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REPORT ON STRENGTHENING PAHO AND WHO PREPAREDNESS FOR AND RESPONSE TO HEALTH EMERGENCIES

Introduction

1. The 168th Session of the Executive Committee of the Pan American Health Organization (PAHO) held in June 2021 added an item on WHO preparedness for and response to health emergencies to the agenda of the 59th Directing Council (1), noting that Document CE168/INF/3, Implementation of the International Health Regulations (2), addressed the topic of strengthening WHO preparedness for and response to health emergencies.

Background

2. During the second half of 2020, as the COVID-19 pandemic unfolded, Member States of the World Health Organization (WHO), individually and in groups, submitted to the WHO Secretariat eight proposals broadly aimed at strengthening the global architecture for emergency preparedness and response. An analysis of these proposals was presented to PAHO Member States by the Pan American Sanitary Bureau (PASB) in Document CE168/INF/3, Implementation of the International Health Regulations (2).

3. In January 2021, through the adoption of Decision EB148[2], Strengthening WHO's Global Health Emergency Preparedness and Response (3), the Executive Board of WHO "decided to call for the development of a resolution ... to address the recommendations of the Independent Panel and the two committees mentioned above." This refers to the Independent Panel for Pandemic Preparedness and Response (IPPPR), the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (COVID-19 IHR RC),¹ and the Independent Oversight

¹ Information about the IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response is available at:
<https://www.who.int/teams/ihr/ihr-review-committees/covid-19>.

and Advisory Committee for the WHO Health Emergencies Programme (IOAC).² PASB offered six virtual sessions to facilitate dialogue on the prospective resolution among PAHO Member States, with the coordination of the Group of the Americas (GRUA) keeping PASB abreast of the progress of the prospective resolution.

4. In May 2021, pursuant to Decision EB148[2] (3), the 74th World Health Assembly (WHA) adopted Resolution WHA74.7, Strengthening WHO Preparedness for and Response to Health Emergencies (4), through which it decided to “establish a Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies [WGPR] ... open to all Member States.” The WHA further *a*) requested the WGPR to “consider the findings and recommendations” of the IPPPR, the COVID-19 IHR RC, and the IOAC; *b*) recommended that “following regional consultations to be finalized by end of June 2021, the [WGPR] shall have a Bureau comprising six officers (two Co-Chairs and four Vice-Chairs) ... one from each WHO region”; and *c*) requested that “the Co-Chairs and Vice-Chairs shall facilitate the work of the [WGPR] in close dialogue with its membership.” The WHA requested the WGPR “to work in an inclusive manner and to define and agree on its working methods” and 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 through the Executive Board at its 150th session.” Similarly, the 74th World Health Assembly requested the Director-General of WHO to support the WGPR by “(i) convening its first meeting no later than 17 September 2021, announcing the date of that first meeting no later than 30 July 2021 and convening it thereafter at the request of the [WGPR] Bureau as frequently as necessary; (ii) providing complete, relevant and timely information to the [WGPR] for its discussions; (iii) allocating the necessary resources for the [WGPR] to carry out its mandate, and provide information on anticipated cost and source of funding.”

5. Additionally, through the adoption of Decision WHA74[16], Special Session of the World Health Assembly to Consider Developing a WHO Convention, Agreement or other International Instrument on Pandemic Preparedness and Response (5), the 74th World Health Assembly “request the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies 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... dedicated to considering [such] benefits... with a view towards the establishment of an intergovernmental process to draft and negotiate such a convention, agreement or other international instrument on pandemic preparedness and response” to be held from 29 November to 1 December 2021.

6. For global health governance, as anticipated in Document CD58/INF/1 (6), the future application and implementation of and compliance with the International Health Regulations (IHR) is linked to the implementation of Resolution WHA73.1 (7, 8);

² Information about the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme is available in English at:
<https://www.who.int/groups/independent-oversight-and-advisory-committee>.

Resolution WHA73.8 (9); Resolution WHA74.7 (4); Decision WHA74[16] (5); and, implicitly, the evolving COVID-19 pandemic. Therefore, deliberations of the WGPR³ will be pivotal for the determination of WHO leadership, governance, and financing mechanisms, as well as of its strategic approach to technical cooperation.⁴ Similarly, considering the context of ongoing WHO reform processes, including the WHO Transformation Agenda, the deliberations of the WGPR will be critical for articulating additional related actions initiated by WHO Member States and/or the WHO Secretariat.

PAHO Provisions on Preparedness for and Response to Health Emergencies

7. The goal of the Pan American Sanitary Bureau in preparedness and response is to assist Member States to strengthen their health sector capacities in the areas of prevention, risk reduction, preparedness, surveillance, response to and early recovery from emergencies and disasters related to any hazard (natural, man-made, biological, chemical, radiological, and others).

8. PASB's approach to emergencies involves close and embedded work at country level. When large emergencies and epidemic events occur in the Region of the Americas, PASB normally prepositions technical staff and deploys within 24 hours a disaster occurs or an epidemic is identified. Recent examples include the 2009 H1N1 influenza pandemic in Mexico, when PAHO coordinated international support with the United States Centers for Disease Control and Prevention, the Public Health Agency of Canada, and other members of the Global Outbreak Alert and Response Network (GOARN) within 24 hours after the event was reported by Mexico. A similar response was mounted to outbreaks of yellow fever in Paraguay, cholera in Haiti, Zika virus in Brazil, measles in Venezuela, hemorrhagic fever disease in Bolivia, dengue in many countries in the Region, and numerous others.

9. While PASB fully complies with and is aligned with the IHR, the Bureau does have specific provisions to initiate the response to pandemics or disasters in the Region of the Americas following its own emergency response procedures. These are implemented by all three levels of the Bureau: regional, subregional, and country levels. PASB also implements other actions that are not included in the IHR while ensuring that such actions comply with the PAHO's mandate, regulations, rules, plans, and budgetary requirements.

10. In 2012, PASB adopted a policy on Institutional Response to Emergencies and Disasters (IRED). Since that time, PASB has made noticeable progress in improving its

³ More information about the Working group on strengthening WHO preparedness and response to health emergencies is available at: <https://apps.who.int/gb/wgpr/>.

⁴ These broad thematic areas reflect the categorization of the recommendations and Resolutions' operative paragraphs presented in the WHO Dashboard of COVID-19 Related Recommendations. More information available at: <https://app.powerbi.com/view?r=eyJrIjoiODgyYjRmZjQtN2UyNi00NGE4LTg1YzMtYzE2OGFhZjBiYzFjIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOj9&pageName=ReportSection729b5bf5a0b579e86134>.

operational response, including through the establishment of the Incident Management System (IMS). The creation of the Department of Health Emergencies has accelerated the adoption of the IRED policy and procedures across PASB.

11. The 2017 edition of the IRED *a)* presents PASB's guiding principles in emergencies and disasters; *b)* discusses the factors that trigger the Organization's emergency response operations, including how emergencies are graded; *c)* identifies PAHO's critical functions in all graded emergencies and explains how they are carried out when the IMS is activated; *d)* provides guidance on how and to which entity the critical emergency functions are assigned, and looks at relationships with national authorities and partners; *e)* defines the role of the Emergency Operations Center during and outside of emergency operations; *f)* provides a framework for health and security of the Organization and its staff; *g)* presents considerations related to business continuity management; and *h)* points to essential readiness indicators that, if well monitored, will guarantee that the IRED can be immediately and well implemented.

12. During an emergency, PASB provides technical cooperation to Member States in a variety of specialized public health fields and coordinates emergency relief in support of country-level efforts. It also deploys staff to support emergency response; develops tools; assesses issues and risks; disseminates epidemic alerts; sends critical supplies and equipment from its regional humanitarian warehouse; and disburses the limited funds it has from the PAHO Emergency Disaster Fund and PAHO Epidemic Emergency Fund to complement the efforts of its Member States.

13. In global events such as the COVID-19 pandemic, PASB realigns its work to support the emergency response efforts of its Member States to protect the public health of their citizens and save as many lives as possible. That is precisely what PASB did when it was first alerted by WHO to the coronavirus outbreak and its potential public health impacts for this hemisphere.

14. As more information became available about the etiology and evolution of the cluster of pneumonia cases in Wuhan City, China, on 16 January 2020 PASB issued the first Epidemiological Alert related to this event.⁵ In the alert, PAHO recommended its Member States ensure that health care workers have access to up-to-date information on the COVID-19 illness, are familiar with the principles and procedures for handling COVID-19 infections, and are trained to inquire about a patient's travel history in order to connect this information with clinical data. The Bureau was the first WHO regional office to produce and disseminate this type of alert or report containing information about COVID-19 to all its Member States. At the time the Bureau issued this Region-wide alert, only four cases had been reported outside China: one in Japan, two in Thailand, and one in the Republic of Korea.

⁵ The Epidemiological Alert on Novel Coronavirus is available at:
<https://www.paho.org/en/documents/epidemiological-alert-novel-coronavirus-ncov-16-january-2020>.

15. On 24 January 2020, the Director of PAHO sent a letter to the ministers of health of all PAHO Member States sharing key considerations regarding the emergence and spread of the 2019 novel coronavirus that was circulating in China and its implications for the Americas. PAHO continues to provide regular briefings and technical cooperation on this topic to its Member States.⁶

Implementation of Operational Paragraphs of Resolution WHA74.7 and Decision WHA74[16] related to the Member States Working Group on Strengthening WHO Preparedness and response to Health Emergencies

16. In the Americas, the regional consultation referred to in Resolution WHA74.7 (4) took place during the 168th Session of the Executive Committee of PAHO. A statement provided by a group of Member States expressed support for the appointment of the United States of America to serve in the Bureau of the WGPR in representation of the Americas. It further requested that PASB support Member States' engagement with the WGPR and by convening regular meetings to facilitate information sharing and inform regional discussions on working methods, products, and deliverables. As of 26 August 2021, PASB had convened three information sessions for PAHO Member States.

17. Representing the six WHO regions, the WGPR Bureau comprises two Co-Chairs, from Indonesia and the United States of America, and four Vice-Chairs, from Botswana, France, Iraq, and Singapore. The first meeting of the WGPR was held 15-16 July 2021, and established a dedicated web page on the WHO website for sharing official documents in its six official languages. On 22 July 2021, by email, the WHO Secretariat shared with WHO Member States two additional documents, in English only. The first, Timelines and Deliverables of the WGPR, outlined meetings of the WGPR scheduled on 1-3 September 2021, 4-6 October 2021, and 1-3 November 2021. The second document, Terms of Reference in Regard to the Method of Work of the WGPR, addressed the following issues: participation of relevant stakeholders, working arrangements of the Bureau, establishment of subgroups, and time of WGPR meetings to allow for the equitable participation of officials from the capitals. In the same email, the WHO Secretariat indicated that it would be distributing "work products" for the WGPR.

18. On 13 August 2021, by email, the WHO Secretariat shared with WHO Member States the link to the WHO Dashboard of COVID-19 Related Recommendations together with a link to a video tutorial,⁷ and asked Member States to provide any comments and suggestions they may have.⁸ The database on which the dashboard is built contains recommendations and operative paragraphs from resolutions adopted by the World Health

⁶ PAHO Situation Reports are available at: <https://www.paho.org/en/tag/covid-19-situation-reports>.

⁷ The video tutorial related to the WHO Dashboard of COVID-19 Related Recommendations is available at: https://www.youtube.com/watch?v=z_YnTjliUXg.

⁸ WHO Member States are kindly requested to email their comments and suggestions to: Recommendationdashboard@who.int.

Assembly.⁹ In consulting the database, users can filter the recommendations and operative paragraphs by source, scope,¹⁰ theme, target group,¹¹ and area of work.

Implementation of Resolution WHA74.7 and Decision WHA74[16]: Potential Implications for the Region of the Americas

19. At the time of preparation of this document, the WGPR is refining its scope of work and defining changes that would help strengthen the work of WHO. The ultimate goal of the Working Group would be to reshape the global preparedness and response architecture with respect to health emergencies. Therefore, by definition, the work of the WGPR would have global impact and implications, potentially including the international legal foundations for preparedness and response, currently constituted by the IHR (10).

20. The extent to which possible changes may affect PAHO Member States and PASB will depend on the capacity and will of PAHO Member States to set priorities, and advocate for them to be acted upon within the WGPR. Implications for Member States may be related to: *a)* the exercise of their rights and authority to strategically govern WHO, including sunsetting and/or adopting decisions and resolutions; *b)* effective human and financial resources management; and *c)* technical cooperation targeted to specific health needs of Member States. Implications for PASB may be related to *a)* the acknowledgement of its health leadership in the Region of the Americas; *b)* its positioning in the overall WHO organizational structure; *c)* its own organizational structure; *d)* human and financial resources; and *e)* delivery of technical cooperation to Member States that is appropriate to their needs, including building resilient health systems and an effective and agile system of mitigating, preparing for, and responding to health emergencies.

21. It is expected that PAHO Member States, in maximizing the benefits of the WGPR's work, will shape their views and focus their priorities based on consultations and coordination across relevant government sectors. This process should take into consideration the multiple ongoing initiatives at international level that are related to the scope of work of the WGPR ensure their complementarity.

22. These initiatives include the following efforts of the WHO Member States or the Director-General of WHO:

⁹ A total of 521 recommendations and operative paragraphs from resolutions are included in the database. The following categories of source documents are included: *a)* official reports commissioned by WHO Member States (3 documents); *b)* documents issued by intergovernmental bodies (4 documents); *c)* other reports (4 documents); *d)* resolutions adopted by the World Health Assembly (3 resolutions); and *e)* documents containing recommendations issued in relation to past significant public health events (11 documents).

¹⁰ The 395 recommendations (not including the operative paragraphs of resolutions) fall into three categories with respect to scope: *a)* finance; *b)* leadership and governance; and *c)* system and tools.

¹¹ Regardless of the category of source documents considered, WHO Member States, the WHO Secretariat, and WHO Governing Bodies are consistently the most represented target groups.

- a) Member States Working Group on Sustainable Financing,¹² established pursuant to Decision EB148[12], Sustainable Financing (11). An account of its work is presented in Document CD59/INF/3, Draft Report of the Working Group on Sustainable Financing established by the Executive Board of the World Health Organization (12).
- b) Universal Health and Preparedness Review (UHPR) mechanism. Through Resolution WHA74.7 (4), WHO Member States requested the Director-General “to develop a detailed concept note [to be presented] to the Seventy-fifth World Health Assembly for the consideration of Member States as they determine next steps on the voluntary pilot phase of the [UHPR] mechanism ... and on how it builds on existing [IHR] monitoring and evaluation framework components.”¹³
- c) WHO Hub for Pandemic and Epidemic Intelligence, to be based in Berlin, Germany, jointly launched by the WHO Secretariat and the government of Germany on 5 May 2021.¹⁴
- d) WHO BioHub facility, to be based in Spiez, Switzerland, jointly launched by the WHO Secretariat and the government of Switzerland on 24 May 2021.¹⁵
- e) One Health High-Level Expert Panel (OHHLEP), jointly launched by the WHO Secretariat, the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), and the United Nations Environment Programme (UNEP), on 20 May 2021.¹⁶

23. In addition to the work conducted under the above initiatives, it is critical for PAHO Member States to become familiar with and keep abreast of ongoing relevant initiatives being taken forward within the Group of 7 (G7)¹⁷ and Group of 20 (G20)¹⁸ fora in particular.

¹² The web page of the Working Group on Sustainable Financing is available at: <https://apps.who.int/gb/wgsf/>.

¹³ The WHO Director-General’s opening remarks at the 148th Session of the Executive Board regarding the UHPR are available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-148th-session-of-the-executive-board>.

¹⁴ The joint press release by the Government of Germany and WHO is available in English at: <https://www.who.int/news/item/05-05-2021-who-germany-launch-new-global-hub-for-pandemic-and-epidemic-intelligence>.

¹⁵ The joint press release by the Government of Switzerland and WHO is available in English at: <https://www.who.int/news/item/24-05-2021-who-and-switzerland-launch-global-biohub-for-pathogen-storage-sharing-and-analysis>.

¹⁶ The joint press release by the FAO, the OIE, UNEP, and WHO launching the OHHLEP is available in English at: <https://www.who.int/news/item/20-05-2021-new-international-expert-panel-to-address-the-emergence-and-spread-of-zoonotic-diseases>.

¹⁷ The G7 is the “forum where the world’s most influential and open societies and advanced economies are brought together for close-knit discussions”. Information about the G7 is available in English at: <https://www.g7uk.org/>.

¹⁸ The G20 is the “international forum that brings together the world’s major economies.” Information about the G20 is available in English at: <https://www.g20.org/>.

24. Similarly, as indicated in Document CE168/INF/3 (1), in their effort to visualize how a strengthened WHO would be governed, how it would function, and what it would deliver, as well as what actions would lead to that achievement, PAHO Member States are expected to consider recommendations or operative paragraphs from resolutions, consolidated in the WHO Dashboard of COVID-19 Related Recommendations, and to identify those that deserve to be acted upon. These decisions should take into account consistency, redundancy, and the risk of prolonging existing strategic and cooperative approaches that may have resulted in a suboptimal global response to the COVID-19 pandemic. They should also consider the adequacy of the existing international legal instruments as a means to implement recommendations deemed relevant. This involves weighing the need to adapt existing instruments (e.g., starting with Article 55 Amendments to make the current IHR fit for purpose) against the need to develop additional international legal instruments.

Action by the Directing Council

25. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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