



From Recommendations to Political Decisions and Implementation

The Independent Panel launched its report on 12 May 2021 and presented its findings and recommendations to the World Health Assembly on 25 May.

The Panel presented a package of recommendations both for immediate actions to end this pandemic and for the urgent reset of the international system for pandemic preparedness and response. The recommendations are targeted decisions by National Governments, the World Health Assembly, the WHO Director-General, the UN General Assembly and other international partners and bodies. This paper presents the panels recommendations in the format of who needs to do what when.



In order to ensure implementation of the Panel’s recommendations the momentum for decision making must be maintained and nurtured.

Who needs to take decisions on which recommendation when?

1. National Governments

Action	When
Apply non-pharmaceutical public health measures systematically and rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit strategy agreed at the highest level of government to curb COVID-19 transmission.	Immediately
All national governments to update their national preparedness plans against the targets and benchmarks set by WHO within six months , ensuring that whole-of-government and whole-of-society coordination is in place and that there are appropriate and relevant skills, logistics, and funding available to cope with future health crises.	Within 6 months
Head of States and Government to appoint national pandemic coordinators accountable to the highest levels of government with the mandate to drive whole-of-government coordination for both preparedness and response.	Short-term
Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	Short-term
Ensure technology transfer and commitment to voluntary licensing are included in all agreements where public funding invested in research and development.	Medium-term
Ensure that national and subnational public health institutions have multidisciplinary capacities and multisectoral reach and the engagement of the private sector and civil society. Evidence-based decision-making should draw on inputs from across society.	Medium-term
Conduct multi-sectoral active simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning, and accountability, and establish independent, impartial, and regular evaluation mechanisms.	Medium-term
Strengthen the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.	Medium-term

2. The World Health Organization (The Executive Board and World Health Assembly)

Action	When
Establish WHO's financial independence, based on fully unearmarked resources, increase Member States fees to 2/3 of the budget for the WHO base programme and have an organized replenishment process for the remainder of the budget.	WHA75 (2022)
Strengthen the authority and independence of the Director-General , including by having a single term of office of seven years with no option for re-election . The same rule should be adopted for Regional Directors .	WHA75 (2022)
Strengthen the governance capacity of the Executive Board, including by establishing a Standing Committee for Emergencies .	WHA75 (2022)
Focus WHO's mandate on normative, policy, and technical guidance , including supporting countries to build capacity for pandemic preparedness and response and for resilient and equitable health systems.	WHA75 (2022)
Empower WHO to take a leading, convening, and coordinating role in operational aspects of an emergency response to a pandemic, without, in most circumstances, taking on responsibility for procurement and supplies , while ensuring other key functions of WHO do not suffer including providing technical advice and support in operational settings.	WHA75 (2022)
Adopt a Pandemic Framework Convention within the next 6 months , using the powers under Article 19 of the WHO Constitution, and complementary to the IHR, to be facilitated by WHO and with the clear involvement of the highest levels of government, scientific experts and civil society.	Within 6 months
WHO to be given the explicit authority by the World Health Assembly to publish information about outbreaks with pandemic potential on an immediate basis without requiring the prior approval of national governments.	WHA74 (2021)
WHO to be empowered by the World Health Assembly to investigate pathogen with pandemic potential in all countries with short-notice access to relevant sites, provision of samples, and standing multi-entry visas for international epidemic experts to outbreak locations.	WHA74 (2021)
Future declarations of a PHEIC by the WHO Director-General should be based on the precautionary principle, where warranted, as in the case of respiratory infections. PHEIC declarations should be based on clear, objective and published criteria . On the same day a PHEIC is declared, WHO must provide countries with clear guidance on what action should be taken and by whom to contain the health threat .	WHA75 (2022)
WHO to set new and measurable targets and benchmarks for pandemic preparedness and response capacities	Q3-4 2021

WHO to formalize universal periodic peer reviews of national pandemic preparedness and response capacities against the targets set by WHO as a means of accountability and learning between countries.	Q4 2021
---	---------

3. The World Health Organization (The Secretariat)

Action	When
WHO to develop immediately a road map for the short-term and within three months scenarios for the medium- and long-term response to COVID-19, with clear goals, targets and milestones to guide and monitor the implementation of country and global efforts towards ending the COVID-19 pandemic.	Immediately
WHO to establish a new global system for surveillance based on full transparency by all parties, using state-of-the-art digital tools to connect information centres around the world and include animal and environmental health surveillance, with appropriate protections of people's rights.	Q4 2021
Resource and equip WHO Country Offices sufficiently to respond to technical requests from national governments to support pandemic preparedness and response, including support to build resilient health systems, UHC and healthier populations.	Immediately
Prioritize the quality and performance of staff at each WHO level, and de-politicize recruitment (especially at senior levels) by adhering to criteria of merit and relevant competencies.	Short-term

4. United Nations General Assembly

Action	When
<p>Adopt a political declaration by Heads of State and Government at a global summit under the auspices of the UN General Assembly as a Special Session convened for the purpose and committing to transforming pandemic preparedness and response in line with the recommendations made in this report.</p>	<p>Q4 2021 (UNGA Special Session)</p>
<p>Establish a Global Health Threats Council. The membership should be endorsed by a UN General Assembly resolution (see below recommendations for a Special Session of the UNGA). The Council should be led at Head of State and Government level and the membership should include state and relevant non-State actors, ensuring equitable regional, gender and generational representation, with the following functions;</p> <ul style="list-style-type: none"> • maintain political commitment to pandemic preparedness between emergencies and to response during emergencies; • ensure maximum complementarity, co-operation and collective action across the international system at all levels; • monitor progress towards the goals and targets set by the WHO, as well as against potentially new scientific evidence and international legal frameworks, and report on a regular basis to the United Nations General Assembly and the World Health Assembly; • guide the allocation of resources by the proposed new finance modality according to an ability to pay formula; • hold actors accountable including through peer recognition and/or scrutiny and the publishing of analytical progress status reports. 	<p>Q4 2021 (UNGA Special Session)</p>

5. International Monetary Fund (IMF)

Action	When
<p>As part of the Article IV consultation with member countries, the IMF should routinely include a pandemic preparedness assessment, including an evaluation of the economic policy response plans. The IMF should consider the public health policy evaluations undertaken by other organizations. Five-yearly Pandemic Preparedness Assessment Programs should also be instituted in each member country, in the same spirit as the Financial Sector Assessment Programs, jointly conducted by the IMF and the World Bank.</p>	<p>Q3-4 2021</p>

6. G7, G20, National Governments of high-income countries, foundations

Action	When
High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 low and middle income countries of the Gavi COVAX Advance Market Commitment, at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX and other coordinated mechanisms.	Immediately
G7 / G20 countries to commit to providing 60% of the US\$ 19 billion required for ACT-A in 2021 for vaccines , diagnostics, therapeutics and strengthening health systems with the remainder being mobilized from others in the G20 and other higher income countries. A formula based on ability to pay should be adopted for predictable sustainable, and equitable financing of such global public goods on an ongoing basis.	Immediately
<p>Create an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and for rapid surge financing for response in the event of a pandemic.</p> <ul style="list-style-type: none"> The facility should have the capacity to mobilize long-term (10-15 year) contributions of approximately US\$5-10 billion per annum to finance ongoing preparedness functions. It will have the ability to disburse up to US\$50-100 billion at short notice by front loading future commitments in the event of a pandemic declaration. The resources should fill gaps in funding for global public goods at national, regional and global level in order to ensure comprehensive pandemic preparedness and response. There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-ODA budget lines and additional to established ODA budget levels. The Global Health Threats Council will have the task of allocating and monitoring funding from this instrument to existing institutions, which can support development of pandemic preparedness and response capacities. Funding for preparedness could be pre-allocated according to function and institution. Surge financing for response in the event of a new pandemic declaration should be guided by prearranged response plans for the most likely scenarios, though flexibility would be retained to adapt based on the threat. The Secretariat for the facility should be a very lean structure, with a focus on working with and through existing global and regional organizations. 	Before the end of the year

7. ACT-A Facilitation Council

Action	When
<p>Transform the current ACT-A into a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods. Governance to include representatives of countries across income levels and regions, civil society, and the private sector. R&D and all other relevant processes to be driven by a goal and strategy to achieve equitable and effective access.</p>	Medium-term

8. WTO and WHO

Action	When
<p>WTO and WHO to convene major vaccine producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines (including through the Medicines Patent Pool (MPP)). If actions do not occur within 3 months, a waiver of TRIPS intellectual property rights should come into force immediately.</p>	Immediately

9. National governments / WHO / IFIs / regional institutions / private sector

Action	When
<p>Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials:</p> <ul style="list-style-type: none"> • based on plans jointly developed by WHO, regional institutions, and the private sector, • with commitments and processes for technology transfer, including to and among larger manufacturing hubs in each region, • supported financially by International Financial Institutions and Regional Development Banks and other public and private financing organizations. 	Medium-term