

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



Preeti Sudan
Panel Member (IPPPR)

CONTENTS

Brief about the Panel

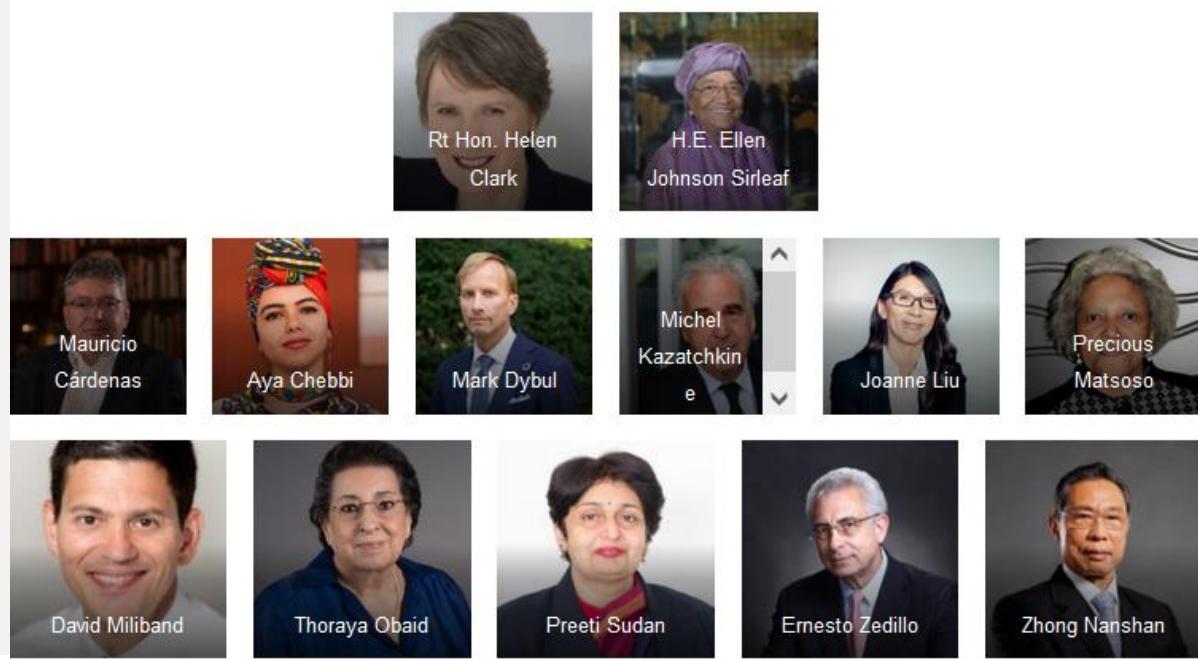
Process adopted

Panel's Key Findings

Key Recommendations

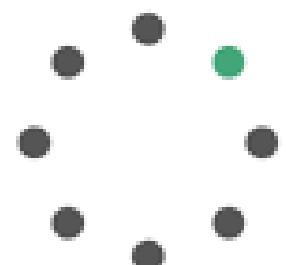
- Immediate
- Long Term

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.

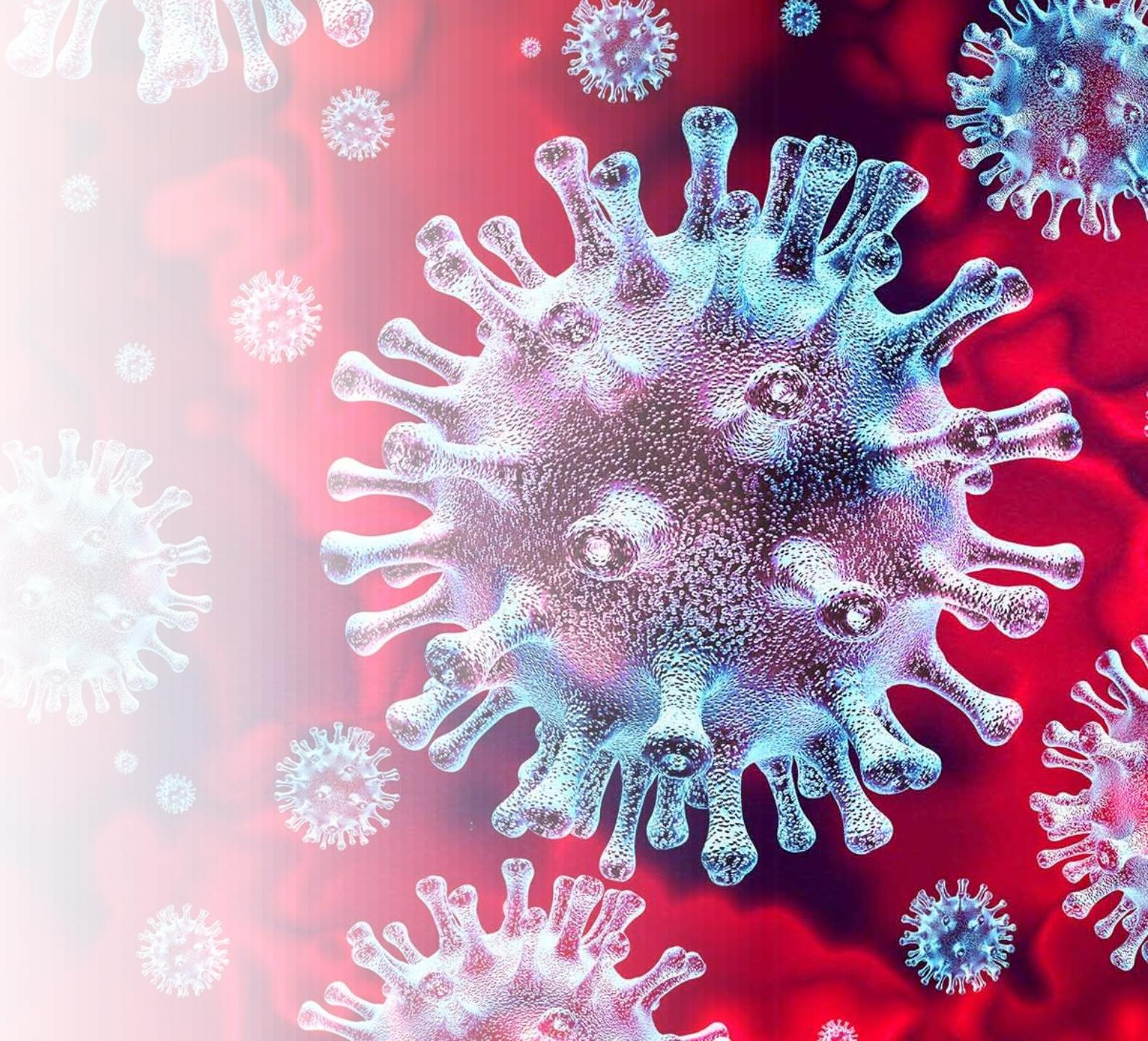


Ways of working:

- 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 RECOMMENDATIO NS

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**.

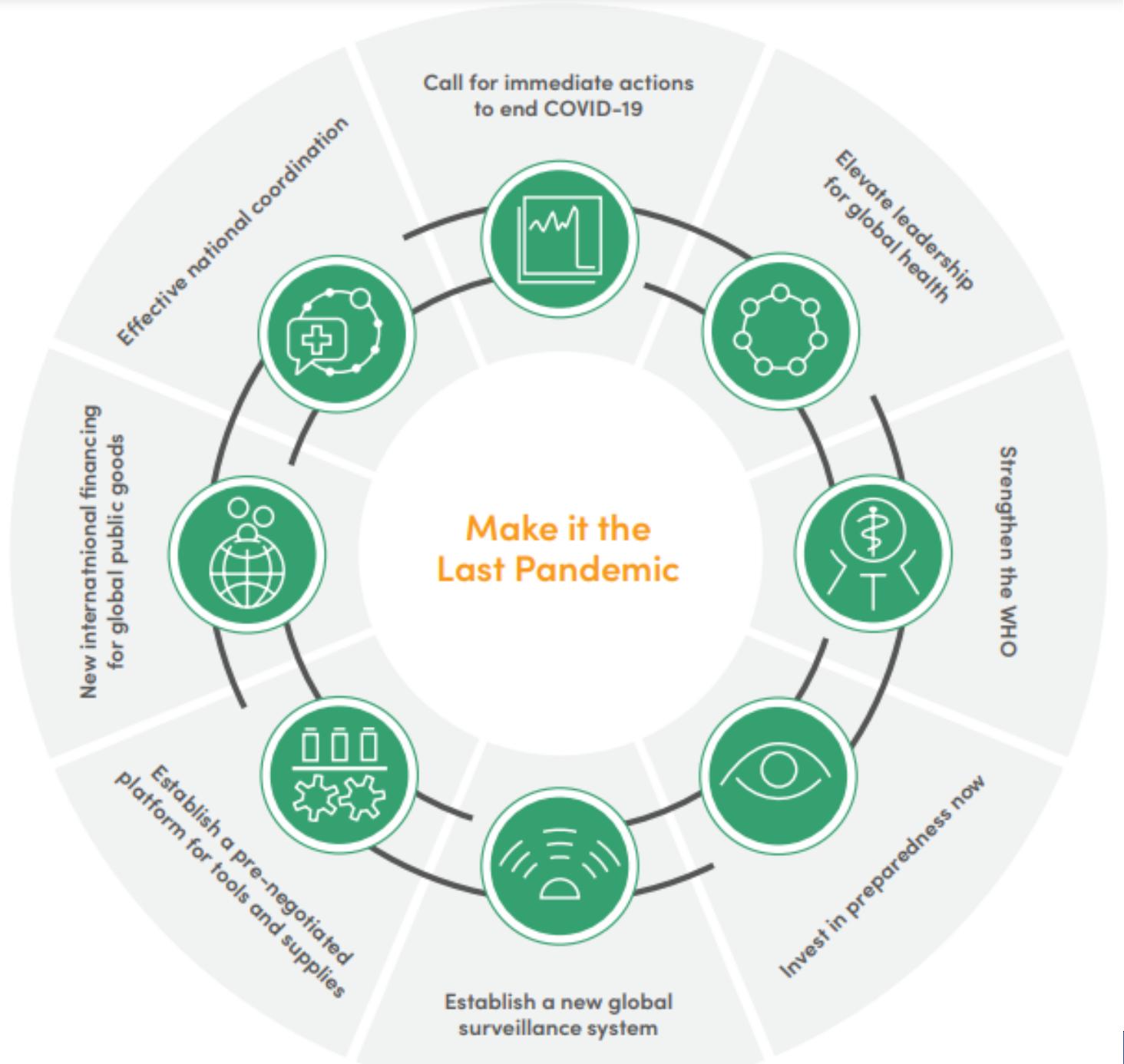
POLICY RECOMMENDATIONS:

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