

**Findings & Recommendations of the
Independent Panel For Pandemic
Preparedness & Response (IPPPR)
(GLOBAL & REGIONAL EQUITY)**



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Panel Member (IPPPR)**

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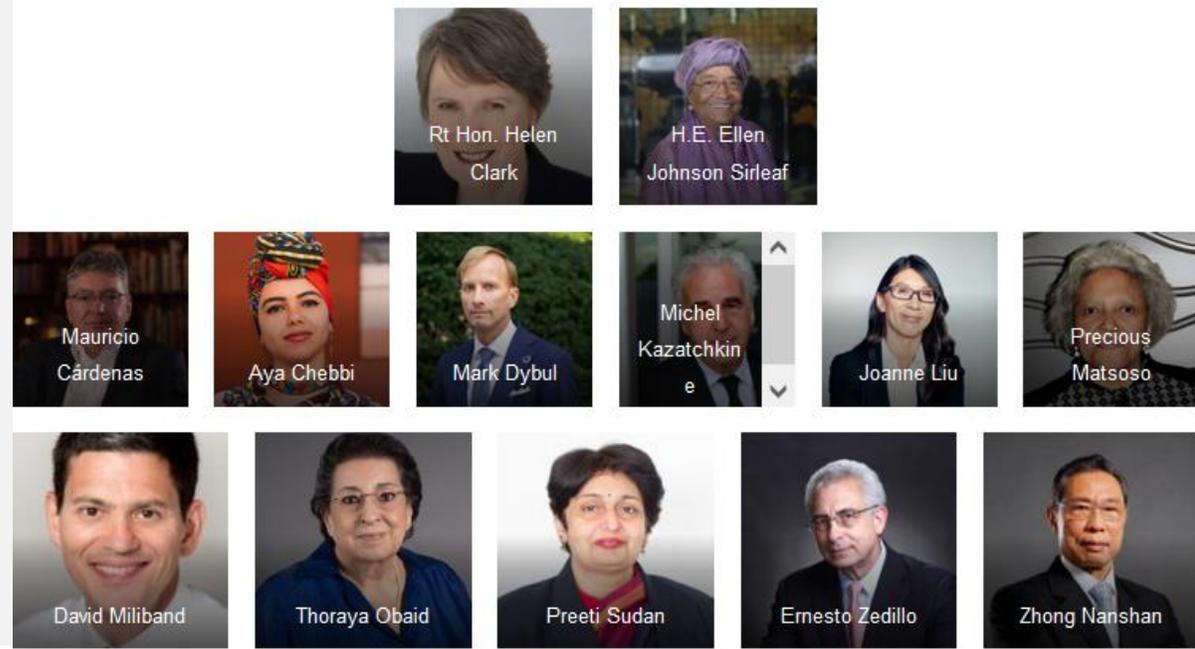
Process adopted

Panel's Key Findings

Key Recommendations

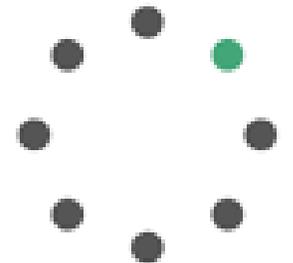
- **Immediate**
- **Long Term**

The Independent Panel



- World Health Assembly, May 2020 requested DG, WHO to review lessons learned from the WHO-coordinated international health response to COVID-19.
- The DG asked Her Excellency, Ellen Johnson Sirleaf and the Right Honourable Helen Clark to convene an Independent Panel for this purpose.
- They in turn invited 11 people with relevant expertise keeping regional representation in mind to form the Panel.

The
Independent
Panel
FOR PANDEMIC
PREPAREDNESS
& RESPONSE



The Panel's Focus Areas:

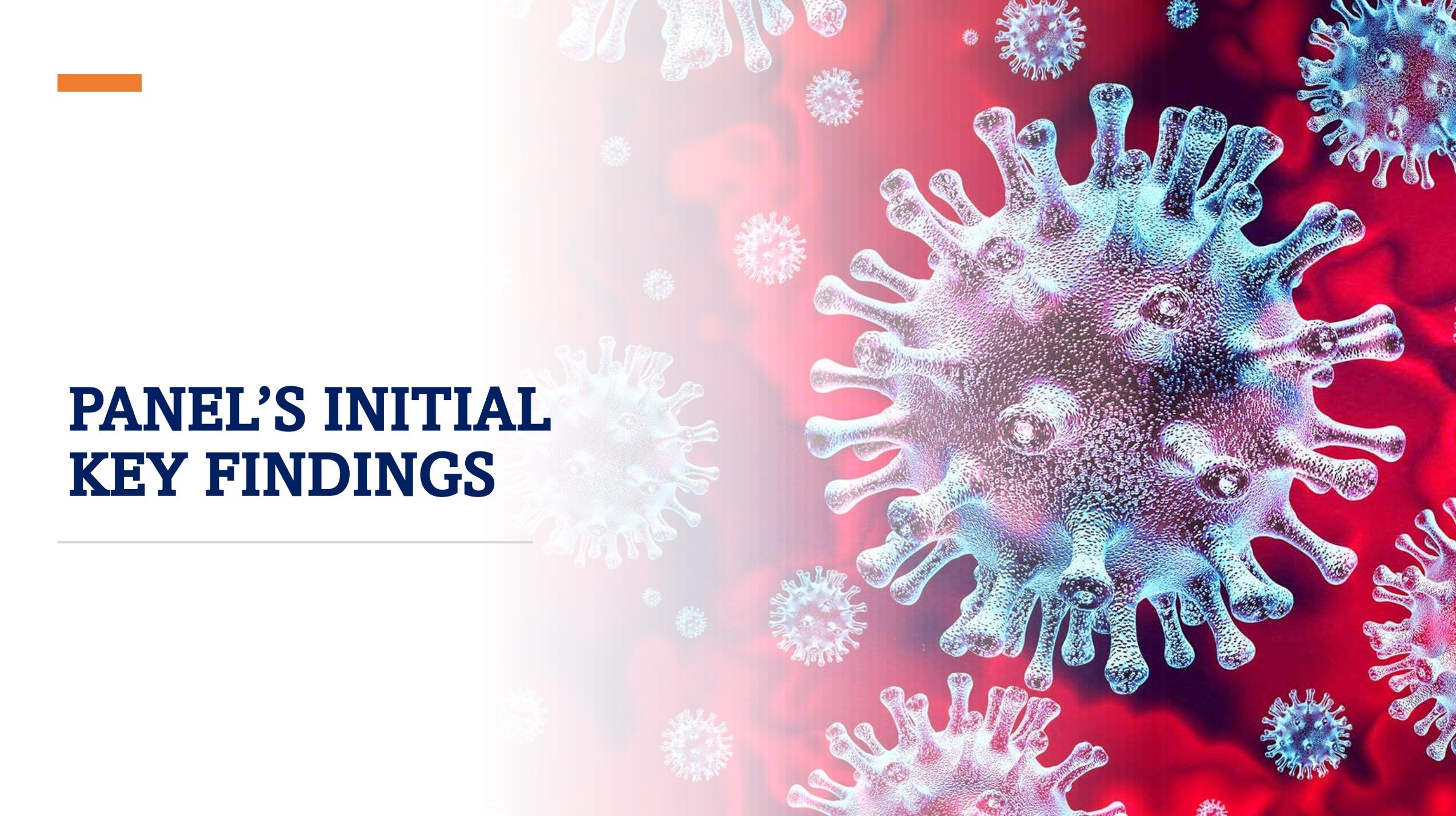
- **Build on the past:** Learn from previous pandemics and actors pre-COVID-19.
- **Review the present:** Analyze available evidence/reports on chronology of events, recommendations by WHO and responses by national governments.
- **Understand the Impacts:** Review how health systems and communities responded and assess the direct and indirect impacts of both pandemic and response measures.
- **Change for the future:** Analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response.



Ways of working:

- Conducted an **impartial, independent, and comprehensive review**.
- Panelists drew from their **expertise and experiences**.
- Panel was **financed from WHO's assessed contributions** (did not accept additional contribution in cash or in kind).
- Panel **members** made their **contributions on a voluntary** and non-remunerated **basis**.
- Panel valued working in an **open and transparent manner** and listening to stakeholders.
- **Data and evidence guided the work** of the Independent Panel.





**PANEL'S INITIAL
KEY FINDINGS**

INITIAL KEY FINDINGS

- **Years of warnings** of an inevitable pandemic threat were not acted on and there was inadequate funding, despite the increasing rate at which **zoonotic diseases** are emerging.
- Clinicians in Wuhan, were quick to spot unusual clusters of pneumonia of unknown origin in late December 2019. The formal notification and emergency declaration - **International Health Regulations**, slow to generate the rapid and precautionary response. Valuable time was lost.
- Following declaration of **Public Health Emergency of International Concern (PHEIC)** on 30 January 2020, many countries took a **'wait and see'** approach.
- Countries with delayed responses were also characterized by a **lack of coordination, inconsistent or non-existent strategies, and the devaluing of science in guiding decision-making.**

INITIAL KEY FINDINGS

- Coordinated, **global leadership** was absent.
- Preparedness was **under-funded and response funding** was too slow. **International financing was too little, too late.**
- WHO staff **worked hard** to provide advice and guidance, and support to countries, but **was underpowered** to do the job demanded of it.
- The lack of planning and gaps in social protection have resulted in the **pandemic widening inequalities** with a disproportionate socioeconomic impact on women and vulnerable and marginalized populations, including migrants and workers in the informal sector.



THE PANEL'S RECOMMENDATIONS

- 1. Immediate actions to end the COVID-19 pandemic**
- 2. To ensuring that a future outbreak does not become a pandemic**

POLICY RECOMMENDATIONS:

A. Immediate actions to end the COVID-19 pandemic

- **Vaccine for All:** High income countries **commit to provide** to the 92 low- and middle income countries of the COVAX Gavi Advance Market Commitment.
- **World Trade Organization (WTO) and WHO** should convene manufacturers to agree to **voluntary licensing and technology transfer**.

POLICY RECOMMENDATIONS:

A. Immediate actions to end the COVID-19 pandemic

- G7 countries should immediately commit to provide **60% of the US\$19 billion required for ACT-A** in 2021 for vaccines, diagnostics, therapeutics, and strengthening of health systems.
- Every country should apply **non-pharmaceutical public health measures**, with an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.
- WHO to immediately develop a **roadmap** towards ending the pandemic.

POLICY RECOMMENDATIONS: B. To ensuring a future outbreak does not become a pandemic



POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

1. Elevate pandemic preparedness and response to the highest level of political leadership

- ❖ Establish a high-level **Global Health Threats Council led by Heads of State and Government.**
- ❖ **Heads of State and Government adopt a political declaration at a Special Session of the United Nations General Assembly in September 2021, and commit to transform pandemic preparedness and response.**
- ❖ **Adopt a Pandemic Framework Convention, within the next 6 months.**

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

2. Strengthen the independence, authority and financing of WHO

- ❖ Establish the **financial independence of WHO based on fully unearmarked resources**, and on an increase in Member States' fees to two-thirds of the WHO base programme budget.
- ❖ Strengthen the authority and independence of the **Director-General**, by having **a single term of office of seven years with no option for re-election. The same rule for Regional Directors.**
- ❖ **Focus WHO's mandate on normative, policy, and technical guidance;** empower WHO in operational aspects of an emergency response to a pandemic.
- ❖ **Resource and equip WHO Country Offices** to respond to national governments, including support to build resilient equitable and accessible health systems, universal health coverage.
- ❖ **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

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

3. Invest in preparedness now to prevent the next crisis

- ❖ **All national governments to update their national preparedness plans** against targets and benchmarks to be set by WHO within six months, ensuring that there are appropriate and relevant skills, logistics and funding available to cope with future health crises.
- ❖ WHO to formalize **universal periodic peer reviews as a means** of accountability and learning between countries.

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

4. A new agile and rapid surveillance information and alert system

- ❖ WHO to establish a new global system for surveillance, based on full transparency by all parties, using state-of-the-art digital tools.
- ❖ World Health Assembly to give WHO authority to publish information about outbreaks with pandemic potential without requiring the prior approval of national governments, power to investigate pathogens with short-notice access and standing multi-entry visas for international epidemic experts to outbreak locations.
- ❖ Future declarations of a public health emergency should be based on clear, objective, and published criteria.

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

5. Establish a pre-negotiated platform for tools and supplies

- ❖ **Transform the current ACT-A into a truly global end-to-end platform** to deliver the global public goods of vaccines, therapeutics, diagnostics, and essential supplies.
- ❖ Secure **technology transfer and commitment to voluntary licensing** in all agreements where public funding has been invested in research and development.
- ❖ Establish stronger regional capacities **for manufacturing, regulation, and procurement of needed tools for equitable and effective access to vaccines**, therapeutics, diagnostics, and essential supplies, as well as for clinical trials.

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

6. Raise new international financing for pandemic preparedness and response

- ❖ Create an **International Pandemic Financing Facility** to raise **additional** reliable funding to mobilize long term (10-15 year) contributions of approximately US\$5-10 billion per annum to finance preparedness, with the ability to disburse up to US\$50-100 billion at short notice in the event of a crisis.
- ❖ There should be **an ability-to-pay formula adopted whereby 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 regional and global institutions.

POLICY RECOMMENDATIONS:

B. To ensuring a future outbreak does not become a pandemic

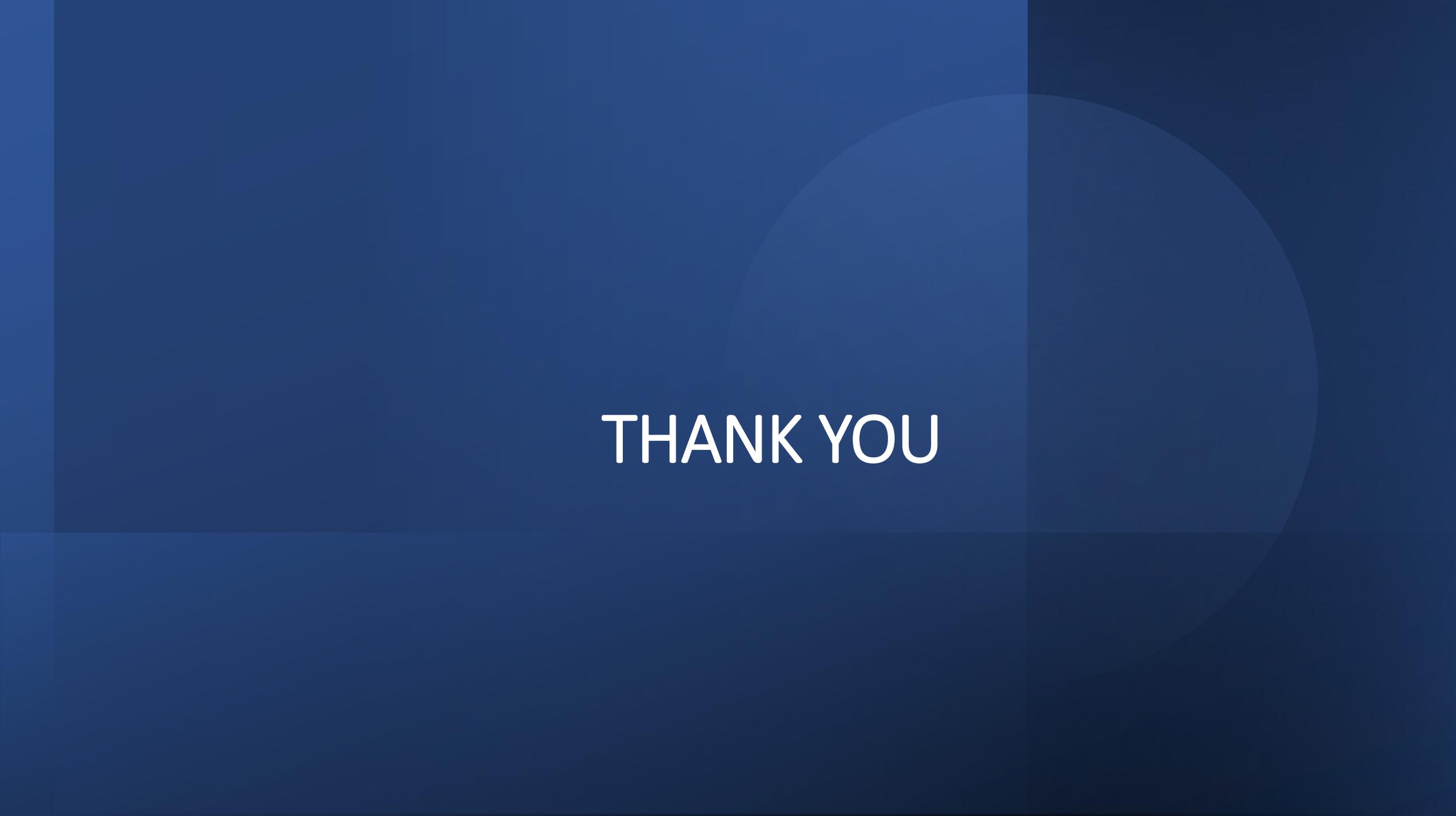
7. National Pandemic coordinators have a direct line to Head of State or Government

- ❖ Heads of State and Government to appoint **national pandemic coordinators who are accountable and have a mandate to drive whole-of government coordination for preparedness and response.**
- ❖ **National pandemic preparedness and response needs to be strengthened** through
 - ❖ Increased multi-disciplinary capacity in public health institutions,
 - ❖ Annual simulation exercises,
 - ❖ Increased social protections and support to health workers, including community health workers,
 - ❖ Investment in risk communication,
 - ❖ Planning with communities and in particular those who are marginalized.

Global & Regional Equity a Prerequisite

- In access to information
- In decision making
- In data-sharing
- In making assessed contributions as per ability
- In supply of essentials: both for immediate & long term needs
- In Human Resource Development
- In sharing IPRs, thereby creating sustainable supply chains & manufacturing hubs

“The essence of global health equity is the idea that something so precious as health might be viewed as a right”, Paul Farmer



THANK YOU