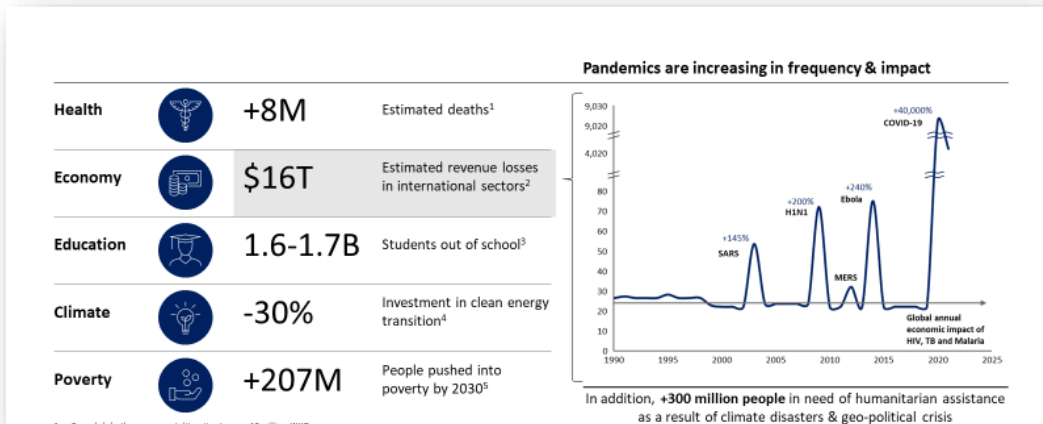


Strengthening Health Emergency Preparedness, Response and Resilience (HEPR)

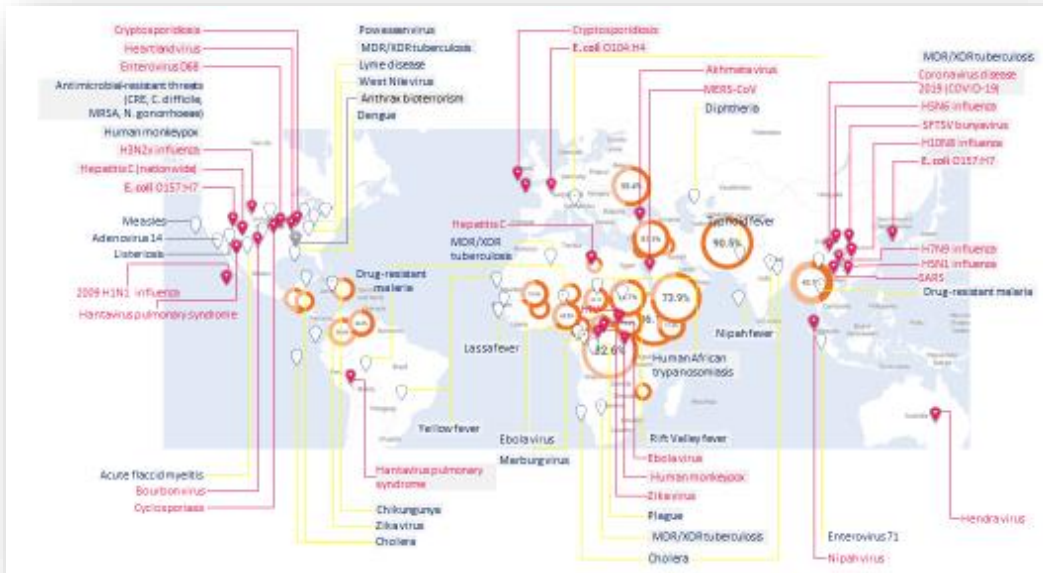
Briefing deck
15th March 2023

The overall lesson from COVID-19 is clear – countries are not prepared but we can't wait for the next pandemic

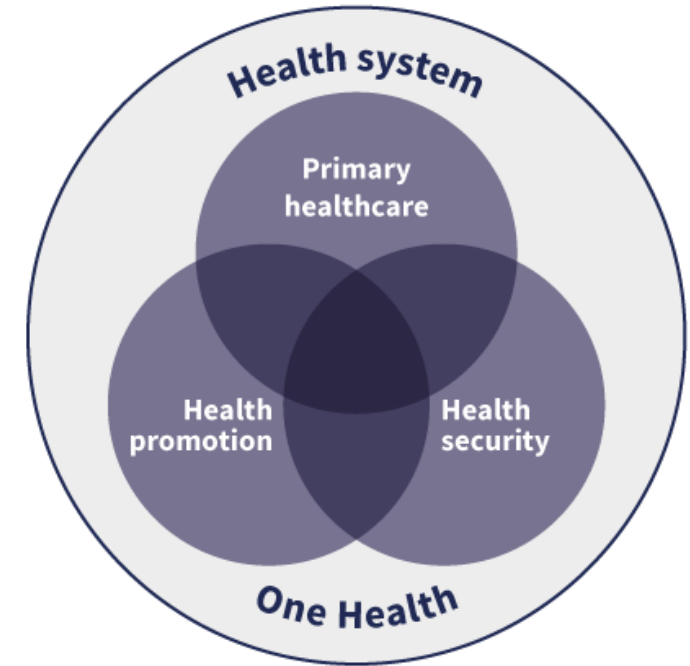
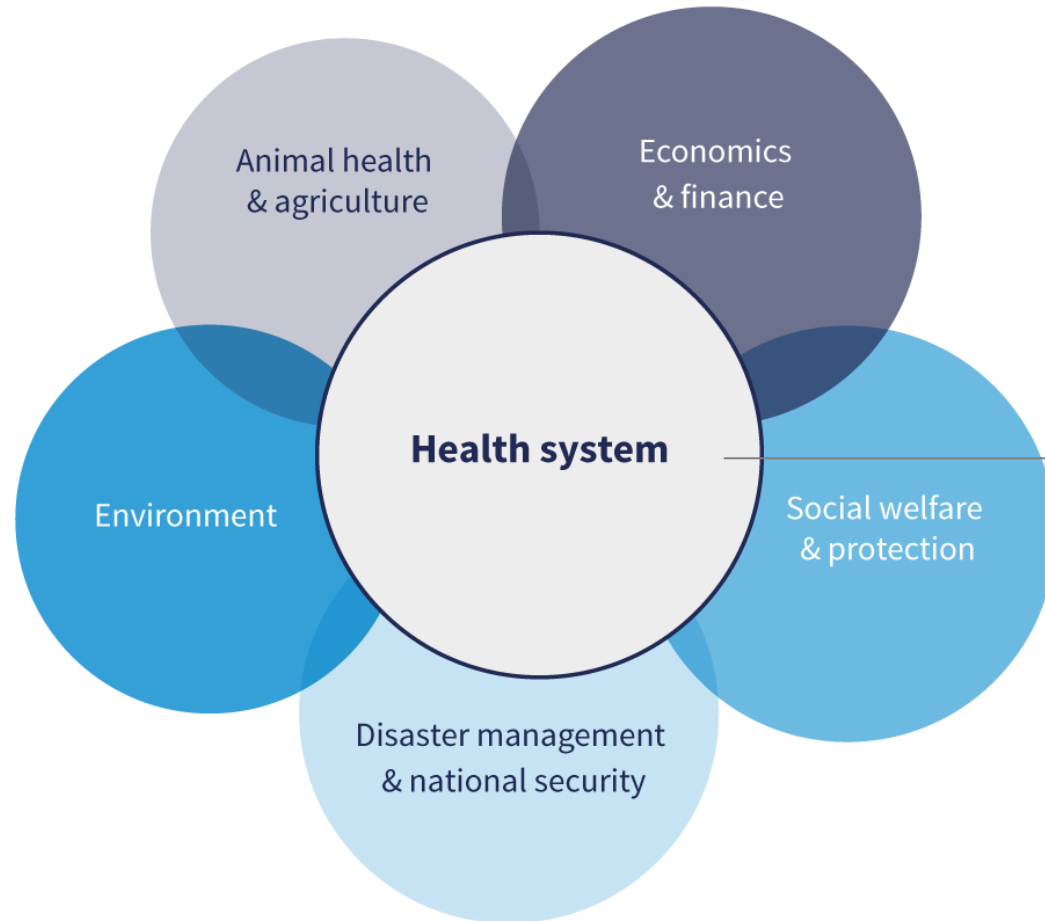


Multi-dimensional / multi-year crises are already a reality

- Currently **50 graded emergencies** (5 grade 1, 32 grade 2 and 13 grade 3)
- More than **340 million people** in need of humanitarian assistance
- **Doubling of meteorological related health emergencies in the last year**
- **60%** of preventable maternal deaths, **55%** of deaths in children younger than 5 years and **80%** of major epidemics occur in **fragile and vulnerable settings**



Essential public health functions embedded in agile health systems, engaging all sectors and all of society



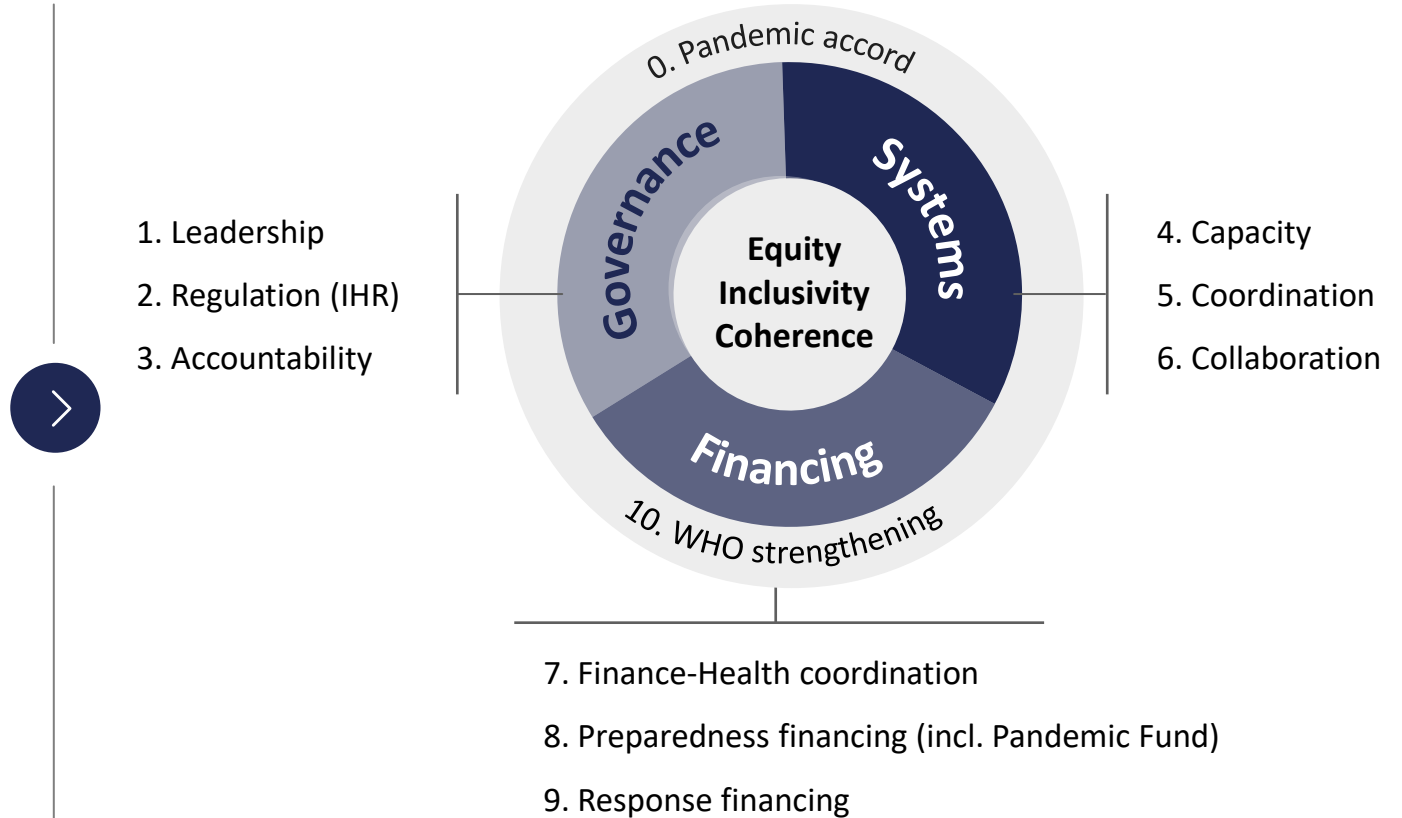
Integrated public health capability embedded in primary health systems

Strengthening Health Emergency Preparedness, Response & Resilience (HEPR)

Based on independent reviews,
synthesising **+300 recommendations** ...



... **developed in consultation** with Member States & partners, presented at the World Health Assembly May 2022



Governance strengthen leadership, regulation and accountability



Ongoing Member State Negotiations

- Intergovernmental Negotiating Body for Pandemic Accord
- Working Group on Amendments to the IHR (2005)

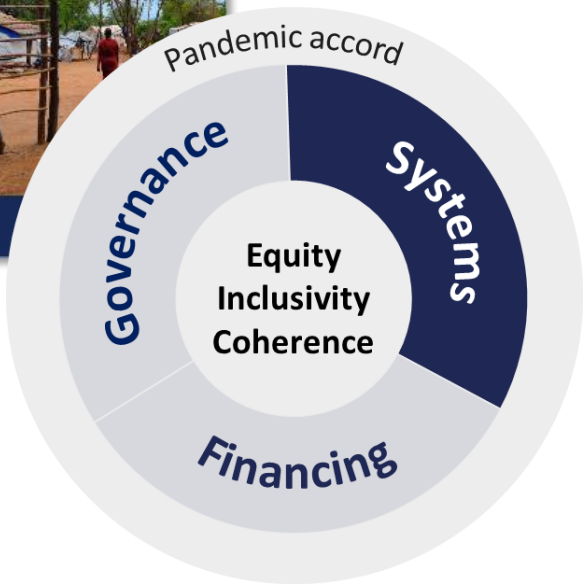
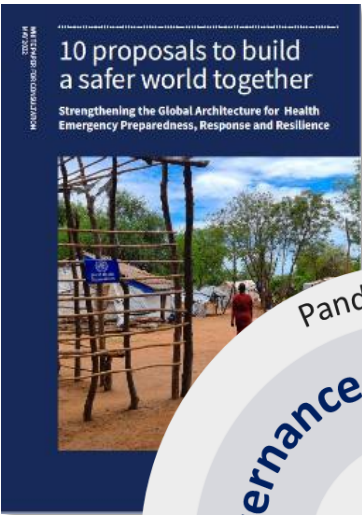
Leadership structures

- Establishment of Standing Committee for Emergencies in WHO Executive Board
- Ongoing discussions on head of state Global Health Emergency/Threats Council in the UNHLM PPR

Accountability mechanisms

- Universal Health & Preparedness Review pilots
- Expert Independent Monitoring (incl. GPMB)

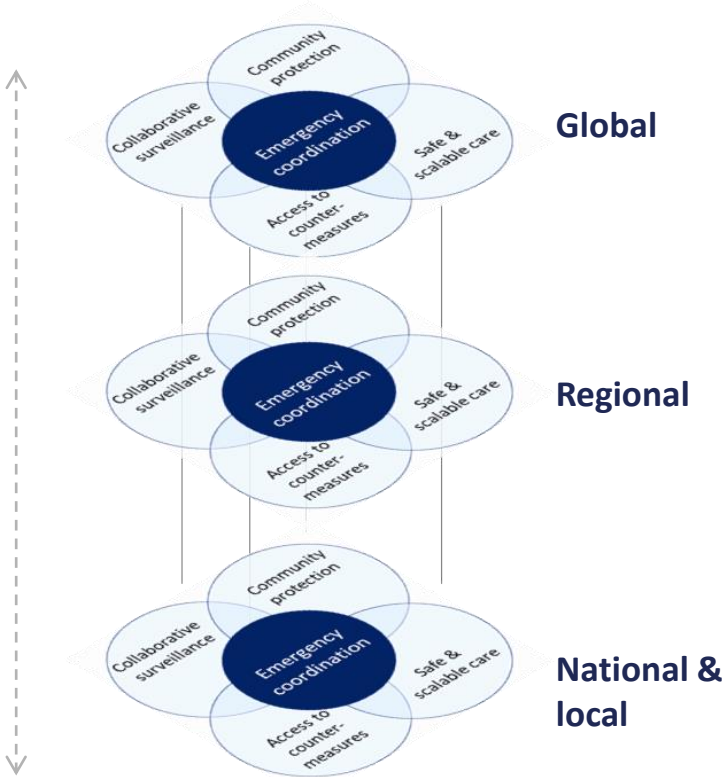
Systems strengthen capacity, coordination and collaboration



Critical core capabilities for health emergency preparedness & response



Connected from local & national to regional & global levels



Collaborative Surveillance | Collaborative data collection, analysis and sharing to inform better decision making and action

Across
Diseases &
Threats,
Sectors, Event
Lifecycle,
Geographies



1.1 Strengthened integrated disease, threat & vulnerability surveillance

Integrated public health, health system, One Health, contextual and community surveillance, with collaborative governance and integration

1.2 Diagnostic and laboratory capacity for pathogen & genomic surveillance

Expanded laboratory capacity including genomics, decentralized testing, risk-based biosafety and biosecurity with integrated lab networks



Better
decisions

1.3 Collaborative approaches for risk assessment, event detection & response monitoring

Scalable architecture for integration, tools for analysis and sharing, integrated data visualization and enhanced networks for collaboration

Community Protection | Community centered preparedness, readiness, response and resilience

2.1 Community engagement & risk communication

Listening to and understanding communities, infodemic management, co-creation messages and interventions with communities



2.2 Population & environmental public health interventions

Prevent/contain zoonotic spillover, vector control, community WASH, public health and social measures and emergency vaccination

2.3 Multisectoral action for social and economic protection

Social welfare and protection, livelihoods and business continuity, continuity of education, food security, mental health



Safe & Scalable Care | Emergency care systems ready to respond rapidly, and to ensure communities have access to quality health services in safe and functional settings

3.1

Scaling clinical care during emergencies

Adaptable and scalable clinical pathways, workforce infrastructure and supply chain

3.2

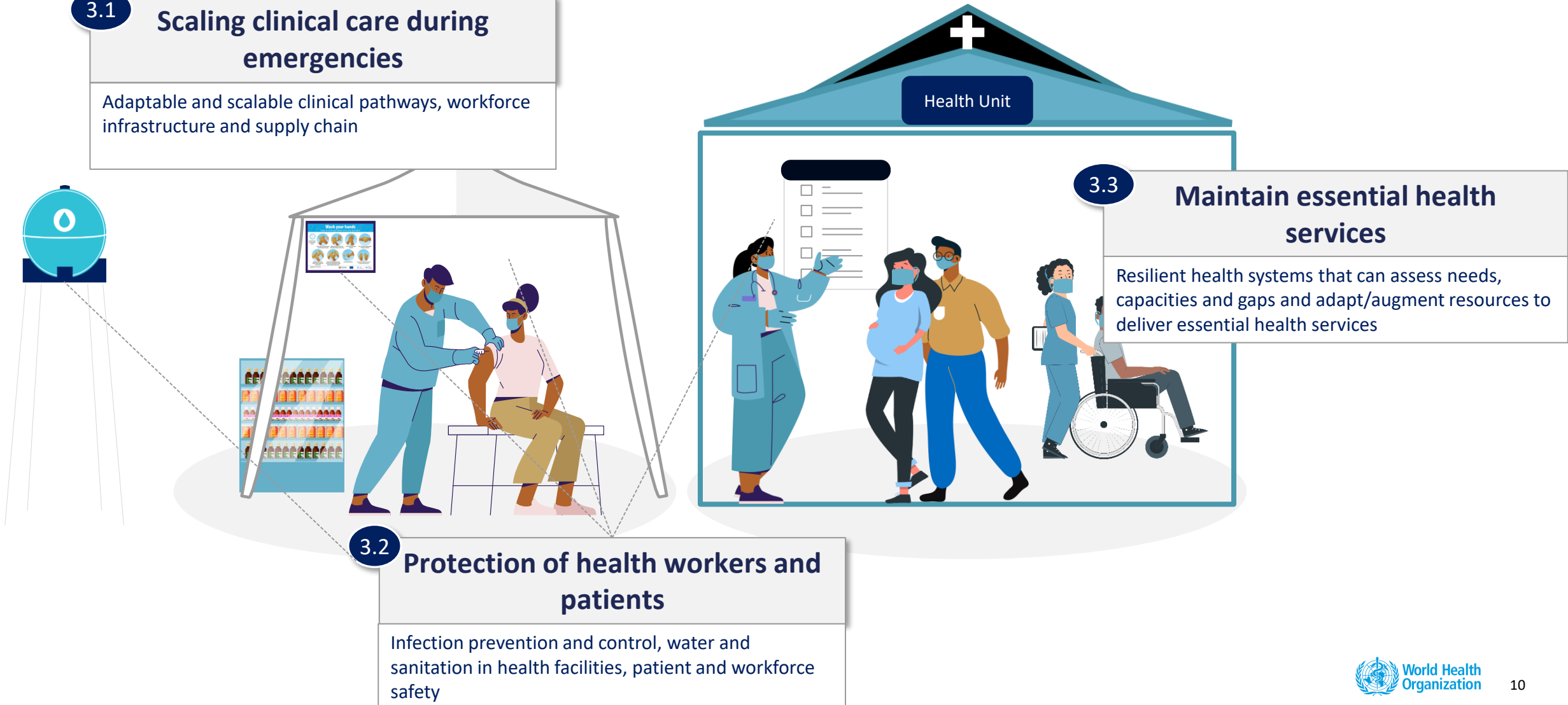
Protection of health workers and patients

Infection prevention and control, water and sanitation in health facilities, patient and workforce safety

3.3

Maintain essential health services

Resilient health systems that can assess needs, capacities and gaps and adapt/augment resources to deliver essential health services

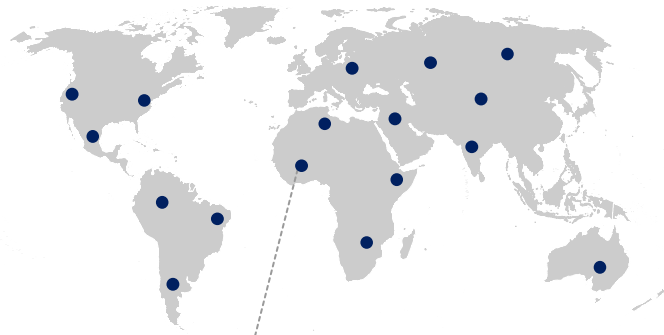


Access to Countermeasures strengthened with fast-tracked R&D, scalable manufacturing and coordinated procurement and supply chain

4.1

Fast-tracked research & development

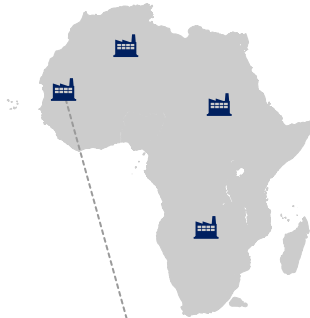
R&D to develop medical countermeasures against priority pathogens



4.2

Scalable manufacturing platforms

Emergency manufacturing capacity in region scaled up to produce countermeasures



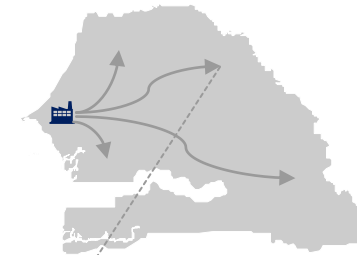
- Dual purpose production of:
- Inter-pandemic products
 - Countermeasures for pandemics / health emergencies



4.3

Coordinated supply chains & emergency distribution

The right countermeasures procured from scalable manufacturing platforms in the right volumes, equitably and timely distributed



Enabled by end-to-end regulatory oversight

Emergency Coordination | Strengthened health emergency preparedness & response capacity & coordination



5.1

Health Emergency Workforce

Essential public health and emergency workforce, dedicated emergency corps, inter-operable surge deployment and connect emergency leadership



5.2

Preparedness, Prevention & Readiness

Capacity, threat and vulnerability assessment, costed action, operational and investment plan, resource mapping and mobilization, monitoring and review

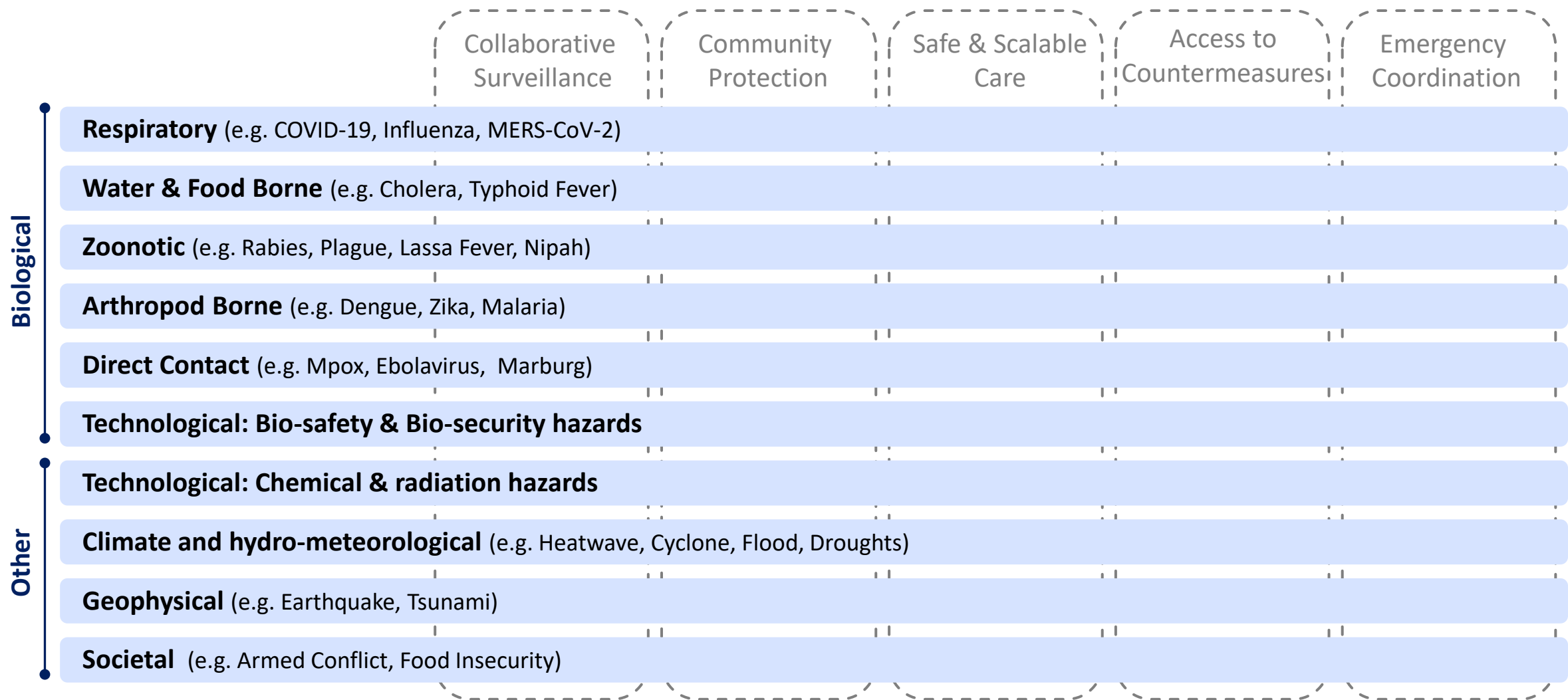
5.3

Alert & Response Coordination

Alert and surge deployment, adaptable coordination and incident management, evidence- based strategies, resourced plans, operational support



The HEPR architecture is ‘all-hazards’, and will enable preparedness, readiness, and response to specific threats (both biological and non-biological)



Current Progress | HEPR capability frameworks and service delivery model

1.1 Capabilities | Integrated disease, threat & vulnerability surveillance

	1.1.1	1.1.2	1.1.3	1.1.4
1.1.1	Strong public health surveillance	Health system surveillance including capacity, access, and usage monitoring	Contextual, Community and One Health Insights	Collaboration: governance, innovation and integration

1.2 Capabilities | Diagnostic and laboratory capacity for effective pathogen & genomic surveillance

	 1.2.1	 1.2.2	 1.2.3	 1.2.4
1.2. Capabilities	Decentralized testing capabilities at or near the point of care	Expanded laboratory capacity and collaboration, including genomics	Risk-based biosafety and biosecurity practices to manage biorisk	Integrated laboratory networks, including data and sample sharing

1.3 Capabilities | Collaborative approaches for risk assessment, event detection & response monitoring

LI capabilities	LI capabilities			
	1.3.1	1.3.2	1.3.3	1.3.4
	Scalable architecture for integration	Tools for data collection, analysis, and sharing	Information and data visualization for interpretation	Networks for enhanced information sharing and collaboration

- 3.1.1.1 Integrated modern infrastructure across national public health delivery bodies (e.g., national surveillance hub managed by national public health agencies)
- 3.1.1.2 Scalable, distributed and evolving technical interfaces for secure data linkage, integration, and intelligence sharing between systems
- 3.1.1.3 Established norms and standards on data quality that are routinely applied with clearly derived benefits for all levels (becoming standard practice)
- 3.1.1.4 Developed focal points [nodes] for intelligence sharing between cross-sectoral partners to triangulate findings from different data sources as emergencies unfold

- 1.3.2.1 A global collaborative agenda to continuously inform the development of analytical and modelling tools, based upon national and local needs
- 1.3.2.2 A global 'marketplace' of tools available to countries and adaptable to various contexts
- 1.3.2.3 Technical support for countries to build, customize or adapt, and use advanced analytical tools

1.3.3.1 Analytics capacity, integrating contextual understanding and insights from modelling for strengthened risk assessment, with resources and intelligence shared and feedback mechanisms

1.3.3.2 Real-time interfaces and dashboards, incorporating insights drawn from collaborative surveillance, leveraged for decision making

1.3.3.3 Access for policy makers and public to cross-sectoral data sources, tailored to target audiences and the national or local context, to generate actionable insights

1.3.3.4 Open communication, with surveillance outputs routinely published, complemented by mechanisms established to leverage intelligence for mutual benefit and coordinated action

1.3.4.1 National network across sectors, organizations, and fields of expertise to build strong relationships, establish necessary protocols to share data, information, intelligence and capacities in a timely manner, and leverage synergies

1.3.4.2 Regional and global platforms to define longer-term objectives and a shared agenda for global surveillance networks, supporting knowledge exchange, and building trust within the community

Community Worker

1. Overview

- This session will take place on day 2, 15 March, in the morning, from 9:55 to 12:30
- It will be preceded by a general presentation on the HEPR framework and the “5Cs”

2. Responsibilities

Primary Health Care Center

1. Overview

- This session will take place on day 2, 15 March, in the morning, from 9:55 to 12:30
- It will be preceded by a general presentation on the HEPR framework and the “5Cs”

2. Responsibilities

District Health Office

1. Overview

- This session will take place on day 2, 15 March, in the morning, from 9:55 to 12:30
- It will be preceded by a general presentation on the HEPR framework and the “5Cs”

2. Responsibilities

The image displays two screenshots of a software interface, likely a database or data management system, showing tables for 'Causing and/or effects' and 'Output'.

Top Screenshot: Causing and/or effects

	A	B	C	D	E	F	G	H
Causing and/or effects								
Country								
Institutions								
Costs								

Bottom Screenshot: Output

	A	B	C	D	E	F	G	H
Output								
Country								
Institutions								
Costs								

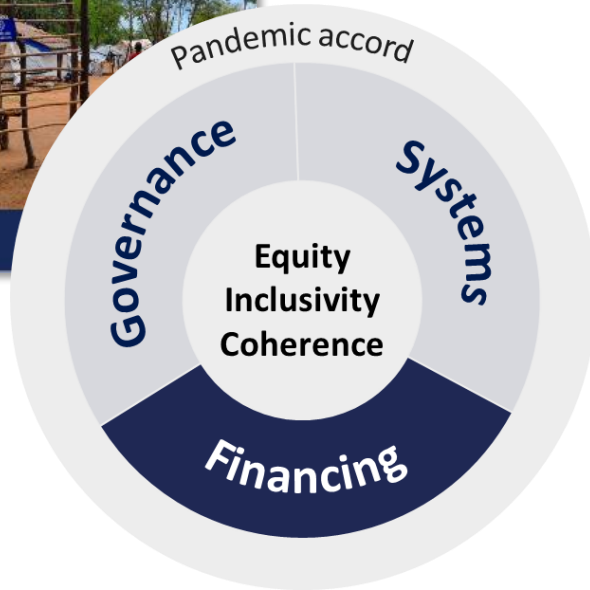
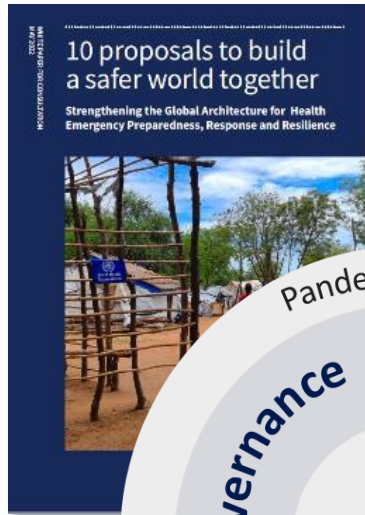
Both screenshots include a yellow box with the text: "Note the local conditions for".

HEPR capability framework for each subsystem with threat specific capabilities

Terms of reference for each level of service delivery with costing models

Financing Preparedness

Finance predictable, scalable and sustainable financing for prepared and response



G20 health and finance taskforce

- WHO and World Bank estimated annual preparedness financing needs (USD 30bn) with significant financing gap (USD 8bn)



Established Pandemic Fund

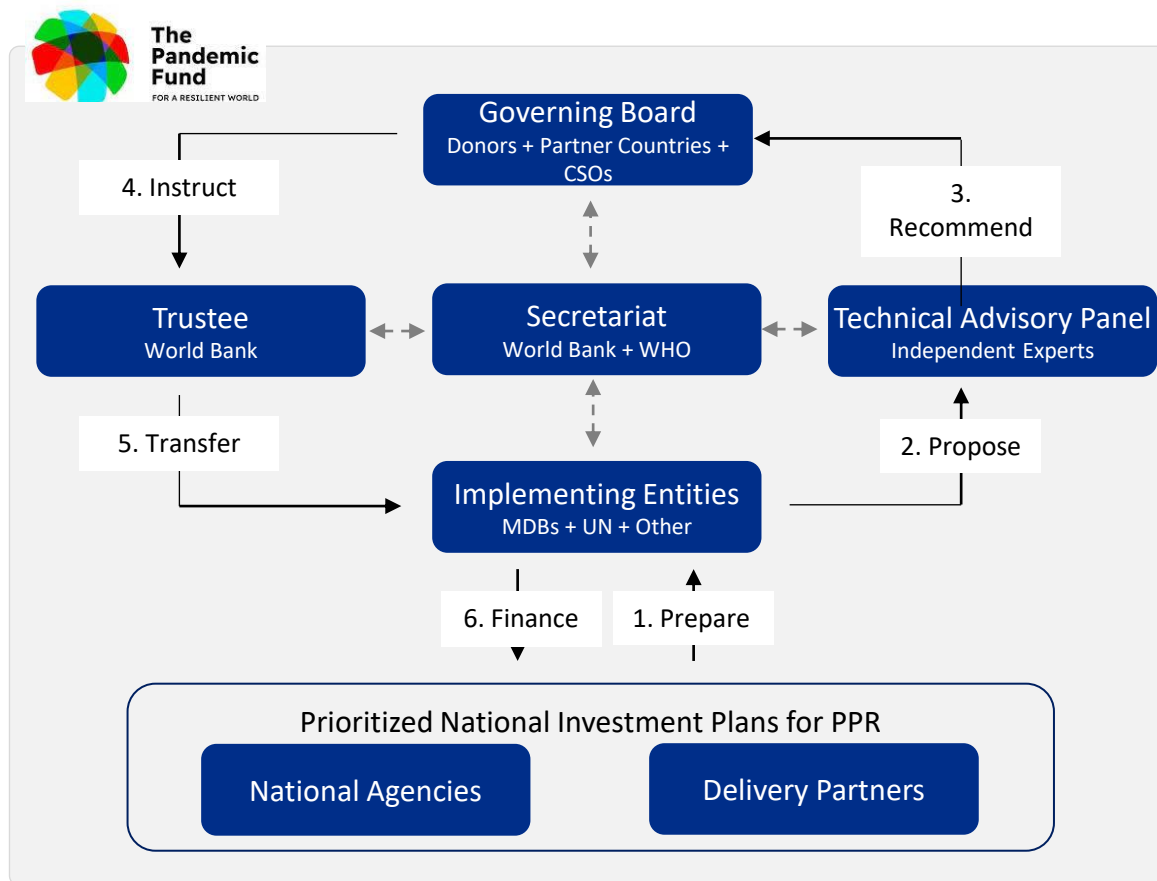
- Provide dedicated, **additional** long-term funding for PPR
- **Complement** existing PPR institutions & work by addressing gaps
- Promote **coordination** among key agencies working on PPR
- **Incentivize** increased investments by countries & partners
- **US\$ 1.7 Billion** in pledges from over 24 donors to date



Scalable and predictable response financing mechanisms being discussed in the India G20 and Japan G7

The Pandemic Fund aims to provide long-term funding, complement existing gaps, promote coordination, incentive increased investments, and advocate

Structure and operations



Current status

First call for proposals launches on March 3, with Expression of Interest due Feb 24

Countries eligible to receive funding from the International Bank for Reconstruction and Development (IBRD) and/or International Development Association (IDA)

Who can apply:

- Eligible country with one or more implementing entities; or
- Implementing entities working with a group of eligible countries or with a regional entity for multi-country or regional proposals.

Priorities include surveillance, laboratory systems, and human resources/workforce strengthening

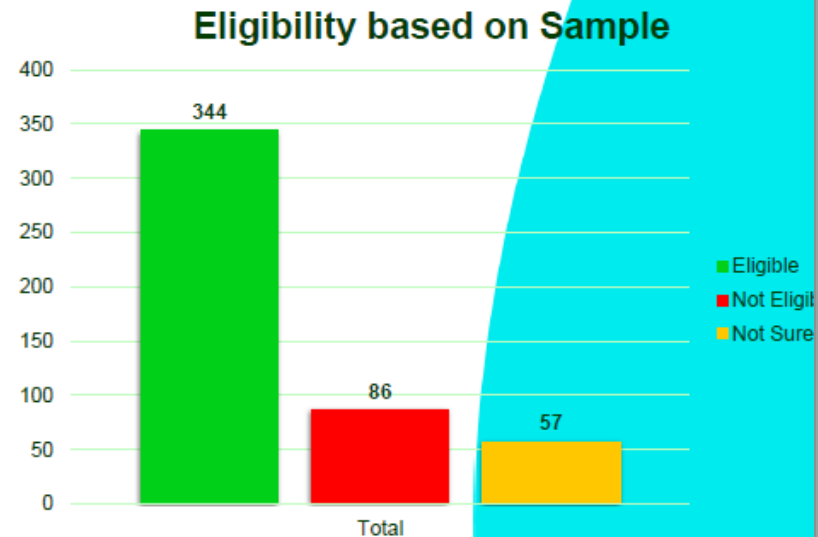
Pandemic Fund Expression of Interest Preliminary Analysis – Total Received

A majority of EOI submissions are considered 'eligible' based on a broad definition:

Eligibility based on:

1. At minimum, one mentioned partner is eligible (not necessarily all)
2. Proposal focuses on *at least one* of three focus areas

- Total EOIs Submitted: approximately 650
- Total EOIs processed: 487
- Sample % of total: Approximately 75%
- 344 or 70% considered eligible
- 57 or ~12% need additional information to confirm eligibility



Pandemic Fund Expression of Interest Preliminary Analysis – Type of Proposal

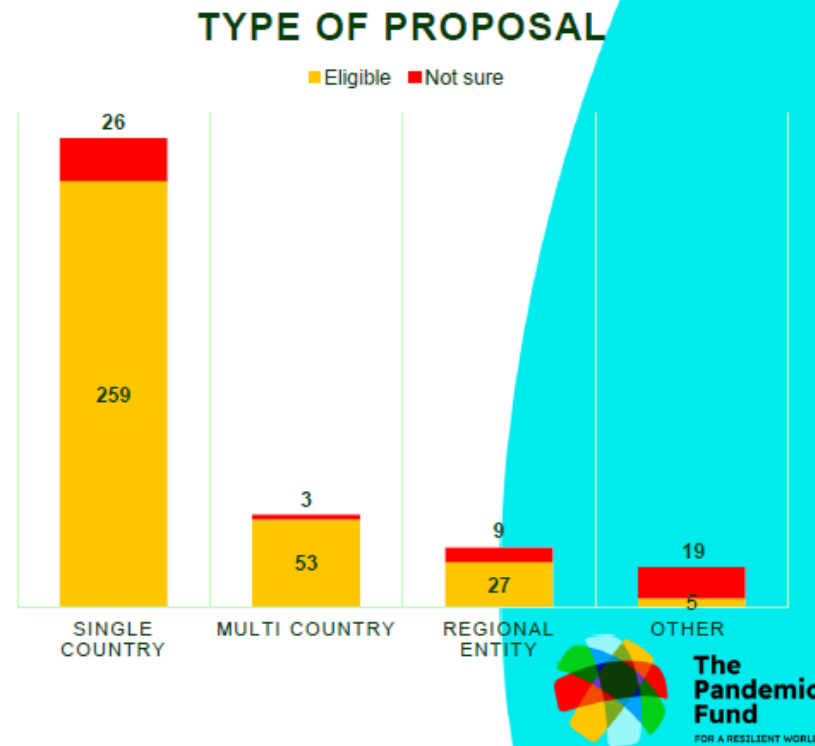
Over 70% of EOIs are single-country proposals:

Proposal Breakdown*:

- **Single Country:** 70%
- **Multi-country:** 15%
- **Regional Entity:** 10%

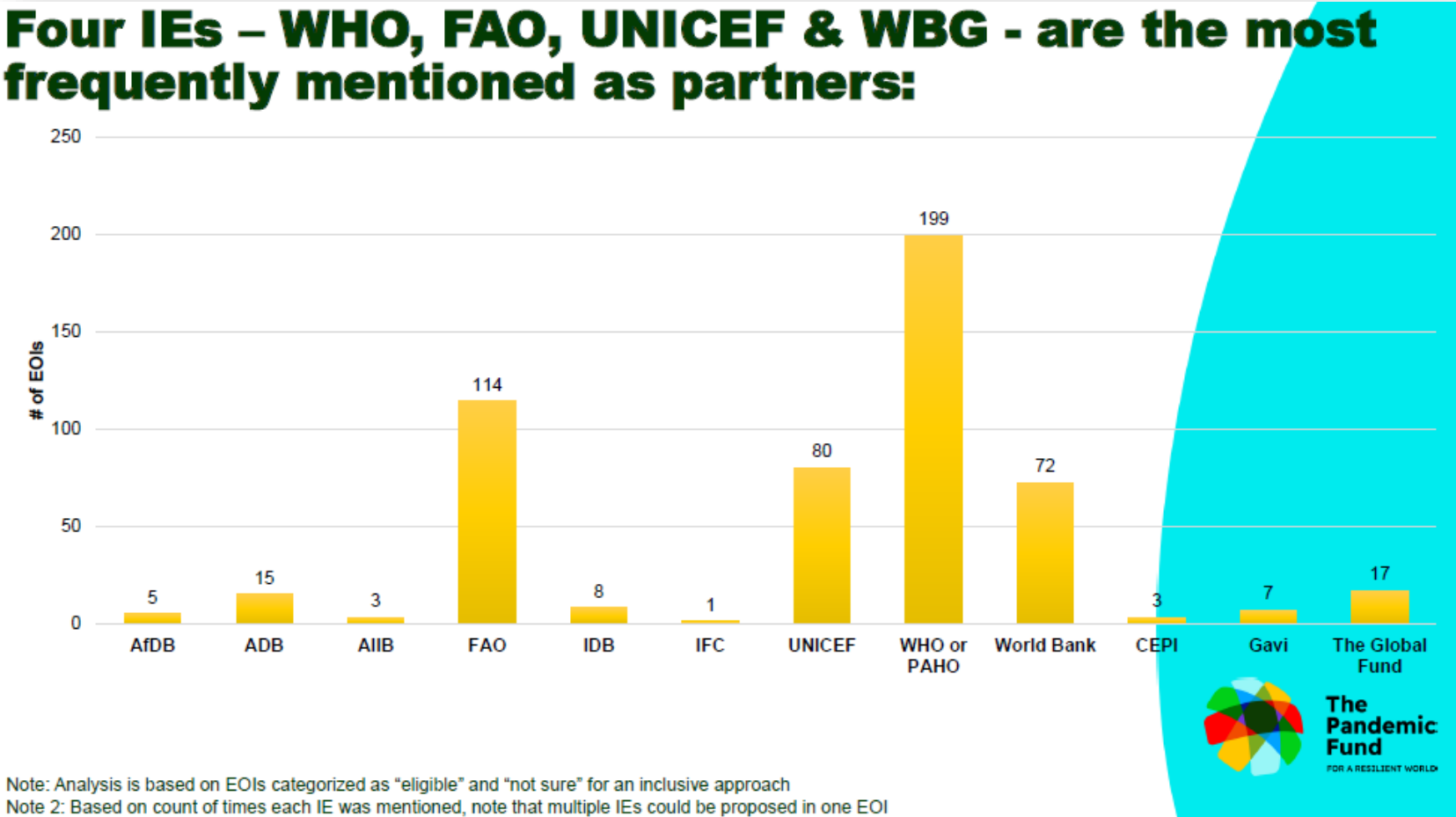
There are a few combined single/multi-country and Regional Entity submissions

83% of Eois have been submitted by countries



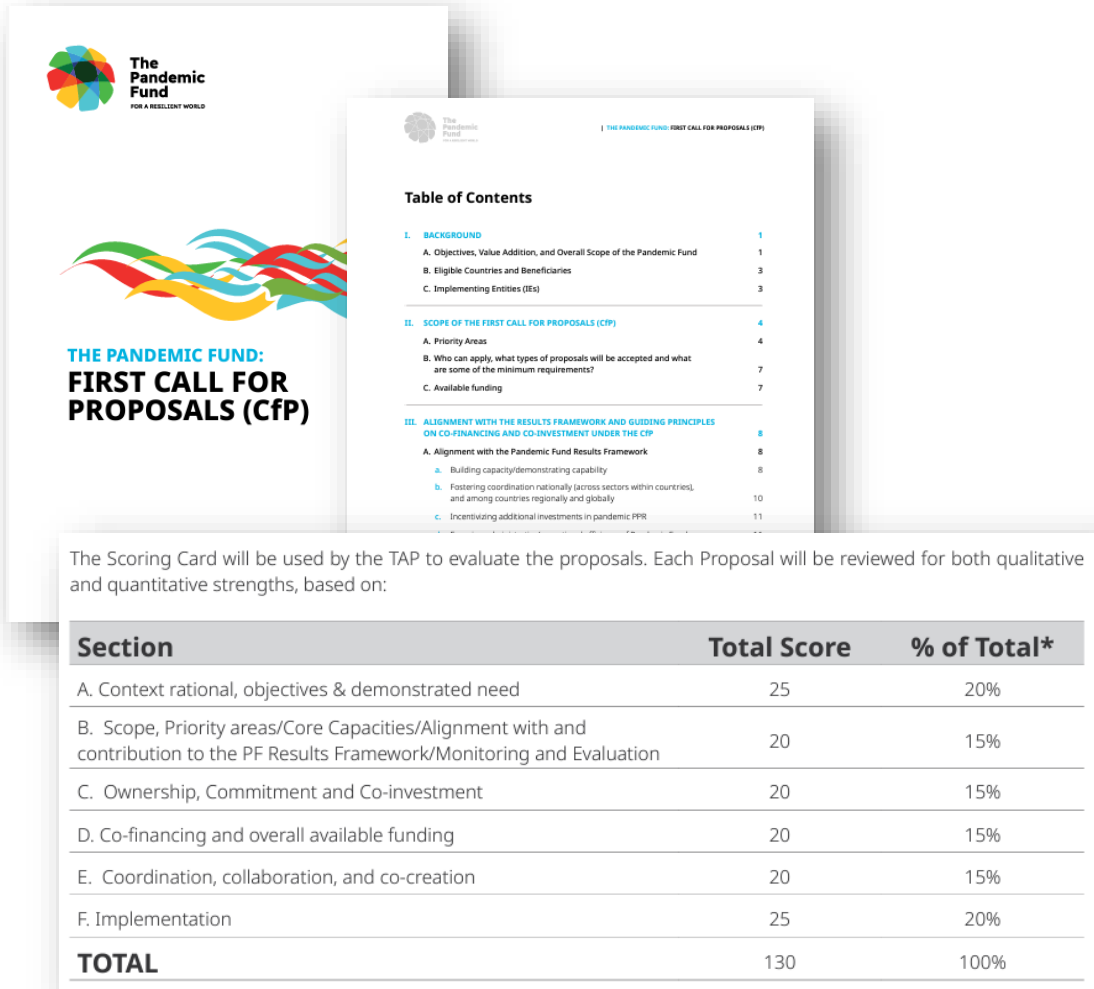
*For an inclusive approach, analysis is based on EOIs categorized as 'eligible' and 'not sure'

Pandemic Fund Expression of Interest Preliminary Analysis - Partners



The Pandemic Fund Call for Proposals

Call for Proposal Template issued March 3, 2023



Scoring criteria promotes

- Alignment with results framework, based on IHR, and national plan for health security/preparedness
- Coordination among national entities and partners
- Leveraging existing investments and incentivising additional investments (domestic/international, financing/in-kind)
- Operational feasibility and efficiency

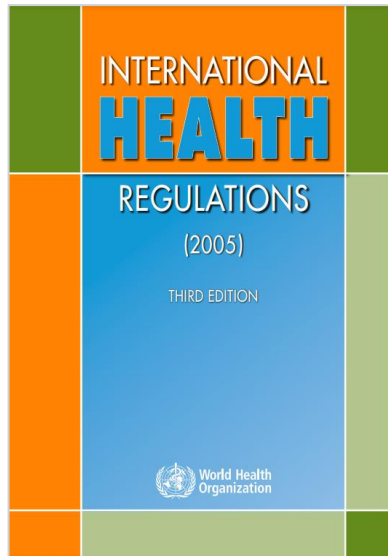
Risks of proposal process

- Non-trivial application process and documentation required
- Risk that insufficient funding available in Pandemic Fund to meet demand
- Application process will divert effort from long-term and sustainable health emergency preparedness efforts

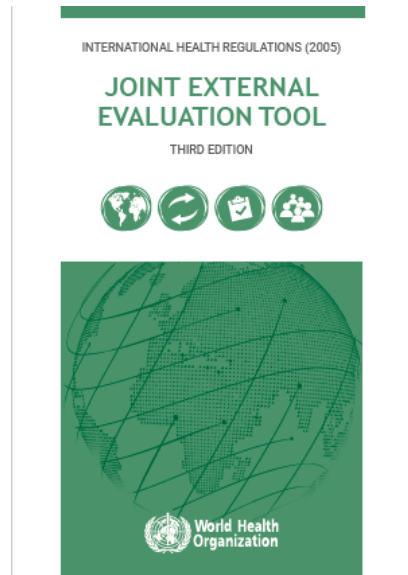
Sustainable financing can build on existing plans, assessments, activities, and frameworks

Member States have completed....

194 State Part Self-Assessments (SPARs) since 2017¹



118 Joint External Evaluations (JEEs)



88 National Action Plans for Health Security (NAPHS)

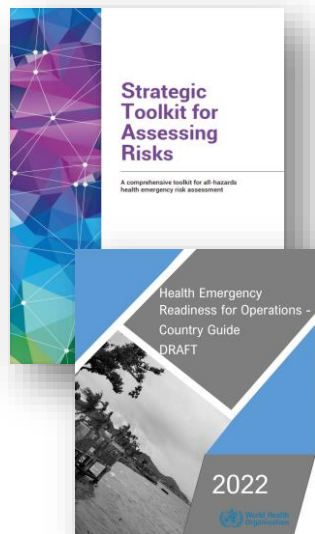


And in 2022, **198** simulation exercises, **139** COVID-19 intra-action reviews and **77** after-action reviews were conducted at national and subnational levels

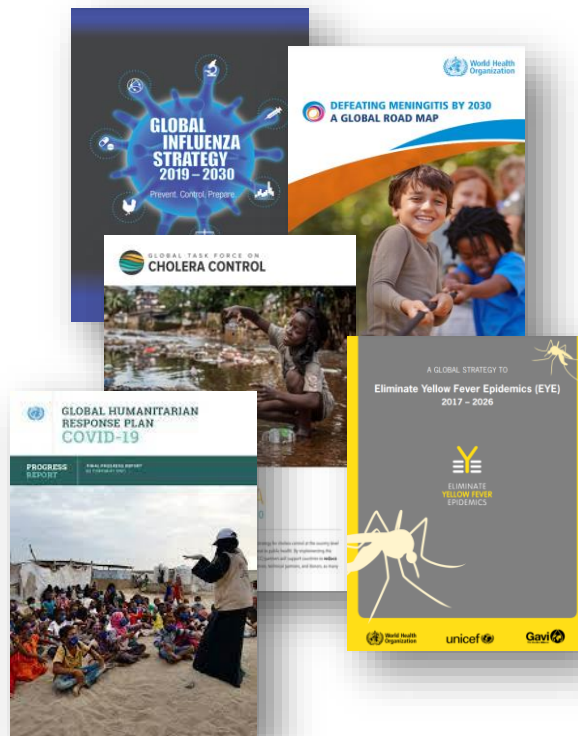
Despite the development of costed NAPHS – through support of tools, technical assistance, and partnership – majority are not financed

Threat specific plans, systems approaches, and IHR capacities provide important building blocks

Assessing risks



Developing and executing threat specific plans



Strengthening & integrating health systems



In addition, Member States have completed....

44 IHR-PVS National Bridging Workshops (NBWs)

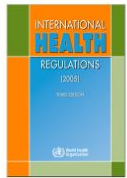
37 Tripartite Joint Risk Assessment (JRA) workshops for One Health

93 STAR/risk profiling workshops

Financing, preparedness activities, and multisectoral actions can be integrated to support investment cases for health emergency capabilities at a national level

Member States have completed....

180 State Part Self-Assessments (SPARs) since 2017¹



116 Joint External Evaluations (JEEs)



79 National Action Plans for Health Security (NAPHS)



Building on IHR assessments & NAPHS



Assessing risks & addressing specific threats



Organisation mondiale de la santé animale
Fondée en tant qu'OIE

National Investment Plan

for financing for health emergency preparedness, prevention & resilience

Strengthening systems & resilience



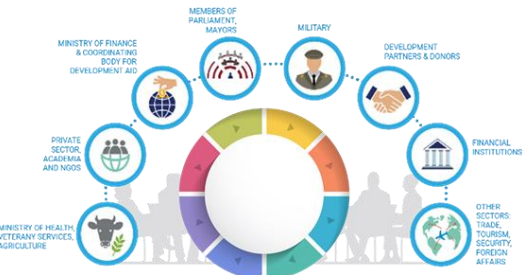
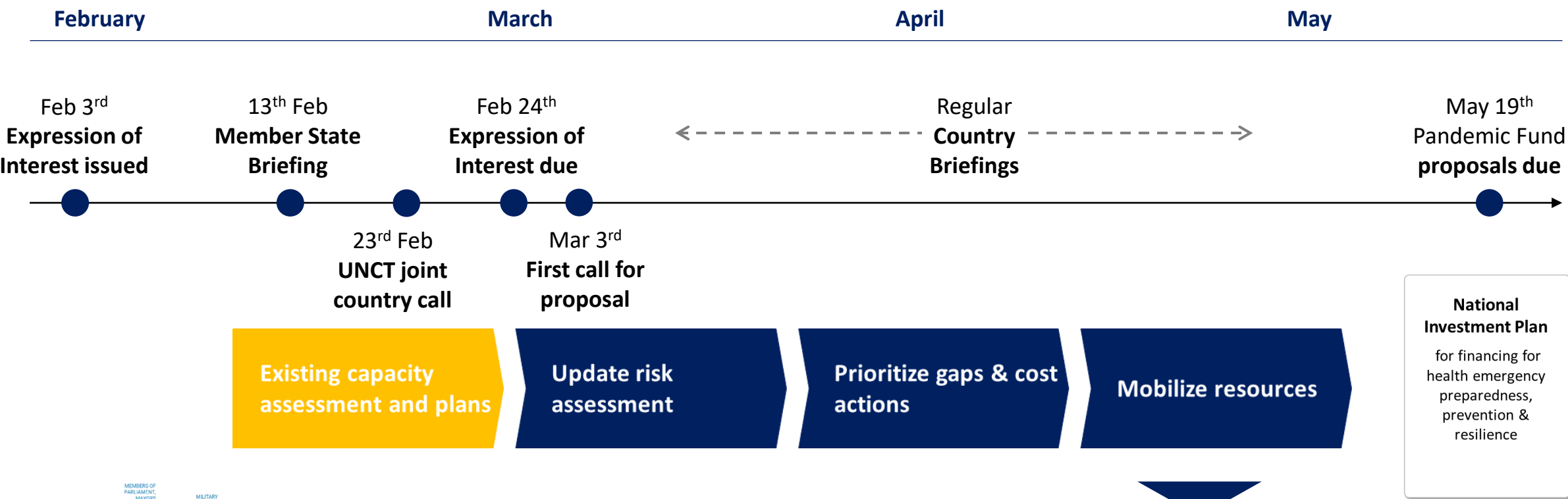
Map existing funding sources, identify critical gaps & mobilize additional resources



ASIAN INFRASTRUCTURE INVESTMENT BANK



The launch of the PF, reprogramming of C19RM, & scaling up of investments from other financial institutions creates an opportunity to support country-level applications



Multi-sector process, multi-stakeholder process

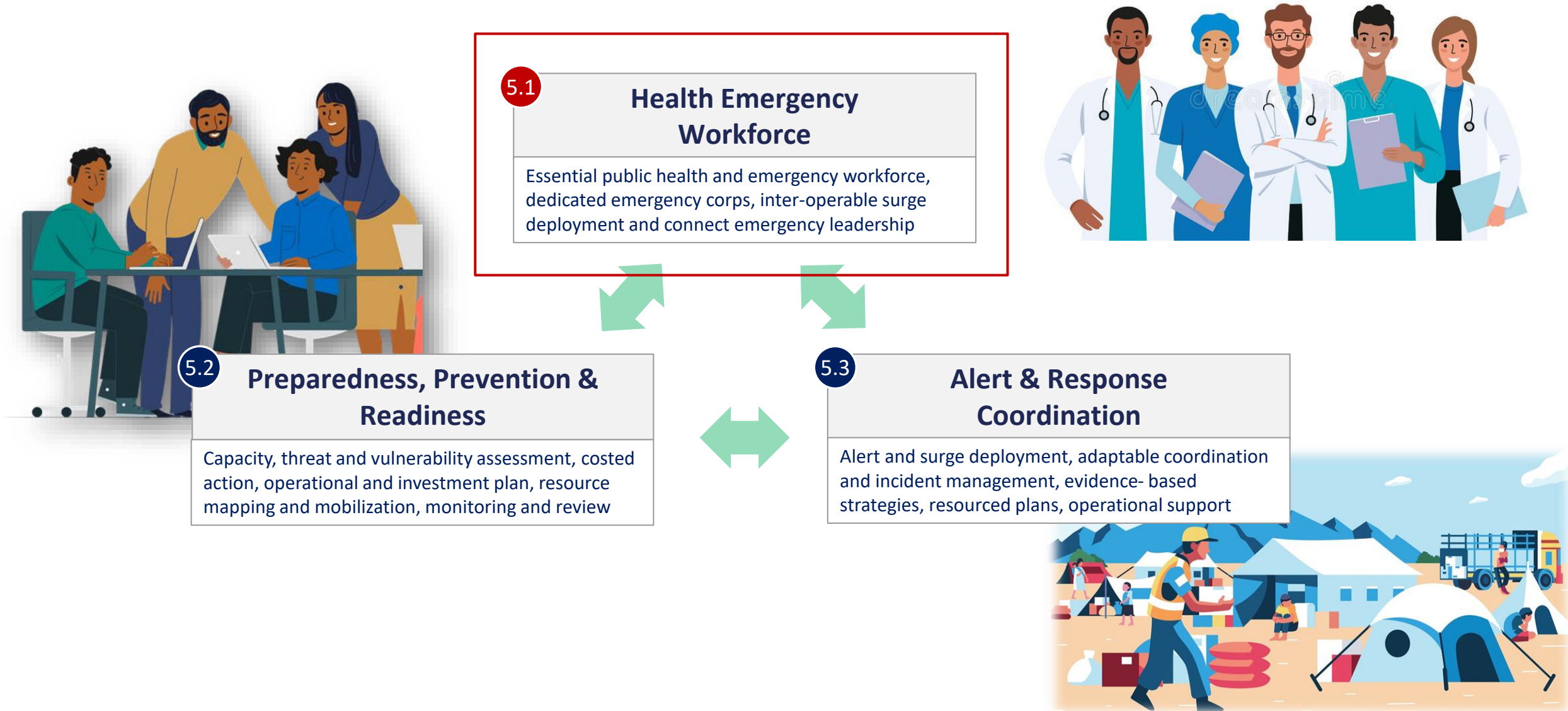


5.2 Capabilities | Health emergency preparedness, readiness and resilience

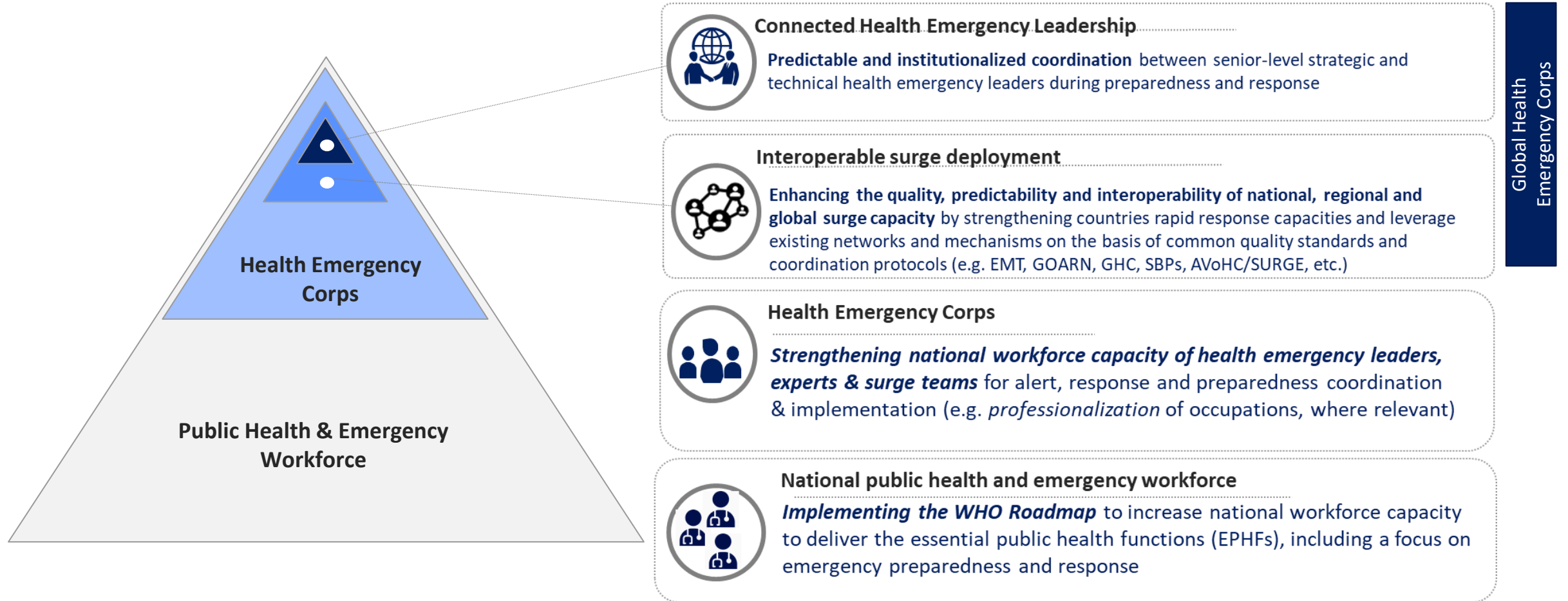
	 5.2.1	 5.2.2	 5.2.3	 5.2.4
L3: Capabilities	Capacity, risk and vulnerability assessment	Prioritized and costed plans	Resource mapping and mobilization	Implementation, monitoring and review
L4: Sub-capabilities	<p>5.2.1.1 Assessment of preparedness and response capacities, building on existing frameworks</p> <p>5.2.1.2 Comprehensive and up-to-date threat and vulnerability analysis and readiness assessments</p> <p>5.2.1.3 Updated risk profile and agreement of strategic objectives based on Capacity, risk and vulnerability assessment</p>	<p>5.2.2.1 Development of prioritized action plan for health security based on capacity assessment</p> <p>5.2.2.2 Development of operational readiness plan based on integrated into existing strategies and programmes</p> <p>5.2.2.3 Costing of action/operational plans and development of overall investment plan</p>	<p>5.2.3.1 Mapping of existing financial resources and identification of gaps</p> <p>5.2.3.2 Mobilization of additional financial resources and development of funding proposals</p> <p>5.2.3.3 Identification of technical and operational delivery partners and assignment of roles and responsibilities</p>	<p>5.2.4.1 Establish monitoring mechanisms to track implementation against plan</p> <p>5.2.4.2 Periodic review of capabilities and system performance through intra-action / after-action reviews and simulation exercises</p> <p>5.2.4.3 Continuous adjustment and update of plans based on results of periodic review and evolving threats and vulnerabilities</p>
Workshop (12:00–14:00)	<p><u>Online Workshop for Regions and Countries 27th to 31st March</u></p> <ul style="list-style-type: none"> i. Provide consolidated tools and template, and ii. Open WHO training course/s and materials to support capacity-building. <div> <div>28th March</div> <div>29th March</div> <div>30th March</div> <div>31st March</div> </div>			

Health Emergency Workforce

Emergency Coordination | Strengthened health emergency preparedness & response capacity & coordination



HEPR 5.1 | Health emergency workforce



Included as part of:



Pandemic readiness pact