IOAC_08	WHO response to the COVID-19 pandemic: 8. the Publication Review Process continue to prioritize the development of guidelines for emerging technical issues and the quality assurance and consistency of COVID-19-related documents through a centralized and coordinated process.	47	68.09%	61.54%	YES		WHO normative work	
System & tools	IOAC_09	WHO response to the COVID-19 pandemic: 9. WHO build capacity to deploy proactive countermeasures against misinformation and social media attacks and further invest in riskPublic information and risk communication as an essential component of epidemic management.	49	67.35%	61.22%	YES		WHO normative work	
Leadership & governance	IOAC_10	WHO response to the COVID-19 pandemic: 10. The impacts of travel restrictions and other border measures, as well as the international coordination of such measures, should be reviewed in preparation for the next pandemic.	62	64.52%	61.22%	Pending		Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Leadership & governance	IOAC_11	WHO response to the COVID-19 pandemic: 11. MS ensure that WHO be empowered to fulfil its role as per the recommendations of the Review Committee on the Functioning of the IHR during the COVID-19 response.	57	80.70%	51.61%	Pending		WHO governing bodies	
Leadership & governance	IOAC_12	WHE programme: 12. The Global Policy Group institutionalize the implementation of already-agreed managerial authorities, accountabilities and processes, adopt the updated version of the ERF	35	28.57%	54.39%	PARTIALLY		WHO Secretariat	

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		and safeguard the WHE Programme's managerial authority and autonomy.							
Leadership & governance	IOAC_13	WHE programme: 13. The departments of communications, procurement and security formalize dual reporting lines to the respective WHE managers and divisional heads, develop key performance indicators for tracking their impact on WHO emergency operations and report on their progress to IOAC.	34	41.18%	20.00%	YES		WHO Secretariat	
Leadership & governance	IOAC_14	WHE programme: 14. WHO, while waiting for the independent commission to complete a fact-finding and investigation process, identify systemic issues, strengthen existing whistle-blower and redress mechanisms, build on local partnerships and community trust in a systematic manner and adopt a people-centred approach in preventing and responding to sexual exploitation and abuse and addressing such incidents in the future.	46	65.22%	35.14%	YES	WHA74.7_56	WHO normative work WHO Secretariat	WHA74_56
Leadership & governance	IOAC_15	WHE programme: 15. WHO conduct a cross-Organization review of the current tools, structures, processes and coordination mechanisms to prevent, mitigate and manage all potential risks linked to emergency operations for both staff & communities. Those risks include but are not limited to security issues; corruption; financial mismanagement; and sexual harassment, abuse and exploitation.	46	60.87%	45.65%	YES		WHO Secretariat	
Leadership & governance	IOAC_16	WHO security: 16. WHO establish a department of security services and security support for emergencies and institutionalize a functional security apparatus in emergency settings with a clear accountability framework across the Organization.	38	34.21%	56.52%	YES		WHO Secretariat	
Leadership & governance	IOAC_17	WHO security: 17. WHO make corporate investments in its own security capacity and include budgets for staff security & protection in cost estimates for emergency operations.	37	27.03%	31.58%	YES		WHO Secretariat	
Leadership & governance	IOAC_18	WHO security: 18. The Director of the WHO security department be recruited at D1 level and appointed jointly by the Assistant DG for Business Operations and the EXD of the WHE Programme.	36	13.89%	29.73%	YES		WHO Secretariat	
Leadership & governance	IOAC_19	WHO security: 19. A dedicated team for emergencies be put in place within the security department with dual reporting lines to the Division	36	33.33%	19.44%	YES		WHO Secretariat	

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		of Business Operations and the WHE Programme, and that unforeseen security requirements should be covered by a corporate security fund.							
Leadership & governance	IOAC_20	WHO security: 20. the WHO Division of Business Operations and the WHE Programme jointly determine adequate capacity, accountability and reporting lines across headquarters, regional, country and field offices to support emergency operations. The IOAC reiterates that WHO emergency security functions should be empowered through the establishment of a unified and single reporting line to headquarters to address security gaps across the Organization.	37	35.14%	27.78%	YES		WHO Secretariat	
Leadership & governance	IOAC_21	WHO security: 21. the security management component be integrated in the ERF.	35	34.29%	29.73%	YES		WHO Secretariat	
Leadership & governance	IOAC_22	WHO HR: 22. the WHE Programme leverage Organization-wide capacity and networks to handle the challenges of a pandemic of a similar scale, complexity and impact to that of COVID-19.	43	72.09%	25.71%	YES		WHO normative work WHO Secretariat	
Leadership & governance	IOAC_23	WHO HR: 23. WHO strengthen the technical capacities of the WHE Programme to include social scientists and gender-equality experts to address the socioeconomic and gender-related implications of public health emergencies.	47	46.81%	60.47%	YES	WHA74.7_51	WHO normative work WHO Secretariat	WHA74_51
Leadership & governance	IOAC_24	WHO HR: 24. the WHE Programme country business model be revised and adjusted to country-specific requirements, in line with the regional human resources plan. The IOAC reiterates the principle of the single human resources plan for the WHE Programme, which should be under the responsibility of the Programme's Executive Director.	36	36.11%	44.68%	PARTIALLY		WHO Secretariat	
Leadership & governance	IOAC_25	WHO HR: 25. WHO give high priority to its country offices in fragile States; adapt human resources planning to country contexts, in line with the country business model and the functional review; and accelerate the recruitment of staff trained in emergency response at country level. Particular attention should be given to permanent WHO representative positions and health cluster positions.	49	59.18%	33.33%	YES		WHO normative work WHO Secretariat	

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Leadership & governance	IOAC_26	WHO HR: 26. special considerations and incentives be given to staff working in emergencies and talent acquisition, retention and performance management be improved. The IOAC urges the Global Policy Group to implement all recommendations made in the Committee's special report on WHO's diversity and grievance system with regard to the WHE Programme, as they are equally applicable to the Organization as a whole.	38	44.74%	40.82%	YES		WHO Secretariat	
Finance	IOAC_27	WHO finance: 27. the predictability and sustainability of funding for the WHE Programme be improved through an increase in assessed contributions, non-specified multiyear funding arrangements for core voluntary contributions and a wider donor base.	46	69.57%	39.47%	Pending	WHA74.7_60	WHO governing bodies	IPPPR_21;WHA74_60
Finance	IOAC_28	WHO finance: 28. an increased proportion of WHO core flexible funding be allocated to the WHE Programme. The IOAC reiterates the critical need to increase WHO core flexible funds for financing preparedness activities.	43	67.44%	39.13%	PARTIALLY	WHA74.7_60	WHO Secretariat	IPPPR_21;WHA74_60
Finance	IOAC_29	WHO finance: 29. the international community make a collective investment in global preparedness and health security.	47	73.47%	42.86%	YES		Address or involve external bodies/actors New international instrument	IPPPR_21
Finance	IOAC_30	WHO finance: 30. the CFE replenishment mechanism, disbursement criteria and operating processes be redesigned. The IOAC urges the Department of Coordinated Resource Mobilization to complete the ongoing review of the CFE and roll out a new strategy to improve its sustainability & transparency.	37	45.95%	34.04%	YES	WHA74.7_62	WHO governing bodies WHO normative work	WHA74_62
Equity	IOAC_31	WHO finance: 31. WHO protect humanitarian and development funding for health security and UHC. WHO Secretariat is urged to support countries in fragile, conflict-affected and vulnerable settings in resuming delivery of an essential package of health services, including feasible COVID-19 control measures and a vaccination strategy.	54	82.14%	43.24%	YES	WHA74_53	Address or involve external bodies/actors New international instrument WHO normative work	WHA74_53

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Finance	IOAC_32	WHO finance: 32. further discussions be held to ensure delivery of the GPW 13 target of "One billion more people better protected from health emergencies" and to align MS' expectations with WHO's financial capacities to address emergencies.	39	51.28%	50.00%	YES		WHO governing bodies WHO Secretariat	
Leadership & governance	IPPPR_01	Establish a Global Health Threats Council. The membership should be endorsed by a UN GA resolution (see below recommendations for a Special Session of the UNGA). The Council should be led at Head of State and Government level. Membership should include state & relevant non-State actors, ensuring equitable regional, gender and generational representation, with the following functions: • maintain political commitment to pandemic preparedness between emergencies and to response during emergencies; • ensure maximum complementarity, co-operation and collective action across the international system at all levels; • monitor progress towards the goals and targets set by the WHO, as well as against potentially new scientific evidence and international legal frameworks, and report on a regular basis to the UNGA and the WHA; • guide the allocation of resources by the proposed new finance modality according to an ability to pay formula; • hold actors accountable including through peer recognition and/or scrutiny and the publishing of analytical progress status reports.	57	56.14%	41.03%			Address or involve external bodies/actors	
Leadership & governance	IPPPR_02	Adopt a Pandemic Framework Convention within the next 6 months, using the powers under Article 19 of the WHO Constitution, and complementary to the IHR, to be facilitated by WHO and with the clear involvement of the highest levels of government, scientific experts and civil society.	65	72.31%	35.09%	YES		Address or involve external bodies/actors New international instrument	IHR_35
Leadership & governance	IPPPR_03	Adopt a political declaration by heads of state at a global summit under the auspices of the UN General Assembly as a UNGA Special Session convened for the purpose and committing to transforming pandemic preparedness and response in line with recommendations in the IPPPR report.	44	43.18%	46.15%			Address or involve external bodies/actors	

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Finance	IPPPR_04	Establish WHO´s financial independence, based on fully unearmarked resources, increase Member States fees to 2/3 of the budget for the WHO base programme and have an organized replenishment process for the remainder of the budget.	45	60.00%	34.09%			WHO governing bodies	IOAC_27;IOAC_28
Leadership & governance	IPPPR_05	Strengthen the authority and independence of the DG, including by having a single term office of 7 years with no option of re-election. The same rule should be adopted for RDs.	47	17.02%	17.78%	Not available		WHO governing bodies	
Leadership & governance	IPPPR_06	Strengthen the governance capacity of the Executive Board, including by establishing a Standing Committee for Emergencies.	49	71.43%	31.91%	YES		WHO governing bodies	
Leadership & governance	IPPPR_07	Focus WHO's mandate on normative, policy, and technical guidance including supporting countries to build capacity for pandemic preparedness and response and for resilient health systems.	56	85.71%	63.27%	Not available		New international instrument Strengthening IHR (2005) WHO normative work	
System & tools	IPPPR_08	Empower WHO to take a leading, convening and coordinating role in operational aspects of an emergency response to a pandemic, but without, in most circumstances, taking on responsibility for procurement and supplies.	50	68.00%	63.16%			Address or involve external bodies/actors New international instrument Strengthening IHR (2005)	
Leadership & governance	IPPPR_09	Resource and equip WHO country offices sufficiently to respond to technical requests from national governments to support pandemic preparedness and response, including support to build resilient health systems, UHC and healthier populations.	53	77.36%	48.00%	YES	WHA74.7_52	WHO Secretariat	IOAC_05;WHA74_52
Leadership & governance	IPPPR_10	Prioritize the quality and performance of staff at each WHO level, and depoliticize recruitment (especially at senior levels) by adhering to criteria of merit and relevant competencies.	50	68.00%	61.40%	YES		WHO Secretariat	
Leadership & governance	IPPPR_11	WHO to set new and measurable targets and benchmarks for pandemic preparedness and response capacities.	54	68.52%	56.00%		WHA74.7_28	New international instrument Strengthening IHR (2005) WHO normative work	IHR_05;IHR_04;IHR_06;IHR_39;WHA74_28

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Leadership & governance	IPPPR_12	All national governments to update their national preparedness plans against the targets and benchmarks set by WHO within 6 months, ensuring that whole-of-government and whole-of-society coordination is in place and that there are appropriate and relevant skills, logistics, and funding available to cope with future health crises.	55	69.09%	64.81%		WHA74.7_46	New international instrument Strengthening IHR (2005) WHO normative work	IHR_04;IHR_05;WHA74_46
Leadership & governance	IPPPR_13	WHO to formalize universal periodic peer reviews of national pandemic preparedness and response capacities against the targets set by WHO as a means of accountability and cross-country learning.	51	54.90%	43.64%		WHA74.7_29	Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO governing bodies WHO normative work	IHR_38;WHA74_29
Leadership & governance	IPPPR_14	As part of the Article IV consultation with member countries, the IMF should routinely include a pandemic preparedness assessment, including an evaluation of the economic policy response plans. The IMF should consider the public health policy evaluations undertaken by other organizations. Five-yearly Pandemic Preparedness Assessment Programs should also be instituted in each member country, in the same spirit as the Financial Sector Assessment Programs, jointly conducted by the IMF and the World Bank.	46	43.48%	31.37%			Address or involve external bodies/actors	
System & tools	IPPPR_15	WHO to establish a new global system for surveillance based on full transparency by all parties, using state of-the-art digital tools to connect information centres around the world and include animal and environmental health surveillance, with appropriate protections of people's rights.	48	75.00%	23.91%	YES		Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	IHR_11
Leadership & governance	IPPPR_16	WHO to be given the explicit authority by the WHA to publish information about outbreaks with pandemic potential on an immediate basis without requiring the prior approval of national governments.	57	61.40%	27.08%	PARTIALLY		New international instrument Strengthening IHR (2005) WHO normative work	IHR_14;IHR_16

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Leadership & governance	IPPPR_17	WHO to be empowered by the WHA to investigate pathogen with pandemic potential in all countries with short-notice access to relevant sites, provision of samples, and standing multi-entry visas for international epidemic experts to outbreak locations.	53	73.58%	45.61%	PARTIALLY		New international instrument Strengthening IHR (2005) WHO normative work	IHR_33
Leadership & governance	IPPPR_18	Future declarations of a PHEIC by the WHO DG should be based on the precautionary principle where warranted, as in the case of respiratory infections. PHEIC declarations should be based on clear, objective, and published criteria. The Emergency Committee advising the WHO DG must be fully transparent in its membership and working methods. On the same day that a PHEIC is declared, WHO must provide countries with clear guidance on what action should to be taken and by whom to contain the health threat.	48	84.62%	47.17%	PARTIALLY	WHA74.7_31	Strengthening IHR (2005) WHO normative work	IHR_21;IHR_19;IHR_18; WHA74_31
System & tools	IPPPR_19	Transform the current ACT-A into a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods. Governance to include representatives of countries across income levels and regions, civil society, and the private sector. R&D and all other relevant processes to be driven by a goal and strategy to achieve equitable and effective access.	49	67.35%	75.00%		WHA74.7_49	Address or involve external bodies/actors New international instrument WHO normative work	IOAC_01; WHA74_49
System & tools	IPPPR_20	Ensure technology transfer and commitment to voluntary licensing included in all agreements where public funding invested.	49	61.22%	34.69%			Address or involve external bodies/actors New international instrument WHO normative work	

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Equity	IPPPR_21	Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials: • based on plans jointly developed by WHO, regional institutions, and the private sector; • with commitments and processes for technology transfer, including to and among larger manufacturing hubs in each region; • supported financially by International Financial Institutions and Regional Development Banks and other public and private financing organizations.	56	79.66%	40.82%			Address or involve external bodies/actors New international instrument WHO normative work	GPMB_21;IOAC_29

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Finance	IPPPR_22	Create an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and for rapid Global finance-surge for response in the event of a pandemic: • The facility should have the capacity to mobilize long-term (10–15 year) contributions of approximately US$ 5–10 billion per annum to finance ongoing preparedness functions. It will have the ability to disburse up to US$ 50–100 billion at short notice by front loading future commitments in the event of a pandemic declaration. The resources should fill gaps in funding for global public goods at national, regional and global level in order to ensure comprehensive pandemic preparedness and response. • There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-ODA budget lines and additional to established ODA budget levels. • The Global Health Threats Council will have the task of allocating and monitoring funding from this instrument to existing institutions, which can support development of pandemic preparedness and response capacities. • Funding for preparedness could be pre-allocated according to function and institution. Global finance-surge for response in the event of a new pandemic declaration should be guided by prearranged response plans for the most likely scenarios, though flexibility would be retained to adapt based on the threat. • The Secretariat for the facility should be a very lean structure, with a focus on working with and through existing global and regional organizations.	44	61.36%	35.71%			Address or involve external bodies/actors	GPMB_21;IOAC_29
Leadership & governance	IPPPR_23	Ensure that national and subnational public health institutions have multidisciplinary capacities and multisectoral reach and the engagement of the private sector and civil society. Evidence-based decision-making should draw on inputs from across society.	47	65.96%	25.00%			Address or involve external bodies/actors New international instrument WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	IPPPR_24	Head of States and Government to appoint national pandemic coordinators accountable to the highest levels of government with the mandate to drive whole-of-government coordination for both preparedness and response.	46	65.22%	38.30%			Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	GPMB_12
System & tools	IPPPR_25	Conduct multi-sectoral active simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning, and accountability, and establish independent, impartial, and regular evaluation mechanisms.	48	56.25%	56.52%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	GPMB_24;GPMB_12
Leadership & governance	IPPPR_26	Strengthen the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.	51	62.75%	45.83%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Finance	IPPPR_27	Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	46	76.09%	52.94%			Address or involve external bodies/actors New international instrument	GPMB_04
System & tools	IPPPR_28	Invest in and coordinate risk communication policies and strategies that ensure timeliness and accountability and work with marginalized communities in the co-creation of plans	44	60.87%	36.96%		WHA74.7_36	Address or involve external bodies/actors WHO normative work	WHA74_36
Leadership & governance	IPPPR_29	Apply non-pharmaceutical public health measures systematically & rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.	49	75.51%	38.64%	YES		Address or involve external bodies/actors WHO normative work	

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Equity	IPPPR_30	High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 LMICs of the Gavi COVAX Advance Market Commitment, at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX & other coordinated mechanisms.	51	82.69%	65.31%			Address or involve external bodies/actors	
Finance	IPPPR_31	G7 countries to commit to providing 60% of the US$ 19 billion required for ACT-A in 2021 for vaccines, diagnostics, therapeutics and strengthening health systems with the remainder being mobilized from others in the G20 & other higher income countries. A formula based on ability to pay should be adopted for predictable, sustainable, and equitable financing of such global public goods on an ongoing basis.	40	52.50%	60.78%			Address or involve external bodies/actors	GPMB_04;IOAC_29
Leadership & governance	IPPPR_32	The WTO and WHO to convene major vaccine-producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines (including through the Medicines Patent Pool). If actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately.	53	60.38%	30.00%	YES		Address or involve external bodies/actors New international instrument WHO normative work	
Finance	IPPPR_33	Production of and access to COVID-19 tests & therapeutics, including oxygen, should be scaled up urgently in LMICs with full funding of US$ 1.7 billion for needs in 2021 and the full utilization of the US$ 3.7 billion in the Global Fund's COVID-19 Response Mechanism Phase 2 for procuring tests, strengthening laboratories and running surveillance & tests.	43	69.77%	33.96%			Address or involve external bodies/actors WHO normative work	
Leadership & governance	IPPPR_34	WHO to develop immediately a roadmap for the short-term, and within three months scenarios for the medium- and long-term response to COVID-19, with clear goals, targets and milestones to guide& monitor the implementation of country & global efforts towards ending the COVID-19 pandemic.	43	60.47%	44.19%	YES		WHO normative work	