

## Annex to the Final Report of the Global Health Crises Task Force

Progress on the 27 recommendations of the High-Level Panel on the Global Response to Health Crises "as set out in its report entitled 'Protecting Humanity from Future Health Crises' "A(7)(72)\*+

, ational level

Recommendation -

. & 2)2) / tates parties to 0HR\$ 1 ith appropriate international cooperation\$ are in f#ll compliance 1 ith the 0HR core capacit& re2#irements3

In implementing the IHR core capacity requirements, States parties, under the leadership of Heads of State and Government, should:

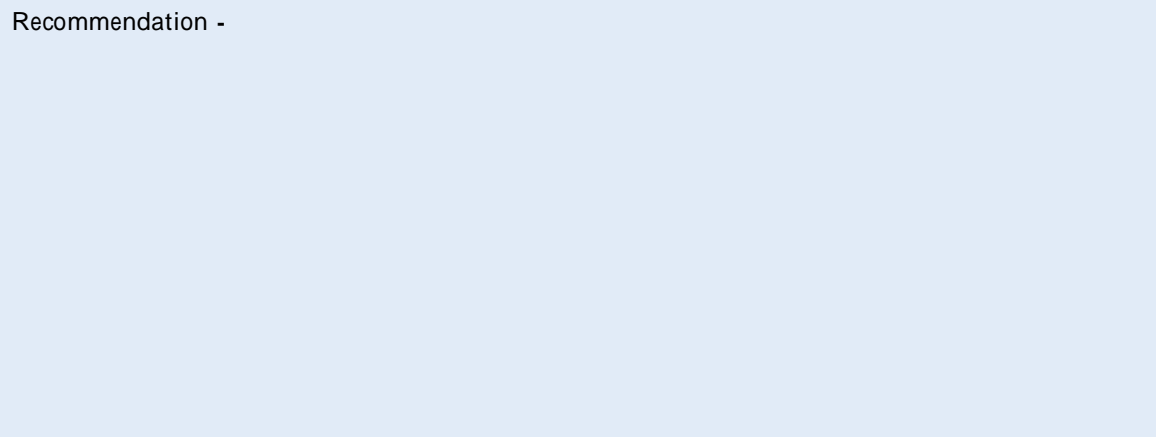
1.1 Preparedness and response

- Incorporate planning for health crisis responses into national disaster risk reduction preparedness and response mechanisms and plans
- " ngage all relevant stakeholders to identify response capacities and resources
- # evelop pandemic plans and carry out simulation e\$ercises for all relevant responders, including security forces

Areas of progress

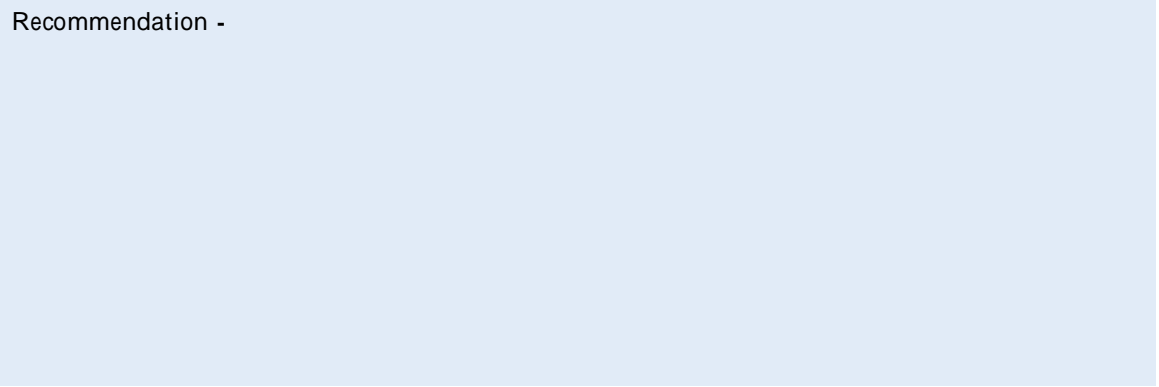


Recommendation -



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Recommendation -



#### Recommendation -

States parties to the IHR, with appropriate international cooperation, are in full compliance with the IHR core capacity requirements.

In implementing the IHR core capacity requirements, States parties, under the leadership of Heads of State and Government, should:

#### 34 Human resources

- Define emergency response protocols to ensure adequate protection, training, equipment, payment and occupational safety
- Institute an emergency response training all public and private health workers in emergency protocols

#### Areas of progress

- The report by the Secretary-General's High Level Commission on Health Employment and Economic Growth issued in September 2011 concluded that investing in the health workforce is needed to make progress towards the Sustainable Development Goals, including gains in health, decent work, global security and inclusive economic growth.
- The five-year action plan to support country-driven implementation of the Commission's recommendations to expand and transform the health and social workforce in support of the Global Strategy on Human Resources for Health<sup>1</sup> has been developed by WHO, the Organisation for Economic Co-operation and Development and the International Labour Organisation<sup>2</sup>. Inputs and feedback from Member States, civil society, academia and health workers organisations were contributed through two consultations and multiple Member States consultative sessions. The action plan was supported by the 91st Health Ministers in January 2012, adopted at the seventieth World Health Assembly<sup>3</sup> on 21 May 2012 and will be considered by the 61st Governing Body of the ILO in November 2012. The WHA resolution urges all Member States to act on the Commission's recommendations and immediate actions and requests the WHO Director-General to collaborate with Member States upon request, and with other relevant sectors, agencies and partners, in implementing the five-year action plan. The General Assembly will examine the operationalisation of this plan in 2013.
- The action plan was supported by a meeting of the Ministers of Health hosted by the Organisation for Economic Co-operation and Development in January 2012, adopted at the 70th World Health Assembly in May 2012 and will be considered by the Governing Body of the International Labour Organisation in November 2012. Momentum for action and investment on the Commission's recommendations will be further amplified at the 9th Global Forum on Human Resources for Health in Dublin, Ireland on 1-3 November 2012<sup>4</sup>.



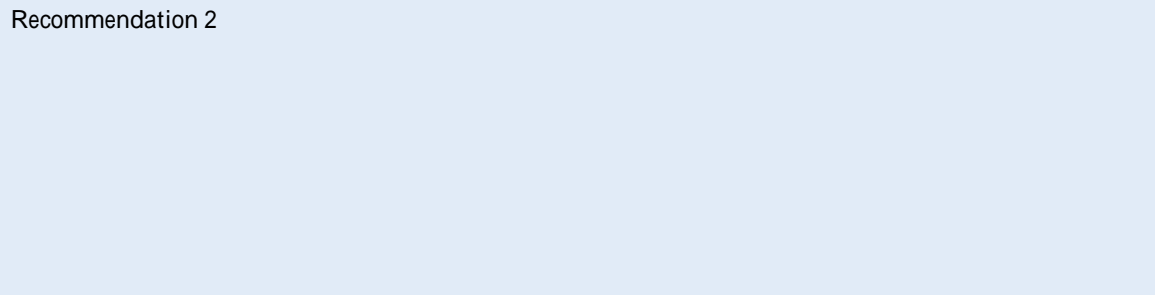
attended by experts from more than 20 G9/R6 partners who implement Rapid Response Teams (RRTs) in their institutions, countries or who are in the build-up phase of such teams. G9/R6 partners confirmed the high potential of the G9/R6 Rapid Response capacities in combating outbreaks. Areas in which international cooperation will contribute to the improvement of RRTs were identified, including RRT training, operational research and safety and security. Thematic working groups were established under the leadership of G9/R6 partners to further develop the G9/R6 RRT initiative.

#### Areas for further activities and monitoring

- In resolution A/61/7, the General Assembly requested a report on the operationalization of the five!



Recommendation 2





**Recommendation 4**

5#tbreak preparedness and response efforts sho#ld take into acco#nt and address the gender dimension}

- Since ) omen tend to act as primary caregivers, specific attention should /e given to their needs
- " fforts to address the economic and livelihood impact of pandemics pay particular attention to the situation of ) omen
- : omen must /e included at all levels of planning and operations to ensure the effectiveness and appropriateness of a response

**Areas of progress**

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Regional and s#bregional le!els

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rosters of medical experts and responders for regional deployment, facilitation of lessons learned among regional partners, regional lists of pathogens posing a risk of health crises, regional IHR support mechanisms.





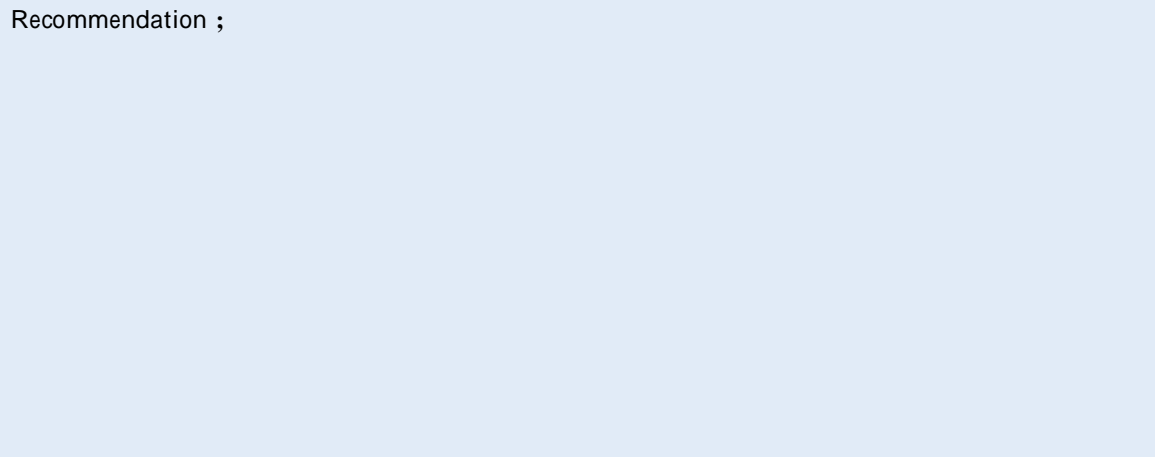
#### Recommendation 7

**8 H 5** immediately strengthens its leadership and establishes a unified effective operational capacity

- Bearing in mind that WHO established the Programme for Outbreaks and Emergencies Management, in the light of the need for unified command, the Panel proposes that such a Programme become a centre for emergency preparedness and response, with command and control authority
- The centre is the central command and control mechanism in case of health emergencies. It should be adequately funded and staffed, with clear lines



Recommendation ;



Recommendation =

The Secretary-General initiates the integration of

## Development and health

## Recommendation -)

The international community must fulfil the commitments towards the Sustainable Development Goals with a particular emphasis on health-sector goals

- The Statistical Commission, in its deliberations on the indicators for the Sustainable Development Goals, should give consideration to measuring compl

Recommendation --

Partners sustain their official development assistance to health and direct a greater percentage to strengthening health systems under an agreed-upon government-led plan

- 90% is strategically directed to an incremental, on-budget, five-year plan of strengthening health systems
- Benchmarks for transparency and good governance in financial management are clear and consistent
- G9s operate with the same level of transparency and good governance as is expected of national Governments

Areas of progress

- In 2010, the International Health Partnership (IHP)

## Recommendation -2

**8 H5** Works closely with development actors to ensure that development programming supports health systems and thereby helps to improve universal and equitable access to quality health

### Areas of progress

- The WHO Regional Office for Europe leads a regional coalition on health established by the Regional Development Group Team for Europe and Central Asia. The coalition has identified priorities to strengthen support from 46 system entities to countries in implementing health-related targets.
- WHO and UNICEF co-lead the UN OAS Team on Strengthening the Humanitarian Development Nexus. The purpose of the OAS Team is to support the implementation of a Strategy of Integration that promotes greater interoperability among humanitarian, development, and peacebuilding activities, plans, and programmes. For the Strategy of Integration to be successful, agencies must address the root causes of conflicts and crises, which often stem from violations and neglect of human rights, including inequality, persistent discrimination, impunity and violence. In the early phases of implementation, the OAS Team will focus on four priority areas: 2i5 predictable and Joint situation and problem analysis; 2ii5 better joined-up planning and programming; 2iii5 leadership and coordination; 2iv5 financing modalities that can support collective outcomes.
- In August 2011, the World Bank and WHO, together with the government of Japan, Japan International Cooperation Agency, the Global Fund, and the African Development Bank launched an initiative on Universal Health Coverage in Africa: a framework for action. To help countries implement their health reforms, the World Bank and the Global Fund to Fight AIDS, Malaria & TB committed to invest \$2 billion in Africa over the next three to five years.

### Areas for further activities and monitoring

- Progress made with the initiative on Universal Health Coverage in Africa: a framework for action, the work of the UN OAS Team and the support provided by WHO to the 46 Development Group needs to be maintained,



**Recommendation -4**

Urgent measures are taken to ensure universal access to and affordability of medicines and vaccines

#### Recommendation -6

8 H5 concludes its member States to renegotiate the Pandemic Preparedness Framework with a view to including other novel pathogens, making it legally binding and achieving an appropriate balance between obligations and benefits in accordance with the principles of the 2005, and a Protocol to the Convention on Biological Diversity

#### Areas of progress

- The 'I' (name) or Review Group was established in December 2014 to conduct the first review of the 'I' (name) or after it had been implemented for 4 years. It issued its report to the Executive Board in December 2015. In its report, the Review Group noted that it had considered the Panel's recommendation that the 'I' (name) or be expanded to include other novel pathogens. However, it rejected this recommendation, concluding that:

While the 'I' (name) or could serve as an effective model, an expansion of the 'I' (name) or itself to include other pathogens would be very challenging. A more pragmatic approach is reflected in the 2015 report of the IHR 2015 Review Committee, which recommended that WHO and States Parties should consider using the 'I' (name) or or similar existing agreements as a template for creating new agreements or other infectious agents that have caused, or may potentially cause, public health emergencies of international



**Recommendation - :**

**8 H5** leads efforts to assist developing countries in building research and manufacturing capacities for vaccines, therapeutics and diagnostics including through /with- /with cooperation

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## Financing

### Recommendation -7

The Director-General of WHO leads urgent efforts to

Recommendation - ;



**Recommendation 2)**

Member states finance the 8 H5 Contingency Fund for Emergencies (with at least B\*) million by the end of 2023

- The Contingency Fund is available for use by Health Cluster members, under the coordination of the Commission
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Recommendation 22

8 H 5 oversees the establishment and management of an international fund of at least B- billion per

Recommendation 2\*

The OHR Review Committee considers developing mechanisms to rapidly address unilateral action by States and others that are in contravention of temporary recommendations issued by WHO as part of a public health emergency of international concern.



<p><b>Recommendation 24</b></p> <p><b>WT5 and WH5</b> convene an informal joint commission of experts to study possible measures to strengthen coherence between OHR and the WT5 legal frameworks regarding trade restrictions imposed for public health reasons.</p>
<p><b>Areas of progress</b></p> <ul style="list-style-type: none"> <li>In the : 09, members recently agreed on a new tool for resolving differences under sanitary and phytosanitary measures. The new system of mediation (usually by the SPS Committee's chairperson) is voluntary and not legally binding (but bridges a gap between raising concerns in committee and full-scale dispute settlement).</li> </ul>
<p><b>Areas for further activities and monitoring</b></p> <ul style="list-style-type: none"> <li>Progress on the development and effective use of this tool and its applicability to disputes relating to the International Health Regulations needs to be monitored.</li> </ul>

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Recommendation 26

## Follo1-#p and implementation

### Recommendation 2:

The <nited , ations General Assembl& immediatel& creates a high-le!el co#ncil on global p#blic health crises to ens#re that the 1orld is prepared and able to respond to p#blic health crises3

- 0he high!level council monitors political and non!health issues related to prevention and preparedness imperatives for a potential epidemic of glo/al proportions that could have

Recommendation 27

A summit on global public health crises is convened in 2018; to focus on preparedness and response to health crises

Areas of progress (new development)

- In 2018, there are currently two high-level General Assembly meetings scheduled, one on non-communicable diseases and another on tuberculosis. Additionally, the Secretary-General is to report on the implementation of the Political Declaration on Antimicrobial Resistance in 2018.

Areas for further activities and monitoring

- The General Assembly has not requested a convening of a summit on global public health crises for 2018.