OVERVIEW OF ONGOING PROCESSES TO STRENGTHEN THE GLOBAL HEALTH SECURITY ARCHITECTURE

1. Background and context

Since the start of the devastating and ongoing COVID-19 pandemic and in response to other global and regional public health emergencies, key stakeholders have prioritized incorporating lessons learnt and identifying gaps in the contemporary global health security architecture.

Following many recommendations from independent review committees, expert bodies and Member State consultations, the world’s global health players joined efforts to improve the global health architecture. Consultation processes at the global and regional levels have been initiated and are described in this document, providing an overview of ongoing processes while delineating one from the other.

2. The COVID-19 pandemic and the Western Pacific Region

Between December 2019 and August 2022 in the World Health Organization (WHO) Western Pacific Region, there have been 84,062,485 cases of COVID-19 reported, and 259,790 confirmed deaths. This represents 14% of estimated global cases and 4% of estimated global deaths. The initial response measures adopted by Member States of the Region utilized their experience and understanding from previous viral respiratory disease outbreaks. As the COVID-19 pandemic progressed, response measures were adjusted and improved based on experience, lessons identified and the evolving evidence base. As noted by the recently published Lancet Commission report, the Western Pacific Region reacted with urgency and generally pursued a suppression strategy that resulted in relatively low morbidity and mortality from COVID-19 compared to other WHO regions.¹

3. Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR)

The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established through World Health Assembly resolution WHA74.7 (2021)4 and decision WHA74(16)(2021)5. The WGPR’s first report was welcomed at the World Health Assembly at its second special session at the end of 2021, leading to the historic formation of the Intergovernmental Negotiating Body (INB).

Following the Health Assembly special session, the WGPR conducted a survey of all Member States on the implementation of COVID-19 recommendations derived from lessons learnt thus far. Based on the analysis of the survey and proposed actions and priority areas raised by Member States during consultations throughout the process, the WGPR final report was developed and presented at the Seventy-fifth session of the World Health Assembly. The report, including the decision point outlining the process to manage targeted amendments to the International Health Regulations or IHR (2005), was approved by the Health Assembly.

The report encourages Member States to continue to review and consider the possible actions at three levels – the Secretariat, Member States and non-State actors – in the four categories around which the report is structured: equity; systems and tools; leadership and governance; and financing. The report also includes an annex on potential actions for further discussion.

4. Intergovernmental Negotiating Body (INB)

The World Health Assembly special session between 29 November to 1 December 2021 was only the second time in WHO history that such a session has been convened. The Health Assembly discussed the development of a new instrument on pandemic preparedness and response to be added to the global health security architecture. During the special session, the Health Assembly decided to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view towards adoption under Article 19 of the WHO Constitution, or other provisions of the Constitution as may be deemed appropriate by the INB. The INB will deliver a progress report to the Seventy-sixth session of the World Health Assembly in 2023 and submit its outcome for consideration by Seventy-seventh session of the World Health Assembly in 2024.

Member States expressed their commitment and solidarity for an inclusive, transparent, efficient and Member State-led process that takes into account inputs from diverse stakeholders
to reach a consensus while simultaneously ensuring synergy and coherence with other WHO-related workstreams, including the WGPR and the process for possible amendments to IHR (2005).

The INB is open to all Member States and is led by a Bureau consisting of six officers, one for each WHO region. The WHO Region for the Western Pacific is represented by Japan, which is a Vice-Chair. To inform its deliberations, the INB will hold public hearings.

Member States were invited to submit written comments to the working draft by 15 September 2022. Prior to the next INB meeting, scheduled for December 2022, an updated working draft will be published online.

5. **Working Group on IHR Amendments (WGIHR)**

As per the approved proposed decision in the final report of the WGPR following the World Health Assembly, the WGPR will continue its work with a revised mandate and name – “Working Group on IHR Amendments” (WGIHR) – to work exclusively on the consideration of proposed targeted amendments to IHR (2005). This decision was based on the near-unanimous position among Member States that specific elements of IHR (2005) needed strengthening. The WGIHR shall present its outcome to the Health Assembly during its Seventy-sixth session with a view towards adoption by consensus at the Seventy-seventh session. WHO Director-General will convene an IHR Review Committee to provide the WGIHR with technical support. Member States may submit proposed amendments until 30 September 2022.

6. **Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR)**

At the 150th session of the WHO Executive Board in January 2022, the Director-General committed to develop proposals, in consultation with Member States, on strengthening the architecture for health emergency preparedness, response and resilience (HEPR), and present these to the Seventy-fifth World Health Assembly.
The Director-General’s 10 proposals are to be positioned under the aegis of a new overarching pandemic accord currently under negotiation by Member States. The proposals stem from more than 300 consolidated recommendations from review committees and other bodies engaged in evaluation of the global response to COVID-19, as well as prior emergencies and outbreaks. The 10 proposals are grouped under three pillars – governance, systems and financing – and underpinned by three key principles, namely equity, inclusivity and coherence. The proposals are designed to support and contribute to decision-making within and beyond WHO. The Secretariat welcomes comments from Member States and partners through informal consultations and feedback in writing.

7. Member State Working Group on Sustainable Financing

The Working Group on Sustainable Financing (WGSF) successful negotiations leading to increased assessed contributions by full adoption of World Health Assembly decision WHA75(8) will create a more financially stable WHO with sustained financial means to support and lead Member States through future pandemics and other health emergencies.

The report of the WGSF submitted to the Seventy-fifth World Health Assembly sets out additional recommendations to improve WHO’s financing model, including exploring new, agile and underutilized sources of funding, such as those from the private sector, in accordance with the Framework of Engagement with Non-State Actors and exploring the feasibility of a replenishment mechanism to broaden the financing base of the Organization. It also asks the WHO Secretariat to work with a task group of Member States to strengthen WHO governance to analyse transparency, efficiency, accountability and compliance.

8. Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response

Recommendations by multiple working groups and review bodies on the global response to COVID-19 – including the Independent Panel for Pandemic Preparedness and Response and the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response – have led to the establishment of a Financial Intermediary Fund to reduce the world’s vulnerability to future pandemics and enhance pandemic preparedness and response.
The Fund will build on the existing global health architecture for pandemic preparedness and response, within the context of IHR (2005) and associated monitoring and capacity-building mechanisms.

The key functions of the Fund will be to complement the work of existing institutions that provide international financing for pandemic preparedness and response, drawing on their comparative advantages and catalysing funding from private, philanthropic and bilateral sources.

9. Western Pacific Region Member States engagement in the INB and other processes

WHO Member States in the Western Pacific Region have been involved in all the aforementioned INB processes. However, continued engagement and contribution by all Member States in the WHO Western Pacific Region is needed to bring forward the specific priorities of the Region in negotiations at the global level. Member State engagement in the ongoing global processes will strengthen outcomes, ensure global policy is informed by the Region’s experience and provide a channel through which the Region’s experiences can inform and contribute to global discussions. In parallel, a new bi-regional health security action framework is being developed, building on the achievements of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and its two earlier iterations, taking into account improvements needed and lessons identified during the COVID-19 pandemic.