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Progress in strengthening global pandemic prevention, preparedness and response

Note by the Secretary-General*

The Secretary-General hereby transmits the report of the Director General of the World Health Organization on progress in strengthening global pandemic prevention, preparedness and response, submitted pursuant to General Assembly resolution [76/257](#).

* The present report was submitted after the deadline in order to reflect the most recent information.



Report of the Director General of the World Health Organization on progress in strengthening global pandemic prevention, preparedness and response

I. Elevating pandemic prevention, preparedness and response to the highest level of political leadership

1. The novel coronavirus disease (COVID-19) has had a wide-ranging impact on all areas of society, leading to setbacks in health gains and to efforts to achieve universal health coverage and the broader 2030 Agenda for Sustainable Development. Countries were caught unprepared for a pandemic of this speed and scale: 92 per cent of countries, across all regions and income levels, reported some level of disruption to at least one essential health service. Among the most significant challenges faced by member States were the depletion of and burden on the health and care workforce, exacerbated by insufficient funding, and supply and equipment shortages. Communities struggled to provide health care as a result of COVID-19, and inadequacies in data hampered public health strategies.

2. On 29 March 2022, the General Assembly adopted resolution [76/257](#) on elevating pandemic prevention, preparedness and response to the highest level of political leadership. The present report is submitted pursuant to paragraph 18 of that resolution, which requested the Director General of the World Health Organization (WHO) to update the Assembly at its seventy-seventh session on progress in strengthening global pandemic prevention, preparedness and response.

3. At the seventy-fifth World Health Assembly, held in May 2022, the Director General of WHO, after consultation with member States and partners, set out 10 proposals¹ to strengthen the global architecture for health emergency preparedness, response and resilience, based on the principles of equity, inclusivity and coherence, under the aegis of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (a pandemic accord).

4. The proposals build on the more than 300 recommendations from various independent reviews of the global response to COVID-19 and reports on previous outbreaks, and take into account the views of member States expressed during a WHO consultation process in March and April 2022, as well as ongoing consultation processes through other multilateral forums, including the Group of 20 and the Group of Seven.

5. The 10 proposals seek to strengthen the governance of health emergency preparedness, response and resilience; increase the amount of domestic and international financing available for health emergency preparedness, response and resilience and improve the efficiency of its allocation; strengthen the systems and tools to prevent, detect and respond rapidly to health emergencies; and strengthen and empower WHO, including through a more sustainable model of financing.

6. In the months since the World Health Assembly, WHO has continued to work and consult extensively with member States and partners to refine the 10 proposals, and in some cases initiate their implementation. The progress of consultations and implementation to date for each proposal (see the annex for the different consultation mechanisms and forums applicable to each proposal) is set out below under three main groupings: governance, systems and financing. An updated consultation draft of

¹ WHO, “10 proposals to build a safer world together – strengthening the global architecture for health emergency preparedness, response and resilience”, draft for consultation, June 2022.

the 10 proposals will be published prior to the next meeting of the Executive Board of WHO in January 2023.

7. The present report also details the next steps for the Access to COVID-19 Tools (ACT) Accelerator, and the implications of the transition of the ACT-Accelerator in September 2022 to health emergency preparedness, response and resilience and the continued global response to the COVID-19 pandemic.

II. Governance

8. Effective governance of global health emergency preparedness, response and resilience is essential to enabling States and partners to work collectively with a shared purpose, galvanized by political will, and with the resources to sustain positive change. Key areas of progress towards strengthening the global governance of health emergency preparedness, response and resilience since March 2022 are outlined below.

Pandemic accord

9. WHO member States, through the Intergovernmental Negotiating Body, are currently in the process of negotiating a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The Intergovernmental Negotiating Body is holding informal, focused consultations with experts, open to all WHO member States and relevant stakeholders, on selected key issues on four dates throughout September and October 2022. The outcomes of the consultations, along with the outcomes from scheduled public hearings, written input from member States and relevant stakeholders on the working draft, input from the second meeting of the Intergovernmental Negotiating Body and input from regional consultations, will inform the development of a conceptual zero draft, which will be discussed at the third meeting of the Intergovernmental Negotiating Body in December 2022. The Intergovernmental Negotiating Body will deliver a progress report to the seventy-sixth World Health Assembly in 2023, and submit its report on the outcome for consideration by the seventy-seventh World Health Assembly in 2024.

Targeted amendments to the International Health Regulations (2005)

10. In parallel to the negotiation of the pandemic accord, member States continue to consider targeted amendments to the International Health Regulations (2005) through the Working Group on Amendments to the International Health Regulations (2005). Discussions are focused on improving accountability for national implementation of the Regulations, including through a conference of States parties; strengthening notification, verification and information-sharing related to public health emergencies; and streamlining the process of bringing amendments to the Regulations into force.

Health emergency council and committees

11. WHO continues to advocate for strengthened political engagement and leadership related to health emergency preparedness, response and resilience through the establishment of a global health emergency council at the Heads of State level, a standing committee for emergencies of the WHO Executive Board and a committee for emergencies of the World Health Assembly. At the most recent meeting of the WHO Executive Board in May 2022, Board members voted unanimously to establish a Standing Committee on Health Emergency Prevention, Preparedness and Response, which will hold its first meeting once each WHO region has nominated its members

for formal appointment by the Executive Board through a silent procedure scheduled to take place by the end of October 2022. Consultations with member States continue regarding the creation of a global health security council and a committee for emergencies of the World Health Assembly.

Universal Health and Preparedness Review

12. The Universal Health and Preparedness Review was proposed by the Director General to increase accountability and transparency among member States in terms of the identification and remedying of gaps in International Health Regulations (2005) core capacities, ultimately leading to better health emergency preparedness. The innovative peer-review mechanism envisioned at the heart of the Universal Health and Preparedness Review is designed to provide additional incentives to member States to enact and monitor relevant recommendations. To guide the technical development of the Review process, WHO has now convened a global group of technical experts to provide expert inputs on the technical content of the Review, including draft processes for field testing and piloting. The Technical Advisory Group has now met and reported on its activities four times.²

III. Systems

13. The ability to prepare for, prevent, detect and respond effectively to health emergencies at national, regional and global levels depends on the operational readiness of a set of interconnected multisectoral health emergency preparedness, response and resilience systems: collaborative surveillance; community protection; safe and scalable clinical care; access to countermeasures; and emergency coordination.

14. After soliciting feedback from the WHO regional committees throughout September 2022, WHO is initiating an outreach process to bring together a broad range of partners and stakeholders. Together, WHO and its partners will develop more detailed proposals to strengthen core capacities and capabilities at subnational and national levels, supported at regional and international levels through collaborative partnerships and networks, and aligned and allied with relevant regional-level initiatives and mechanisms to coordinate the delivery of the tools, technologies and other technical and material resources required to sustainably strengthen each of the five core health emergency preparedness, response and resilience systems in line with the broad visions and ambitions set out below.

15. An updated consultation draft of the 10 proposals, to be published prior to the next meeting of the WHO Executive Board, will contain an updated vision and ambition for each of the core health emergency preparedness, response and resilience systems and subsystems, pending further consultation with partners and member States.

Collaborative surveillance

16. A truly interconnected global system for public health intelligence can revolutionize the ability to detect an emerging outbreak, quickly communicate information and rapidly initiate an appropriate response. Accurate, timely information about emergence, transmission, susceptibility, morbidity and mortality, along with in-depth contextual insights on risk and vulnerability, will require coordination, collaboration and innovation among a range of partners to achieve three overarching objectives:

² Technical Advisory Group for Universal Health and Preparedness Review, meeting report No. 4 (18 July 2022).

(a) Strengthened national integrated disease, threat and vulnerability surveillance, aimed at strengthening links between national, regional and global surveillance systems, all feeding into a defined body in every Government for synthesis and decision-making. Established global surveillance systems for specific pathogens or domains of surveillance, such as the Global Influenza Surveillance and Response System and the Global Early Warning System, provide a strong foundation on which to build;

(b) Increased laboratory capacity for pathogen and genomic surveillance, aimed at sustaining a comprehensive laboratory network that incorporates clinical, sentinel and reference laboratories, with access to surge capacity during emergencies. The capacity built in many countries during COVID-19 could be leveraged to expand laboratory and testing capacity and scale up genomic surveillance capabilities, while work to strengthen international platforms to enable the sharing of biological samples and genetic data has already begun through the WHO Biohub System;

(c) Collaborative approaches for risk assessment, event detection and response monitoring, aimed at developing mechanisms that integrate and harness information from divergent sources, combined with advanced data and analytical tools. The WHO Hub for Pandemic and Epidemic Intelligence was founded with this purpose in mind, and aims at building a collaborative, trust-based community that involves a diverse set of multidisciplinary entities, including national public health institutes. The Epidemic Intelligence from Open Sources initiative is another example of how different networks and systems can be brought together to create a unified, all-hazards, One Health approach to the early detection, verification, assessment and communication of public health threats.

Community protection

17. The COVID-19 pandemic underlined the simple point that any effective health emergency response must have communities and their interests at its heart, and therefore communities must be at the centre of efforts to prepare for, prevent and strengthen resilience to health emergencies. Protecting communities will require partners to come together at subnational, national, regional and international levels to work towards three overarching objectives:

(a) Proactive risk communication and infodemic management to inform communities and build enduring trust in public health authorities, including building on initiatives launched during the COVID-19 pandemic to strengthen social listening and sentiment analysis; adapting health messages to community context; and empowering communities to strengthen resilience against misinformation and disinformation;

(b) Community engagement to co-create population and environmental interventions based on local contexts to ensure that public health and social measures such as emergency vaccination, vector control, and travel and trade measures are inclusive, equitable and adapted to local contexts;

(c) Multisectoral action to ensure social and economic welfare, ranging from livelihood protection to food security and dignity.

Safe and scalable clinical care

18. A strong health emergency preparedness, response and resilience architecture is anchored in strong national health systems and primary health care. High-quality health services and capacities are necessary to detect, prevent and respond to health emergencies. Resilient health systems have the resources and capacities to reorganize and redeploy existing resources in response to shocks, such as health emergencies.

Building strength and resilience in health systems will require broad collaboration and partnership to achieve the following three prerequisites:

- (a) Safe and scalable emergency care to save lives and preserve health through the development of resilient infrastructure and safe health facilities, the development of emergency care pathways adaptable to various emergencies and the creation of mechanisms to ensure the supply of medicine and other logistics required to save lives and ensure healthy living during times of crisis;
- (b) The protection of health workers and patients, including the protection of health facilities and health workers from attacks, the maintenance of safe health service operations and the mitigation of the risks of infectious disease transmission during the delivery of essential health services;
- (c) Resilient essential health services for continuity of care, which is central to achieving universal health access. Innovative mechanisms will be required to monitor the disruption of essential health service continuity during emergencies and to build resilience through strong, adaptable and well-resourced health systems and workforces.

Access to countermeasures

19. Several existing partnerships and legal agreements have increased access to countermeasures such as vaccines, therapeutics and diagnostics, primarily against specific pathogens such as influenza, smallpox, yellow fever, cholera and meningitis. The International Coordinating Group for Vaccine Provision provides a framework to manage and coordinate the provision of emergency vaccine supplies and antibiotics to countries during major outbreaks. The Pandemic Influenza Preparedness Framework enables access by developing countries to vaccines and other pandemic-related supplies. The WHO R&D Blueprint allows for rapid activation of research and development activities during epidemics, using research and development road maps and targeted product profiles for priority diseases. And in response to COVID-19, the ACT-Accelerator was launched in 2020 (see sect. V, below) to accelerate the development of COVID-19 tests, treatments and vaccines and to ensure their equitable distribution. These initiatives have paved the way for stronger, global multisectoral collaboration on three priority objectives to ensure that the world is forearmed against the epidemic and pandemic threats of the future:

- (a) Fast-tracked research and development with pre-negotiated benefit-sharing agreements, backed by a global and regional operating model that enables a shared global research and development agenda to strengthen coordination, an enabling environment for research and discovery, standardized platforms to scale clinical trials equitably and regulatory and legal frameworks that guide research and accelerate approval;
- (b) Scalable manufacturing platforms enabled by technology transfer, linked to distributed manufacturing capacity supported by pre-negotiated capital, production and licensing agreements, with expanded capacity that is capable of rapid mobilization;
- (c) Coordinated procurement and emergency supply chains, and access determined on the basis of greatest need, underpinned by predefined lists of essential supplies and medicines; pre-negotiated coordinated procurement to ensure access; coordinated global demand aggregation to optimize risk-sharing; equitable and transparent access and needs-based allocation; and strengthened global, regional and national logistics and distribution.

Emergency coordination

20. The COVID-19 pandemic revealed that current national, regional and global response mechanisms are not well equipped to rapidly detect health threats and mount a decisive and coordinated response. It also showed what could be achieved through strong collaboration and coordination, from strategic planning and operational delivery at the United Nations level through the United Nations COVID-19 Crisis Management Team, to the Emergency Medical Team initiative that facilitated the deployment of hundreds of missions to deliver emergency care around the world.

21. All countries should be able to leverage a professional network of trusted and trained national experts across a range of disciplines, including epidemiologists, doctors, nurses, laboratorians, logisticians, risk communicators, anthropologists, veterinarians, environmentalists and emergency response coordinators to prevent, prepare for and be operationally ready to rapidly detect and respond to new health threats. When faced with an emerging regional and/or global threat, a corps of national health emergency response leaders needs to be assembled to execute a highly coordinated global response. A system of global solidarity and support is also needed whereby a specialized corps of experts can be mobilized regionally and globally to support any country, if required. This global corps, drawn from national institutions and international networks, needs to be trained and equipped for rapid deployment. This global corps should come from every country and represent the commitment of all countries to global health security and serving the most vulnerable.

22. In addition, all countries and partners should be able to draw on scalable health emergency response coordination mechanisms and a standardized and commonly applied emergency response framework that facilitates effective and coherent whole-of-government and whole-of-society responses to emergencies caused by all hazards, including multifaceted crises such as the COVID-19 pandemic.

Collaboration with the United Nations system

23. Coordination within the United Nations system has been critical throughout the COVID-19 pandemic, and continued and strengthened collaboration will be essential to ensure the United Nations system is well positioned to prepare for and respond to future health emergencies.

24. The Inter-Agency Standing Committee worked together in areas such as community risk communication, surveillance and logistics in order to ensure that health systems in countries that needed such support were strengthened, including through partnerships with sectors closely linked to health, such as nutrition, food security, and water, sanitation and hygiene.

25. Other examples of coordination within the United Nations system included the activation of the COVID-19 Crisis Management Team in February 2020, under the leadership of WHO, which included more than 23 United Nations entities, and the appointment of a Global Lead Coordinator for COVID-19 Vaccine Country Readiness and Delivery in 2022 to provide extensive support to countries in their COVID-19 inoculation drives.

IV. Financing

26. Financing effective health emergency prevention and preparedness will require an estimated additional \$10 billion per year, according to WHO-World Bank analyses presented in 2022 to the Group of 20, with requirements for emergency response estimated at an additional \$5 billion per year. Effective financing depends not only on more funding, but also on more effective mechanisms to ensure that such funding

is allocated rapidly and targeted to fill critical gaps. Progress related to consultations on and the implementation of the proposals to strengthen financing is outlined below.

Finance-health coordination

27. The work of the Group of 20 Joint Finance and Health Task Force will continue to explore how best to establish a forum or mechanism that supports the coordination of and promote domestic investment in health emergency preparedness, response and resilience, makes more effective use of international investments and identifies key gaps in health emergency preparedness and response financing.

Financial intermediary fund

28. On 9 September 2022, WHO and the World Bank officially established the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response. The new Fund is overseen by a Governing Board, which will set the overall work programme and make funding decisions, and includes equal representation of sovereign donors and potential implementing country Governments, as well as representatives from foundations and civil society organizations. This reflects the Fund's commitment to inclusivity and equity, and its commitment to operate with efficiency, agility and high standards of transparency and accountability. WHO and the World Bank will intensify their work with the Governing Board, in consultation with civil society organizations and other stakeholders, to operationalize the Fund and develop its results framework and priorities in the run-up to the first call for proposals in November 2022.

Response financing

29. The WHO Contingency Fund for Emergencies has transformed the entity's ability to provide surge support, but now needs to be expanded to include the deployment of multidisciplinary and multisectoral partners and national teams to ensure that WHO is able to fully support multisectoral, multi-partner rapid responses to health emergencies. In addition, pre-negotiated draw down mechanisms are required to ensure predictable financing is available in the event that health emergencies escalate. Financing is required for fast-tracked research, development and equitable access to countermeasures when required. Consultations are ongoing with member States to determine the degree of additional support required, and the most suitable mechanisms through which additional funds for response contingencies might be raised and disbursed.

V. Next steps, including transition of the Access to COVID-19 Tools Accelerator

30. Since March 2022, WHO has worked through new and pre-existing intergovernmental and independent expert processes to further develop the Director General's proposals for strengthening global health emergency preparedness, response and resilience and address General Assembly resolution [76/257](#). The secretariat will continue to provide updates and further opportunities for consultation with States.

31. The strengthening of the global health emergency preparedness, response and resilience architecture will continue to draw on the lessons learned and best practices of the COVID-19 response. In particular, partnership, collaboration and coordination are central to the new vision of health emergency preparedness, response and resilience – qualities that have been exemplified during the COVID-19 response by the ACT-Accelerator initiative.

32. The ACT-Accelerator brought health and development agencies together with countries to deliver access to vital COVID-19 vaccines, diagnostics, therapeutics and other essential supplies to populations who needed them most. However, as WHO continues to support countries in moving from managing COVID-19 as an acute emergency to integrating COVID-19 into longer-term disease-control programmes, the ACT-Accelerator partnership is also adjusting its ways of working.

33. The current ACT-Accelerator strategic plan time frame comes to an end in October 2022; therefore, the ACT-Accelerator hub is facilitating the development of a six-month transition plan to support long-term COVID-19 disease control. The transition plan will ensure the ongoing ability of the ACT-Accelerator to support country needs and demand, while maintaining the capacity to manage subsequent waves of COVID-19 if and when new variants emerge.

34. As part of broader continuing efforts to strengthen the global health emergency preparedness, response and resilience architecture, the experience and lessons of the ACT-Accelerator, as well as those of the Pandemic Influenza Preparedness Framework and related initiatives, provide a strong foundation on which to build a fit-for-purpose platform for equitable access to medical countermeasures during future pandemics and outbreaks of epidemic-prone diseases.

35. The pandemic has made clear that the resilience of health systems needs to be strengthened through the provision of essential public health functions, and that health needs must be met in an integrated manner.

36. Over the past five years, WHO has responded to more than 120 emergencies – cyclones, volcanoes, earthquakes, outbreaks, wars – and a pandemic. Some last a few months, some last for years. As the world fights these outbreaks, a major task is the restoration of essential health services, with 90 per cent of member States reporting disruption to one or more essential health services.

37. Progress on meeting the target contained in the political declaration of the high-level meeting on universal health coverage of 2019 (General Assembly resolution [74/2](#)), to have 1 billion additional people benefiting from universal health coverage by 2023, is less than 25 per cent. Similarly, the WHO objective of ensuring better health and well-being for 1 billion more people by 2023 is progressing at one quarter of what is required.

38. A renewed focus on primary health care is essential, as 90 per cent of essential health services can be delivered through this approach. Through primary health care interventions, as much as 75 per cent of projected health gains from the Sustainable Development Goals might be realized. Strong and resilient health systems, that are able to withstand shocks, are therefore fundamental to healthy lives and economic growth. Such systems have wide-ranging benefits for society in areas beyond health.

39. In the light of lessons learned during the pandemic, WHO recommends increased integration between universal health coverage and health security agendas, through investment in essential public health functions, including those that are both key for all-hazards emergency risk management and foundational to a health system based on strong primary health care; investment in institutionalized mechanisms for whole-of-society engagement; the creation and promotion of enabling environments for research, innovation and learning; and increased domestic and global investment in health system foundations and mechanisms to address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations.

Annex

Proposal-specific consultation mechanisms and forums

1. Proposal-specific consultation mechanisms and forums include:

(a) The Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response;

(b) The Working Group on Amendments to the International Health Regulations (2005);

(c) The Technical Advisory Group for Universal Health and Preparedness Review;

(d) A meeting of the Group of 20 Joint Finance and Health Task Force to establish new financial mechanisms to address significant gaps in health emergency preparedness, response and resilience financing, including the establishment of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response;

(e) The Group of 20 Health Working Group to strengthen mechanisms for equitable access to pandemic countermeasures;

(f) The Group of Seven Pact for Pandemic Readiness to strengthen mechanisms for collaborative surveillance and predictable rapid response.
