



**Pandemic Action Network feedback on WHO May 2022 white paper:  
*Strengthening the Global Architecture for Health Emergency Preparedness, Response  
and Resilience (HEPR)***

Pandemic Action Network welcomes the opportunity to provide feedback on the WHO white paper, *Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR)*. Now in year three of the COVID-19 pandemic, it is essential that we do not fall victim to pandemic fatigue and we seize this moment to enact substantial and meaningful systems change to ensure the world is better equipped to detect, prevent, and respond to pandemic threats. WHO must be at the heart of this global effort; however, this agenda is also bigger than WHO and the health sector.

Pandemic Action Network supports the overall framing of WHO's vision for a stronger global architecture that focuses on the critical reforms needed for governance, systems, and financing, which [mirrors our own strategic planning and reflections on challenges and opportunities at this stage of the COVID-19 pandemic](#). These three thematic areas help to organize and rationalize the reforms needed at the global policy level, while also drawing clear links for reforms needed at the regional, national, and local levels. We also welcome the grounding of the strategy in the principles of equity, inclusion, and coherence; however, we would note that these principles must be applied consistently to include meaningful and sustained engagement with civil society organizations and other non-state actors - across sectors and geographies - to truly advance a framework that will drive systemic reform at all levels. Following are our high-level comments on the three thematic areas, and we welcome the opportunity to discuss these with WHO colleagues in more detail:

**Governance**

We support the proposal to establish a higher-level governance body such as a Global Health Emergency Council and create a more proactive and accountable system for HEPR, which is consistent with the recommendations from both the Independent Panel for Pandemic Preparedness and Response (IPPR) and the G20 High-Level Independent Panel on Financing the Global Commons (HLIP). We strongly believe, however, that the best home for such a new governance and oversight body is not at WHO, as leadership and coordination for pandemic preparedness and response must extend beyond the health sector and drive UN-system-wide, whole-of-government, political prioritization and engagement efforts in both structure and official representation. Further detail is needed in the paper as to how this mechanism would engage Heads of State, which we believe is necessary for the requisite political leadership and prioritization, financing, and accountability. Strengthening WHO's role in governance and leadership for HEPR is essential, but it is not sufficient for the transformative system change needed to elevate pandemic threats as whole-of-government, whole-of society priorities and to ensure they are viewed not only as health but also as security and economic threats. Furthermore, the mechanisms for public transparency, engagement, and accountability of this head-of-state governance body (e.g. how it is chosen, sets its agenda, engages with stakeholders, decision-making, reporting, etc.) will all impact its legitimacy

and effectiveness. Our November 2021 paper on [Governing Pandemics](#) was developed with inputs from our Network partners around the world and highlights some of the key priorities we see for building a more effective global governance mechanism for pandemic preparedness and response; we hope you will cite and reflect these principles in the white paper.

## **Systems**

Detailing the links between collaborative surveillance, community protection, clinical care, access to countermeasures, and emergency coordination is important for highlighting strategic complementarities and interdependencies – and for grounding investment across systems and interventions. Yet all of these systems exist at global, regional, national, and local levels. While health emergencies and potential pandemics certainly require a coordinated, global approach, the first line of defense and where capacity needs to be strengthened most urgently is the ability of local and national governments to contain outbreaks at their source. WHO should work closely with member states and with regional organizations to define the respective roles and responsibilities of actors at each level, as well as the systems and structures that can promote the cooperation, coordination, and information sharing that are required to make a global, matrixed system work. An Emergency Response Framework can be one tool, but there also needs to be alignment and processes for coordination and interdependence in non-emergency times to drive sustained efforts in preparedness. Furthermore, as with our comments on governance above, we would caution on presenting this as an overly WHO-centric framework, which will present ongoing challenges in coordinating with other sectors and systems beyond health that are critical to effective pandemic preparedness and response, from defense, intelligence, and technology, to education, finance, transport, and more. In particular, WHO will need to evolve in its capacity to partner in more agile and meaningful ways with the private sector and with civil society organizations (CSOs), to better harness their respective expertise, capacities, and trusted relationships with target populations.

## **Financing**

New financing for pandemic and outbreak preparedness (as has been proposed with the creation of a new Pandemic Preparedness Fund/Financial Intermediary Fund at the World Bank, or Fund - we urge you to use this term) and global health emergency response (as proposed through strengthening the WHO Contingency Fund for Emergencies, or CFE) are both urgently needed. We strongly believe that de-linking proactive preparedness investments from surge support during an active health emergency is a useful step to make sure funding is fit-for-purpose and can expeditiously flow to where it's most needed, but also so that pandemic preparedness investments do not continue to be shortchanged in favor of short-term emergency response needs.

On the proposed new Fund specifically, the paper should be updated before publication to reflect the latest outcomes of the May 12 Global COVID Summit and the growing political and financial support to establish the Fund at the World Bank by mid-2022. The paper could usefully reference the expectation that all governments will contribute to the Fund and share in the cost of pandemic preparedness as a global public good; that the Fund will also be able to mobilize financing from the private and philanthropic sectors; and that it will serve as a catalyst to incentivize additional and

sustained financing for preparedness from and beyond existing official global and domestic health budgets. The Fund should prioritize closing country and regionally-identified gaps in preparedness, with a view toward longer-term health system strengthening that can address ongoing health needs. Various tools such as the Global Health Security Index and others should be used to assess critical needs and priorities for financing, beyond just the UPHR. Importantly, following the WHO's commitment to equity and inclusion, governance and oversight of the new Fund must include "beneficiary" countries as well as representatives of civil society and other key stakeholders, both in and beyond the health sector, and not simply leverage country perspectives to inform governance by Fund donors. Our [August 2021 paper](#) and recent [two-pager](#) lay out key priorities for the new Fund design and governance; we hope you will cite and reflect these in the white paper before publication.

Additionally, while this white paper notes a current international funding gap for preparedness of approximately US\$10 billion per year, the HLIP detailed the global funding gap for pandemic preparedness at what it calls a conservative minimum of US\$15 billion per year (with \$10 billion per year specifically for the Fund alone and an additional \$5 billion for other needs, such as ensuring sustainable financing for WHO). It should be noted that these figures were arrived at more than a year ago, well before the protracted pandemic and continued negative impact on global and national economies, particularly on the poorest countries. They also do not take into account the surge funding needs in an emergency, nor to solve for the ongoing fundraising challenges in the course of an active pandemic that e.g. have hampered the Action for COVID-19 Tools Accelerator (ACT-A). (In addition to ensuring that the CFE is sustainably financed to enable WHO to move quickly to investigate and respond to outbreaks, the world needs to solve for a larger surge financing capacity for potential pandemics. (To note, the IPPR called for a US\$50 billion surge facility that could rapidly disburse to countries and to global organizations in the event of a fast-moving outbreak and potential pandemic). The World Bank also predicts that health budgets will be highly constrained over the coming years, making the need for a robust new Fund even more important. Thus we recommend WHO be bolder, more dynamic, and more realistic in costing global needs rather than grounding recommendations in lowest-common-denominator forecasting.

### **Consultation and Next Steps**

While Pandemic Action Network welcomes the opportunity to provide input into this white paper, we note the ad hoc process and very quick timeline were not conducive to meaningful engagement and consultation with civil society and communities, particularly those based in low-and-middle-income areas without the mechanisms to regularly and easily engage with WHO. To live up to WHO's stated priorities of equity and inclusion, consultations should be thoughtfully redesigned to allow for meaningful engagement and co-creation from non-state actors around the world at all stages of the review and decision-making process ahead. Pandemic Action Network would be pleased to offer its global platform of 250+ partners to advise and support WHO in this effort.