Mapping of key Commissions and Documents, past and present, on pandemic preparedness and response and broader global health governance issues

A Background Document Prepared for the
The Independent Panel for Pandemic Preparedness and Response
1st Meeting, 17 September 2020

Table 1 provides a mapping of key Commissions and Documents, past and present, on pandemic preparedness and response including reports addressing broader global health governance issues.

Table 1 Key Commissions and Reports by author, title, year and areas covered (or to be) in the report

Authors, Title, Year	Areas covered (or to be) in the report
1. Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (2020), WHO	World Health Assembly resolution WHA73.1 requested the WHO Director-General to initiate a stepwise process of impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to COVID-19, including existing mechanisms such as the Review Committee under IHR (2005). In line with the resolution, the WHO Director-General has convened a Review Committee under the IHR: • To review the functioning of the IHR during the COVID-19 response; and • The status of implementation of the relevant recommendations of previous IHR Review Committees. The Committee begins its work on September 2020 and will meet regularly and report on its progress, through the Director-General, to WHO Governing Bodies.
2. Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response (2016), WHO https://reliefweb.int/sites/reliefweb.int/files/resources/A69_21-en.pdf	The Review Committee identified the following key themes: • The failures in the Ebola response did not result from failings of the IHR themselves, but rather from a lack of implementation of the IHR. • Full implementation of the IHR must be the urgent goal of all countries as this is the collective means to improve global public health preparedness and improve the safety of the world's population. • Full implementation of the IHR, however, cannot be achieved without significantly greater funding and cannot be achieved in a very short timeframe because of the systemic improvement required in many States Parties. • Partnerships are critical to implementing the IHR and improving global public health preparedness and response. • Implementation of the IHR should not be seen as an end point in a process, but rather as a cycle of continuous improvement in public health preparedness, in which the development and maintenance of IHR core capacities are embedded in essential health systems strengthening.
3. Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (2015), WHO	The Review Committee noted that though progress had been made in many areas, the Review Committee emphasized that countries in every Region still face significant challenges to fully implement the IHR. According to the report, key impediments to IHR implementation include: insufficient authority/capacity of NFPs; the misconception that implementation of the IHR is the sole responsibility of ministries of health; limited involvement/awareness of sectors other than human health; limited investment of national financial and human resources; high staff turnover; ongoing complex emergencies/conflict; the

	specific needs of small island states and States Parties with overseas territories; the focus on IHR extensions of the deadlines rather than on an expansion of capacities; a perception that implementation is a rigid, legal process with less emphasis on operational implications and learning from experience; and limited international solidarity to support the weakest countries in building capacities. Recommendations: 1. Implement rather than amend the IHR. 2. Develop a Global Strategic Plan to improve public health preparedness and response. 3. Finance IHR implementation. 4. Increase awareness of the IHR, and reaffirm the lead role of WHO within the UN system. 5. Introduce and promote external assessment of core capacities. 6. Improve WHO's risk assessment and risk communication 7. Enhance compliance with requirements for Additional Measures and Temporary Recommendations. 8. Strengthen National IHR Focal Points 9. Prioritise support to the most vulnerable countries. 10. Boost IHR core capacities within health systems strengthening. 11. Improve rapid sharing of public health and scientific information and data. 12. Strengthen WHO's capacity and partnerships to implement the IHR and to respond to health emergencies.
4. Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, WHO (2011)	The review had three key objectives: (1) Assess the functioning of the International Health Regulations (2005); (2) Assess the ongoing global response to the pandemic H1N1 (including the role of WHO); and (3) Identify lessons learned important for strengthening preparedness and response for future pandemics and public-health emergencies. Recommendations: 1. Accelerate implementation of core capacities required by the IHR. 2. Enhance the WHO Event Information Site. 3. Reinforce evidence-based decisions on international travel and trade. 4. Ensure necessary authority and resources for all National IHR Focal Points. 5. Strengthen WHO's internal capacity for sustained response. 6. Improve practices for appointment of an Emergency Committee. 7. Revise pandemic preparedness guidance. 8. Develop and apply measures to assess severity. 9. Streamline management of guidance documents. 10. Develop and implement a strategic, organization-wide communications policy. 11. Encourage advance agreements for vaccine distribution and delivery. 12. Establish a more extensive global, public-health reserve workforce. 13. Create a contingency fund for public-health emergencies. 14. Reach agreement on sharing of viruses and access to vaccines and other benefits. 15. Pursue a comprehensive influenza research and evaluation programme.
5. Independent Oversight Advisory Committee for the WHO Health Emergencies Programme. Interim report on WHO's response to COVID-19 January-April 2020	The main functions of IOAC: • Assess the performance of the Organization's emergency work in preparedness, prevention, detection and response. • Assess the performance of the WHO Health Emergencies Programme (the WHE Programme) key functions in all emergencies, including graded emergencies and infectious disease risks. • Review the adequacy of the WHE Programme's financing and resourcing. • Provide advice to the Director-General.

(https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/IOAC-interim-report-on-COVID-19.pdf?ua=1)	• Prepare a report on its activities, containing the Committee's conclusions and recommendations, for submission by the Chair of the Committee to the World Health Assembly. The interim report IOAC provides recommendations on the functions above.
6. Global Preparedness Monitoring Board Annual Report, A world at risk: annual report on global preparedness for health emergencies, 2019 https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf	In this first annual report, the Board explores and identifies the most urgent needs and actions required to accelerate preparedness for health emergencies, focusing in particular on biological risks manifesting as epidemics and pandemics. The Board analysed evidence and commissioned seven review papers that explore the challenges of preparedness through various lenses: governance and coordination; country preparedness capacities; research and development; financing; enhancing community engagement and trust; preparing for and managing the fallout of a high-impact respiratory pathogen pandemics; and, lessons learned and persistent gaps revealed by recent outbreaks of Ebola virus disease in Africa. The Board identified seven actions that leaders must implement to prepare for pressing threats. One of the Board's first priorities will be to develop a monitoring framework to track progress not only on these actions, but on other national and global political commitments as well. Recommendations: 1. Heads of government must commit and invest. 2. Countries and regional organizations must lead by example. 3. All countries must build strong systems 4. Countries, donors and multilateral institutions must be prepared for the worst. 5. Financing institutions must link preparedness with financial risk planning. 6. Development assistance funders must create incentives and increase funding for preparedness. 7. The United Nations must strengthen coordination mechanisms.
7. Global Preparedness Monitoring Board Annual Report, a World in Disorder, 2020 https://apps.who.int/gpmb/annual_report.html	The report highlights responsible leadership and citizenship, as well as the adequacy of systems and resources, as key factors for success. It points out that none are safe until all are safe, and calls for a renewed commitment to multilateralism and to WHO and the multilateral system. The GPMB calls for urgent actions to strengthen the current response to COVID-19 and better prepare the word for future pandemics and health emergencies; to bring order out of catastrophe and chaos. These are: 1.Responsible leadership 2. Engaged citizenship 3. Strong and agile systems for health security 4. Sustained investment 5. Robust global governance of preparedness. The report draws some COVID19 lessons: 1. Political leadership makes the difference. 2. Preparedness is not only what governments do to protect their people, it's also what people do to protect each other. 3. The impact of pandemics goes far beyond their immediate health effects. 4. Current measures of preparedness are not predictive. 5. The return on investment for global health security is immense. 6. No one is safe until we are all safe.

8. Lancet COVID-19 Commission, Vol 396 August 15, 2020 https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31494-X.pdf	The Lancet COVID-19 Commission has been created to help speed up global, equitable, and lasting solutions to the pandemic. The Commissioners believe that effective solutions can be found on the basis of global cooperation, social justice, sustainable development, and good governance that builds on public trust. Alongside the Commission, task forces will be set aiming to focus on specific dimensions of the pandemic. These include: the nature, origin, and prevention of zoonotic diseases; public health systems for surveillance, testing, tracing, and isolating COVID-19 cases; the development and distribution of COVID-19 vaccines and medicines; the protection of vulnerable groups; wellbeing and mental health in the context of pandemic control; equitable and efficient financing of pandemic control; and building back better in the post-COVID-19 economy to achieve the global goals of sustainable development. There will also be working groups for various subregions, drawing on global and local experts. The Commission aims for the first interim report of the Commission to be in January, 2021. The Commission will present its planned second interim report in July, 2021, and a final report in January, 2022.

9. Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly. The Lancet COVID-19 Commissioners, Task Force Chairs, and Commission Secretariat. Published online September 14, 2020 https://doi.org/10.1016 /S0140-6736(20)31927-9. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31927-9/fulltext	This paper provides more details on the Lancet COVID-19 Commission and identifies ten priority actions: 1. Origins: track down the origins of the virus in an open, scientific, and unbiased way not influenced by geopolitical agendas. 2. Non-pharmaceutical interventions: suppress the epidemic through the proven package of non-pharmaceutical interventions. 3. Science-based policy making: base policy making on objective scientific evidence and stop politicians and others in positions of power from subverting clinical trials and other scientific protocols. 4. Timely and consistent data: collect and publish timely and internationally consistent data on the state of the pandemic, including humanitarian and economic consequences. 5. Justice in access to tools to fight COVID-19: ensure universal access to the tools to fight COVID-19. 6. Emergency financing: secure access of developing countries to financing from international sources, especially from the International Monetary Fund and World Bank. 7. Protect vulnerable groups: direct urgent protection towards vulnerable groups, including older people, people in poverty and hunger, women who are vulnerable, children, people with chronic diseases and disabilities, the homeless, migrants, refugees, Indigenous Peoples, and ethnic and racial minorities. 8. Long-term financial reform: prepare for a deep restructuring of global finances, including debt relief, new forms of international financing, and reform of monetary arrangements. 9. Green and resilient recovery: economic recovery will be based on public-investment led growth in green, digital, and inclusive technologies, based on the Sustainable Development Goals. 10. Global peace and cooperation: support UN institutions and the UN Charter, resisting any attempts at a new cold war.
10. Pan-European Commission on Health and Sustainable Development: Rethinking Policy Priorities in the light of Pandemics	The WHO Regional Office for Europe is convening a Pan-European Commission on Health and Sustainable Development to rethink policy priorities in the light of pandemics. After identifying and reviewing the relevant evidence, the Commission will draw lessons from the ways in which different countries' health systems have responded to the COVID-19 pandemic and will make recommendations on investments and reforms to improve the resilience of health and social care systems. The Commission will also seek to build consensus on these recommendations and to elevate health and social care as societal and political priorities, recognized as being critical to both sustainable development and social cohesion. This programme of work will be put to the 53 Member States for their endorsement at WHO's annual governance meeting, the 70th session of the WHO Regional Committee for Europe (14th-15th September 2020).
11. Post-Ebola reforms: ample analysis, inadequate action (Moon et al *BMJ*	• Seven reports on the global response to Ebola largely agree on what went wrong and what needs to be done • Substantial efforts to tackle these problems are under way, but progress has been mixed

2017;356:j280 doi: 10.1136/bmj.j280) https://www.bmj.com/content/356/bmj.j280.full	• Many critical problems have been given inadequate political or financial resources • The global community needs to increase resources and implement monitoring and accountability mechanisms to ensure the world is better prepared for the next pandemic
12. Lancet Independent Panel on the Global Response to Ebola. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM (Moon et al 2015, Lancet, 386: 2204–21) https://www.thelancet.com/action/showPdf?pii=S0140-6736%2815%2900946-0	The Ebola epidemic raised a crucial question: what reforms are needed to mend the fragile global system for outbreak prevention and response, rebuild confidence, and prevent future disasters? The Panel's conclusions offer a roadmap of ten interrelated recommendations across four thematic areas: preventing major outbreaks. responding to major outbreaks, research: producing and sharing data, knowledge, and technology and governing the global system. Key recommendations: 1. Develop a global strategy to invest in, monitor, and sustain national core capacities. 2. Strengthen incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions. 3. Create a unified WHO Centre for Emergency Preparedness and Response with clear responsibility, adequate capacity, and strong lines of accountability 4. Broaden responsibility for emergency declarations to a transparent, politically protected Standing Emergency Committee. 5. Institutionalise accountability by creating an independent Accountability Commission for Disease Outbreak Prevention and Response. 6. Develop a framework of rules to enable, govern, and ensure access to the benefits of research 7. Establish a global facility to finance, accelerate, and prioritise research and development. 8. Sustain high-level political attention through a Global Health Committee of the Security Council 9. A new deal for a more focused, appropriately financed WHO. 10. Good governance of WHO through decisive, time bound reform and assertive leadership.
13. The Lancet-Oslo Commission on Global Governance for Health: The political origins of health inequity: prospects for change (Ottersen et al 2014, *The Lancet*, Vol. 383, No. 9917, p630–667) https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62407-1.pdf	Despite large gains in health over the past few decades, the distribution of health risks worldwide remains extremely and unacceptably uneven. Although the health sector has a crucial role in addressing health inequalities, its efforts often come into conflict with powerful global actors in pursuit of other interests such as protection of national security, safeguarding of sovereignty, or economic goals. This report examined power disparities and dynamics across a range of policy areas that affect health and that require improved global governance: economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration, and violent conflict.