



Program of Work

Independent Panel for Pandemic Preparedness and Response
October 2020

The Program of work is a living document and will be adjusted as the work of the Independent Panel and the COVID-19 pandemic evolves over time.



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Summary

The Independent Panel was established by the World Health Organization (WHO) Director-General in response to the World Health Assembly resolution 73.1. The program of work is based on the Terms of Reference and provides the more detailed agenda for the work of the Independent Panel together with methods of work and timelines.

The **first priority** of The Independent Panel will be - to the extent possible – to establish the facts about what happened and how the outbreak of COVID-19 became the devastating pandemic we are experiencing today.

The **second priority** will be based on the analysis of what happened in order to make bold and constructive recommendations focusing on how the world will be better prepared for the next outbreak situation with the potential of becoming another pandemic. The Panel should possibly also make recommendations in relation to the present pandemic.

The panel will work along **four broad themes** of enquiry

- *Build on the past;*
- *Review the present;*
- *Understand the impacts and*
- *Change for the future*

The panel will spend most of its time and efforts determining **the accurate chronology** of events and activities in relation to the COVID-19 pandemic, the recommendations made by WHO, and the specific responses by national governments to these as well as their overall responses to the pandemic.

The panel will carefully review **WHO's** role and mandate, instruments, capacity and its financing for pandemic preparedness and response. The panel will look at the **international system at large**, focusing specifically on the context of pandemic preparedness and response.

In addition, the panel will provide some analysis and perspectives on the **impacts of COVID-19** in relation to health systems, communities, communications and information sharing as well as the wider societal and economic effects. The panel will be aiming at learning lessons from previous outbreaks, including by capturing related reviews and recommendations.

Different **methods** of work will be applied, such as desk reviews, expert hearings, mini-symposia, interviews, surveys, public webinars and open requests for contributions. The Independent Panel will meet on a 6-weekly basis and will provide a progress **report** to the WHA in November, an interim report to the WHO Executive Board in January, and a report to the WHA in May 2021.

The Panel will work in an as open and transparent way as possible and will regularly post reports and news on its **website** <https://www.theindependentpanel.org>

Introduction

The World Health Assembly Resolution 73.1 and the Terms of Reference provide the basis for the Independent Panel's work. The Resolution provides a broad framework to review the experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, whilst pointing to some specific areas of focus, such as reviewing the functioning of the International Health Regulations, the mechanisms at WHO's disposal as well as the relevant timelines of events and activities on various levels of the response (e.g. scientific knowledge, WHO recommendations, governmental actions etc.).

The Program of Work (PoW) includes four broad themes, specific focus areas and key lines of enquiry. In addition, it includes methods the panel potentially will use in order to determine the relevance and effectiveness of different aspects of pandemic preparedness and response leading to informed and evidence-based conclusions and recommendations. The Independent Panel could also consider potential corrective actions for the response to the on-going pandemic.

The WHA Resolution

The Independent Panel was initiated by the WHO Director-General, and [announced](#) on July 10 2020. This is in keeping with the 73rd World Health Assembly [Resolution 73.1](#) requesting the WHO Director-General;

“...to initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 – including (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees; (iii) WHO's contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic – and to make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme”

The Panel

The Panel's Co-Chairs were appointed by the WHO Director-General and are former Prime Minister Helen Clark of New Zealand, and Her Excellency, former President Ellen Johnson Sirleaf of Liberia.

The Co-Chairs were mandated by the WHO Director-General to select an appropriate number of panellists and to set the Terms of Reference for the Panel's work.

The Co-Chairs selected 11 Panel members, They looked for a range of skills (including expertise in outbreak response, managing national health systems, leadership in community engagement, and socio-

economic analytical capabilities), knowledge about the international system including specifically WHO, and experience from similar international processes.

The Terms of Reference

Based on the WHA resolution draft Terms of Reference (ToRs) were developed by the Co-Chairs.

Comments were invited from Member States, and the final Terms of Reference were confirmed at the 1st Independent Panel meeting on 17 September 2020.

The Panel will review experience gained and lessons learned from the international health response to COVID-19 as coordinated by WHO and assess:

- the overall relevance and effectiveness of the international health response to the COVID-19 pandemic;
- the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees;
- the effectiveness of the mechanisms at WHO's disposal and the actions of WHO and their timelines pertaining to the COVID-19 pandemic; and
- WHO's contribution to United Nations-wide efforts.

In reviewing the experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 as stated in the resolution the Panel will also:

- examine global health security threats and provide an analysis of past and future challenges and lessons learned; and
- include in its work, analysis of the broader impacts of pandemics, including economic and social ones, and make recommendations to the extent that they have a direct bearing on future threats to global health security.

The Panel will:

- make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.

Vision

Through engagement with a wide range of relevant stakeholders, the Independent Panel is trusted as an independent, expert, evidence-based, impartial, respectful and diverse body the world can rely on to make bold recommendations that could reshape future global and national responses to emerging health threats, and thus, better safeguard every person's health, economic, and social wellbeing.

Values and Principles

The Independent Panel is on an evidence-based quest to protect human health.

The mission of the Independent Panel is to provide an evidence-based path for the future, grounded in lessons of the present and the past to ensure that countries and global institutions, including WHO, can effectively address health threats and protect human health.

The Independent Panel is focused on finding the facts and making recommendations for the future.

The Panel will review the facts surrounding COVID-19, including its emergence. It will create timelines, assemble the best possible evidence, and use that to recommend ways – including bold new ways – in which global institutions, including the WHO, and countries, can do better to safeguard human health and economic and social wellbeing against a future pandemic.

The Independent Panel believes the world could have done better in its response, and that the experience of COVID-19 must not be repeated.

There have been years of warnings about a pandemic, and there are institutions, instruments and plans that were designed to protect us. Yet in less than one year, SARS-CoV-2, the microscopic virus that causes COVID-19, has multiplied billions of times, spread to every country on the planet, caused tens of millions to fall ill and is known to have killed more than one million people thus far. In most places, the systems and plans meant to protect us have not worked as intended. We believe that should another pandemic arise, and history tells us it will, we simply must do much better.

The Independent Panel is ready to listen and learn from a wide range of people to understand what worked and why and what did not work and why, in the response to COVID-19.

We want to listen and learn. We will also ask the tough questions. Over the course of several months, the Panel is expected to seek evidence and views from a broad range of people including from WHO, Member States, health experts, economists, specialists on the social impacts of the pandemic, as well as from civil society, the private sector, and the general public - including those most affected by COVID-19.

The Independent Panel is a group of people with the expertise to focus on pandemics, health, and the broader impacts of COVID-19.

We intend to learn all that we can about COVID-19's early emergence, global spread, health, economic and social impacts, and how it has been controlled and mitigated. The Panel includes people with a mix of skill and expertise on a wide range of areas including infectious disease, global and national health policy and financing, outbreaks and emergencies, economics, youth advocacy, and in the wellbeing of women and girls. Panelists also share knowledge of the international system, including of WHO, and of other international processes germane to this effort.

Way of Working

The Independent Panel will conduct an impartial, independent, and comprehensive review. Panelists are drawing from their expertise and experiences and are not representing their institutions or governments. The Independent Panel is financed from WHO's assessed contributions. It will not accept additional contribution in cash or in kind. The panel members are making their contributions on a voluntary and non-remunerated basis.

The Independent Panel will work in an open and transparent as possible manner. It will reach out to the world's best possible expertise and experiences and will listen to different stakeholders' perspectives. Data and evidence will guide the work of the Independent Panel.

The Panel will meet every six weeks, beginning 17 September 2020. These will be largely virtual meetings given the COVID-19 related travel restrictions. The meetings will only be open to panel members.

There will be opportunities for panelists to engage with specific thematic areas, hearings and briefings between Panel meetings. A Sherpa group of advisors to Panelists could deepen the level of engagement and accelerate preparations and follow up of Panel meetings

The Independent Panel will report to WHO Governing Bodies in the following ways:

- The Co-Chairs will present an update on establishment of the Panel to the WHO Executive Board Special Session on 5-6 October 2020
- A progress report will be presented at the resumed 73rd World Health Assembly scheduled from 9-14 November 2020 focusing on the progress of the work of the panel;
- An interim report will be presented to the WHO Executive Board scheduled from 18-26 January 2021 including some initial findings and potential recommendations;
- A report will be presented to the 74th World Health Assembly scheduled from 24 May to 1 June 2021.

Themes of Enquiry

The Panel's Program of Work will be organized around **four main interconnected themes** for enquiry:

1. Build on the past
Learn from previous pandemics and the status of the system and actors pre-COVID-19.
2. Review the present
Analyse the accurate chronology of events and activities in relation to the COVID-19 pandemic, the recommendations made by WHO, and the responses by national governments.
The chronology will be developed by using a framework based on three workstreams.
 - 2.1 The epidemiology
 - 2.2 Recommendations made (focusing on WHO but capturing also other bodies)
 - 2.3 Responses implemented (focusing on country response)
3. Understand the impacts
Review how health systems and communities responded and assessing the direct and indirect impacts of both the pandemic and the response measures.
 - 3.1 How health systems have coped
 - 3.2 Communities and Information
 - 3.3 Wider societal and economic impacts
4. Change for the future
An analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response.
 - 4.1 The World Health Organisation
 - 4.2 The international system at large

Methodologies

The Independent Panel will work towards crafting recommendations which are both bold and practical including assigning owners, proposed timescales for completion, and financial and human resources in its recommendations. The focus of the Panel's work is the future and how the world can be better prepared next time, but the Panel may also advise on "course corrections" about the present pandemic. The Panel's main report will not necessarily follow the structure of the four themes.

The orientation of the work should be towards reinforcing a people-centred response. Responses to pandemics need to encompass issues of human rights, dignity, and agency, and not be limited by a narrow view of basic needs.

A variety of research methods and stakeholder engagement strategies will be employed by the Independent Panel to pursue this work. Different methodologies will be used for different parts of the work, as required. Potential ways of working and methodologies to advance the work program are:

- **Mapping** of on-going and/or concluded reviews and reports by similar and relevant panels and commissions, synthesis and summaries of their findings and recommendations (e.g. Report of the Review Committee on the Role of the International Health Regulations (2005) in the H1N1, Ebola, and COVID-19 Outbreak and Response, and the *Lancet* COVID-19 Commission).
- **Desk research**, literature/scoping/systematic reviews (including, potentially, files from WHO and media reporting) of selected topics to provide background reports to the Independent Panel.
- **In-depth interviews** with keystone actors. A key output of the Independent Panel will consist of a qualitative study exploring stakeholders' perspectives on the areas of inquiry identified in the Program of Work. Purposive sampling will be used to select these individuals based on their organizational role, professional expertise and experience in the field. The study's target participants will come from a range of different institutions including United Nations agencies, international and local non-governmental organizations and partners, ministries of health and academia. Further respondents will be recruited via snowballing sampling techniques until saturation is attained.
- **Mini-symposia and expert hearings** will be organized allowing the Independent Panel to learn from and listen to a wide range of resource persons in relation to different aspects of the Program of Work.
- **Commissioning papers** on key topics relevant to each of the sections. For example, in Section 2, papers could be commissioned on the social and economic impacts of COVID-19 and on how COVID-19 has impacted vulnerable populations.
- **Case study** approach. Here the Panel could choose specific topics then select some countries based on a criterion, apply a common framework and draw lessons learnt from the comparative analysis of different experiences. This methodology could be applied to several research topics. Research groups, already doing this type of work, could be involved in producing this type of output.
- **Call for contributions and scientific evidence.** A system will be organized through the website where the Independent Panel requests suggestions and ideas as well as evidence on specific topics from Member States, researchers, civil society and the private sector.

Theme 1: Build on the past

Learning from previous pandemics, the status of the systems and actors pre-COVID-19

This theme will address the history and dynamics of global health security, threats and pandemics. It will first provide an historical perspective on health outbreaks starting with the 1918 flu pandemic, and then traverse through different epidemics in the past, such as severe acute respiratory syndrome (SARS), Ebola and Middle East respiratory syndrome (MERS), to the current COVID-19 pandemic.

The prior learnings of countries from earlier pandemics, and in particular the experience of the SARS response in 2002/2003, will be reflected upon, including how some countries were able to maintain preparedness in the fifteen-year interval between the end of the first SARS pandemic and the current COVID-19 pandemic.

It will also include a short depiction of the global health responses to threats like HIV/AIDS, polio, antimicrobial resistance, and the broad threats to planetary health to see what we can learn from these in terms of the key stakeholders involved, how these actors have worked and are currently working together, and the processes and governance structures shaping these responses.

Box 1: Potential questions the Independent Panel will consider

1. What is the understanding of global health security, threats and nature of pandemics historically and for the future? How are pandemics, especially of fast spreading, novel respiratory viruses, different from other global threats?
2. What can we learn from responses to previous global health threats and what have been the key recommendations from prior relevant panels? To what degree have they been considered and adopted? If not, why not? What factors made adopting these recommendations more or less possible?
3. Have the International Health Regulations worked in the past? Were recommendations taken into consideration? Did the responsible parties adhere to the IHR adequately? What are the implementation and accountability mechanisms? What technical tools have been developed and used? Which gaps can be identified?
4. What can be said about the level of preparedness across the world pre-COVID-19? Why did preparedness assessments have little capacity to predict the COVID-19 response?

Methods

1. Desk review of on-going and/or concluded reviews and report by relevant panels, commissions or academic institutions, including the IHR Review Committee and the Independent Oversight Advisory Committee

Theme 2: Review the Present

The chronology, recommendations, how the system responded

This theme will seek to establish a detailed and accurate chronology of COVID-19 related activities and events and the initial responses, informed by carefully collected information from all sources. A compilation of scientific and validated information on the response will serve to support a key outcome of the Panel's work: namely pointing to ways to restore broken trust in the capacity of nations and the international system to increase the level of preparedness and improve the methods to respond to global health threats and protect people.

The chronology will capture three dimensions

1. How did the pandemic evolve over time (cases, geographic spread, lives lost)?
2. What advice and recommendations were provided by who and when? Key events?
3. What was the response and what can be said about the evolution of the pandemic?

As well as attention to the global response, the Panel will design a methodology and find a way to capture actions and responses by governments. By taking a multi cross-country perspective it will be able to better understand what happened when, why, and with what impact. It will examine the determinants of response action. Both positive experiences as well as challenges and shortcomings should be captured.

In addition, the Independent Panel will also explore the contextual factors influencing the global response; the design of current systems and preparedness frameworks; WHO's role and timing in implementing its core functions (e.g. capacity building, support, knowledge and stewardship); and the role of international organisations and their actions at the different stages of the process.

2.1 The impact and epidemiology

This section will look at how long it took to describe, report and make use of the clinical, genomic and epidemiological features of this novel respiratory virus — and what more could have been done to improve this.

This section will also analyse the global cases and deaths data by date, and the main routes and mechanisms of the global spread. The number of cases reported to WHO are likely underestimating the disease's spread, and there are many attempts and different approaches to estimate the real number of infections.

Box 2: Potential questions the Independent Panel will consider

1. What is the detailed and authoritative chronology of the COVID-19 events and response to date?
2. How did the pandemic evolve over time in terms of cases, deaths and indirect health impacts – the epidemiology?
3. What has been different with the COVID-19 pandemic? Why did it become a global pandemic?
4. How well did the present international systems work for the sharing of correct, timely and relevant data and information?
5. What can we say about the impact on people's health at large – in addition to the direct impacts from COVID-19? (e.g. postponed vaccination, mental health, reduced access to SRHR and services, long-term effects of COVID-19).

Methods

1. Establish a structure and methodology for the chronology including review of similar work already done
2. Review the published clinical scientific literature and grey literature on the science of the virus
3. Review findings from active studies — published or held by the OIE/FAO/WHO Origins group — on the zoonotic origins / surveillance of the virus
4. Review the evidence on the main sources of transmission of the initial outbreaks
5. Review and map out the data countries shared with WHO on cases and deaths
6. Review understanding of the epidemic based on other information beyond reported cases and deaths (e.g. false positives/negatives, seropositivity, overall death rates/excess mortality)
7. Examine how the pandemic, and the measures taken to respond to the pandemic, influenced other impacts on health and deaths
8. Establish and consult epidemiology expert group

2.2 Recommendations made

This section will review the recommendations and actions by WHO and prioritize these in relation to the ToR, focusing on those with transnational consequences, e.g. travel restrictions, providing an overview of the functioning of the IHR during the pandemic and review the recommendations from other regional bodies (especially WHO regional offices and other international organizations such as African CDC, African Union, European Union, ECDC etc.).

The panel will review the recommendations of the WHO against the timeline and the underlying evidence available at that time. The panel will do this through engagement with the WHO secretariat (incl. review of documents), WHO Regional Offices, the IHR Review Committee and Independent Oversight and Advisory Committee for the WHO's Emergency Programme (IOAC). The panel will also

consider and/or include information and evidence from external resources like international organizations involved in the COVID19-response interacting with WHO and its Member states.

Box 3: Potential questions the Independent Panel will consider

1. How has the scientific evidence been adopted and used throughout this process? What was the role of WHO in informing strategies?
2. What was the role of WHO in evidence curation and convening, as well as in the implementation of the International Health Regulations (IHR)? How did the IHR functions and modalities work during the initial phase?
3. What was the process and timeline for the declaration of a Public Health Emergency of International Concern (PHEIC) and that of a Pandemic?
4. How did national and international actors respond at the different stages?

Methods

1. Review of files and records from WHO and other relevant institutions
2. Prioritize a set of 5-10 WHO recommendations to analyse deeply
3. Collaborate with IHR Review Committee & IOAC, keep track of their progress and benefit from their results

2.3 Responses implemented

This section will explore the strategies that the international community and governments (at national and sub-national level) have developed and implemented to sustain the response in view of the evolving knowledge about the epidemiology, the ways of transmission and the clinical presentation of the virus. These include strategies for managing the outbreak and its evolution over time, the role of experts and how scientific evidence has been used to make decisions. The Panel will consider the merits of different frameworks proposed to manage the response.

Box 4: Potential questions the Independent Panel will consider

1. How did the countries respond to the recommendations by WHO? How did they react to the PHEIC?
2. Why did some countries not adhere to IHR? Why did they not report to WHO? What did WHO do when the response was not forthcoming? Did WHO have the authority?
3. How were global, national and subnational strategies defined and how did the strategies for limiting and containing the outbreak evolve over time?
4. What has been the adaptability and evolution of strategies, in terms of their impact and adjustments that are required based on new evidence?
5. How did the balance between high-quality evidence, timeliness and the precautionary principle play out?

Methods

1. Desk review of on-going and/or concluded reviews and report by similar relevant panels, commissions or academic institutions.
2. Country case studies
3. Expert hearing/mini workshop

Theme 3: Understand the Impacts

The panel will provide some analysis and perspectives on the impacts of COVID-19 in relation to health systems, communities, communications and information sharing as well as the wider societal and economic effects.

3.1 How health systems have coped

This section will address the lessons to be learnt from different national responses, including from those countries that mounted a very early response and those whose full-scale response came later. We will establish an understanding of the factors that helped some health systems cope better than others, including the importance of health system resilience.

The core dimensions of health system resilience at national and subnational levels during outbreaks will be examined and how responses have been coordinated (or not) between different levels. Critical functions identified in health system responses include leadership and governance, public health measures for containment of outbreaks, financing, service delivery, human resources, health communication, health information systems, and access to essential supplies and medicines.

In addition to direct healthcare services, the Independent Panel will consider health system activities beyond those routinely considered in understanding the response such as social and community care, elderly care as well as access to healthy physical and food environments.

Box 5: Potential questions the Independent Panel will consider

1. How have health systems managed to cope with the burden of extra needs and with sustaining essential and other health services? What have been the determinants of resilience? In what way did Member states and / or WHO support the sharing of best practices and of further knowledge?
2. How did health workers cope, and what strategies best supported them?
3. How important have logistics and procurement issues been? What were the dynamics in coordinating the access to key medical products like PPE, tests, oxygen and the development of vaccines – how did these vary by region and income level of country?
4. How can we learn from the work and structures for effective access to medicines, treatments, vaccines, and diagnostics? How was R&D linked to production and access? How was the coordination been done? Lessons for the future?

Methods

1. Desk review of on-going and/or concluded reviews and report by similar relevant panels, commissions or academic institutions.
2. Interviews with key stakeholders
3. Case studies

3.2 Communities and communication

For societies to reopen safely, communities must be fully engaged and empowered to protect themselves from the virus and the impact of the crisis, especially the most vulnerable populations. This pandemic has created an opportunity to rethink health systems, embedding a people-centred approach on all levels. Moving forward, understanding the diversity of communities and what they value and want from a health system is key, but this will not happen unless they are encouraged and enabled to become active partners. It is also crucial to understand the role of public health communication, risk communication and the “infodemic” related to this pandemic, in shaping the response and building the trust of patients, health-care professionals, and society as a whole.

This section will explore how health communication and the “infodemic” influenced public trust; how social media shaped the information environment; the role of communities in the response and in national health systems; how to strengthen trust in institutions and values among and between people; how to strengthen community involvement in research and policy-making and the potential for co-production of policy responses; how to create opportunities and overcome barriers to meaningful engagement by the community; how did WHO’s communication impact the pandemic; and how can the community be better involved in risk communication.

Box 6: Potential questions the Independent Panel will consider

1. How was information communicated, when and by whom? What factors led to trust in the messages or lack of trust and misinformation? Were there issues of incoherent communication by authorities, including WHO?
2. How did the ‘infodemic’ grow in social media (and other places) and how was this managed?
3. What are existing gaps and strategies for strengthen trust in institutions and values among and between people?
4. What are examples of the roles of communities in the response (e.g. access to information, health literacy, surveillance, active case finding, education, behavior change, supportive isolation)?
5. How can we best involve community groups in health promotion and risk communication strategies (e.g. youth, elderly, minorities)?

Methods

1. Desk review of on-going and/or concluded reviews and reports
2. In-depth interviews
3. Web surveys including of the general public
4. Focus groups and mini symposia with journalists, social media companies, experts

3.3 Wider societal and economic impact

To address the pandemic, governments have adopted measures to restrict social interactions, which has led to an economic crisis. Governments have adopted economic rescue packages, intended to help to mitigate the present situation, but the COVID-19 crisis will still result in longer term health, social, and economic impacts. These include higher unemployment, poverty, an increase in domestic violence, educational inequalities, food insecurity, growing gaps between the rich and poor, social disruption, access to health services in general and growing mental health issues related to economic insecurity and isolation.

In this section the Independent Panel will explore the immediate and long-term indirect economic and societal effects as important dimensions for the understanding of the international health response. The availability of tools to help decision makers to navigate social and economic protection measures and address any trade-offs required will be examined. The focus of the work of the Independent Panel for this part of the program of work will be from a health and pandemic preparedness and response perspective.

Box 7: Potential questions the Independent Panel will consider

1. What are the societal and economic consequences of the pandemic—e.g. education, domestic violence, food security, aged care? Which groups of society have especially been affected (e.g. depending on age/generations, gender, ethnicity, regional dimensions, citizenship status)? How can we predict, quantify and mitigate these impacts?
2. How can desired direct impacts of control measures be balanced by avoiding potential negative indirect effects on people's health at large?
3. What has been the economic cost of the immediate response as well as the long-term financial consequences? What have been solutions to avoid those? How can economic mitigation measures be tailored to support epidemic control and avoid unintended consequences?
4. Has access to financial resources been a constraint? National and subnational resources? International resources? Did responses vary by economic level of a country? If so, how?

Methods

1. Desk review of reviews and report by relevant panels, commissions or academic institutions.
2. Expert hearings (incl. IMF, WB, OECD and UNDP)
3. Commissioning papers on specific areas (social, economic impacts) or impacts on vulnerable groups.

Theme 4: Change for the Future

An analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response

This theme will focus on how to improve the international system's capacity for global pandemic prevention, preparedness and response, including WHO and the WHO Health Emergencies Programme. The Panel will explore how organizations could have worked better; how greater accountability and transparency could be encouraged; whether new institutions and co-ordination mechanisms are needed; and how renewed leadership promoting gender equality, ethnic diversity and mechanisms to safeguard equity could be promoted.

4.1 The World Health Organization

This section will closely examine WHO's role, functions and performance in relation to COVID-19. It will assess the 'value proposition' of WHO across the world and among all stakeholders, paying close attention to the actions of WHO on all levels of the organization. It will consider not only WHO as it is currently mandated, but also the ways in which the international institutional architecture as a whole can best serve pandemic preparedness and response and the role of WHO in that system.

Box 8: Potential questions the Independent Panel will consider

1. What is the 'value proposition' of WHO across the world and among stakeholders? With regard to pandemics, what should fall within WHO's mandate and what should not?
2. What have been the functions and modalities of WHO – at the sub-national, country, sub-national, regional and headquarter levels - and how have WHO's different organizational levels (HQ, Regional and Country offices) responded and performed?
3. What can be said specifically about the World Health Organization Emergency (WHE) programme and how it has evolved over time?
4. What has been WHO's role within the UN-system at large? In what way were other UN agencies involved in the response to COVID-19? How did they interact with WHO?
5. What has been the financial situation of the organization? How has the structure of the financing impacted the work of WHO and its health emergencies program?
6. What has been the role of the Governing bodies during this time?
7. Were there any specific influences on WHO to know and to act with respect to its role and function?

Methods

1. Desk review of on-going and/or concluded reviews and reports.
2. Reviews of WHO reports and documentations; if possible unpublished documents by MS on WHO interactions
3. In-depth interviews with key stakeholders (WHO, other international organisations, civil society and Member States)
4. Mini-symposium and webinar

4.2 The International system

This section of the work will focus on an analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response. It will encompass the actions of global institutions, and in particular WHO, and also the actions of states in the way they need to address their obligations under the International Health Regulations. It may address the ways in which the health architecture relates to other aspects of the global system, for example in social and economic development, humanitarian response and disaster preparedness, as well as capturing lessons from initiatives such as the Global Health Security Agenda.

Overall, the Independent Panel will explore if the system(s) is/are fit for purpose now and in the future, and what reforms, funding, new structures, and rules are needed. It could examine the ways in which governments find ways to commit to common interests without compromising their sovereignty in other areas of security (such as arms control, weapons inspection, human rights) and the potential applicability to pandemic preparedness and response of instruments for mutual accountability in other spheres (treaties, conventions, universal periodic review, IMF Title IV measures etc.).

Box 9: Potential questions the Independent Panel will consider

1. What does the current international system for pandemic preparedness and response look like? Where has it been most challenged to meet the needs of the COVID-19 pandemic?
2. How effective and efficient has international and regional coordination been?
3. What is the future vision for a strengthened international system “ideally” equipped for pandemic preparedness and response?
4. What are some possible pathways for change? What are their strengths and weaknesses? Who would be the owners of change, what are their timescales for completion, and what financial and human resources would they need?
5. Is there a need for a treaty or framework on “Pandemic Preparedness and Response” or Global Health Security”?
6. How do voices from the South, and from local civil society organizations ensure they are heard at global level? How can we promote strong and renewed leadership promoting gender equality, human rights, ethnic diversity and safeguarding mechanisms?

Methods

1. Desk review of reviews and report by relevant panels, commissions or academic institutions.
2. Mini symposium on the global system and potential needs for reform.
3. Continued work including in-depth interviews
4. Follow-up symposium

Engagement and Outreach

Scheduled engagements with **governments (Member States)** for briefings including through WHO Governing Bodies.

Who?	How?	When?
WHO Executive Board	Briefing and discussion with EB members and other WHO Member States, Civil Society	<ul style="list-style-type: none"> • 5-6 October 2020 • 18-26 January 2021
World Health Assembly	Briefing and discussion with EB members and other WHO Member States, Civil Society	<ul style="list-style-type: none"> • 9-14 November 2020 • 24 May- 1 June 2021
Member States	Individually and with Regional Groups	<ul style="list-style-type: none"> • Ongoing

Engagement with other **structures and panels** with similar goals & objectives

Who?	How?	When?
Independent Oversight and Advisory Committee (IOAC)	Co-Chair exchange	<ul style="list-style-type: none"> • 3 October and on regular basis
International Health Regulations (IHR) Review Committee	Co-Chair exchange	<ul style="list-style-type: none"> • 3 October and on regular basis
Global Preparedness Monitoring Board (GPMB)	Co-Chair exchange	<ul style="list-style-type: none"> • 16 September and on regular basis

Outreach to and specific consultations with **member states, civil society, youth networks, academia, the private sector and the general public.**

Who?	How?	When?
Members States, civil society, the private sector youth networks and academia	Target call for inputs (suggestions, perspectives and experiences) through the web site to be posted on the web site	<ul style="list-style-type: none"> • Oct-Nov
Civil society and Youth Networks	Consultations	<ul style="list-style-type: none"> • Nov-Dec
The general public	Web-based survey	<ul style="list-style-type: none"> • Nov-Dec

Timelines

<p>20-21 October 12.00-14.30</p>	<p>2nd meeting of the Independent Panel</p> <ul style="list-style-type: none"> • The revised Program of Work • Review and first discussion on: <ol style="list-style-type: none"> 1. Suggested approach to the chronology on what happened when, what recommendations were made, and how WHO and key actors responded 2. National response implemented suggestions for methodology for country studies 3. The international system 4. The World Health Organisation – suggested questions and methods
<p>9-14 November</p>	<p>Presentation of first progress report for the continued World Health Assembly</p>
<p>8-9 December 12.00-14.30</p>	<p>3rd meeting of the Independent Panel</p> <ul style="list-style-type: none"> • Follow up discussion on <ol style="list-style-type: none"> 1. The chronology and reviewing the present • Presentation based on background paper and discussions of <ol style="list-style-type: none"> 2. Building on the past • Review and first discussion relating to <ol style="list-style-type: none"> 3. How health systems coped • Discussion on the outline of the interim report
<p>18-26 January</p>	<p>Presentation of the interim report for the WHO Executive Board</p>
<p>9-10 February 12.00-14.30</p>	<p>4th meeting of the Independent Panel</p> <ul style="list-style-type: none"> • Follow up discussion on <ol style="list-style-type: none"> 1. The World Health Organisation 2. The international system • Review and first discussion relating to <ol style="list-style-type: none"> 1. Communities and information 2. Societal and economic impact • Discussion on the outline of the May report
<p>6-7 April 12.00 -14.30</p>	<p>5th meeting of the Independent Panel</p> <p>Review of draft May report</p>
<p>24 May – 1 June</p>	<p>Presentation of May report to the World Health Assembly</p>