

GLOBAL HEALTH CRISES TASK FORCE Second Quarterly Report (October - December 2016)

Executive Summary

The Global Health Crises Task Force was established by the Secretary-General for a one year period beginning on 1 July 2015. The purpose of the Task Force is to monitor, coordinate and support the follow-up and implementation of the recommendations of the High-level Panel of Experts on the Global Response to Health Crises (HPLE) issued in its report on "Protecting Humanity from Future Health Crises". Through its work, the Task Force will seek to catalyse action on the HPLE's recommendations, enhance the preparedness of the United Nations system, maintain the profile of global health issues, and make substantive contributions to the strengthening of the global capability for responding to health emergencies.

In the present report for the second Quarter (October 2016 – December 2016), the Task Force

- c" The Task Force members recommended that the new communications and community engagement initiatives established by the ICGF consider two areas of work: the development of indicators for measuring community engagement and the development of training modules on community engagement for emergency medical teams and other responders"
- ' . Supporting regional arrangements to prevent a (resp. (t) sea#t\$ crises)
 - a" The Task Force members supported the efforts of the 6 H1 7 emergency medical Teams /initiati%e to assist with regional workforce training and capacity building" They hoped that this work will be reinforced as the : frica Centres for 3 isease Control and &re%ention co# #ences its operations in 2 1;"
 - b" The Task Force members encouraged continued coordination between 6 H1<- . syste# and regional and sub-regional groupings in emergency preparedness and

its meetings" ' recalling the critical role played by anthropologists during the Ebola response, the Task Force considered that it will be useful for this initiative to develop rosters of anthropologists and social science researchers for each region who can be deployed at short notice"

1. Securing sustainable financing! r 0 r1 " g# %a# \$ea#t\$ crises)
a"

Introduction

1. The Global Health Crises Task Force was established by the Secretary-General for a one year period beginning on 1 July 2016. The purpose of the Task Force is to monitor, coordinate and support the follow-up and implementation of the recommendations of the High-level Panel on the Global Response to Health Crises (the Panel) issued in its report on 'Protecting humanity from future health crises' (2016). Through its work, the Task Force will seek to catalyse action on the Panel's recommendations, enhance the preparedness of the health system, maintain the profile of global health issues, and make substantive contributions to the strengthening of the global capability for responding to health emergencies.

2. The Task Force meets on a Quarterly basis and provides Quarterly reports to the Secretary-General on the progress of the Panel's recommendations. During its first meeting on 27 August 2016, the Task Force identified nine priority areas:

- a) Strategic support for national health systems to prevent global health crises
- b) Integrating communities in efforts to prevent global health crises
- c) Supporting regional arrangements to prevent and respond to health crises

;" /n 5 ay 2 1C\$ the 6 orld Health :sse#bly re0uested the establish#ent of a 'e%iew Co# #ittee to e8a#ine the role of the /H ' in the 7bola outbreak" This 'e%iew Co# #ittee on the 'ole of the /nternational Health 'egulations (2 C+ in the 7bola 1 utbreak and 'esponse issued its report in 5 ay 2 1!"¹ The 6 orld Health :sse#bly re0uested the 3 irector-General to de%elop a draft global i#ple#e : e

processes are informed by constructive engagement with communities. This mechanism is being tested in Haiti following Hurricane Matthew.

Supporting regional arrangements to prevent a global health crisis

epidemiological trends, disease confirmation, patient care and measures to decrease the disease extension"

2C" Over the same period, the Health Emergencies & Programmes conducted risk assessments of infectious disease events, facilitated the completion of 26 country level Joint External Evaluations of national core capacities as described in the International Health Regulations (2005) and developed a long term prevention and control strategy for Yellow Fever"

21" In October 2016, the Health Emergencies & Programmes had its first cross-organisational retreat, bringing emergency directors from Headquarters and regions together with 6 H1 representatives from the 15 countries with the largest emergency affected populations. Objectives were reached on a new country office business model, the key role of 6 H1 representatives in emergency response, adequacy and resource mobilisation, the importance of predictable partnership, and the way forward to document and raise awareness of attacks on health care in emergency settings"

2;" The Health Emergencies & Programmes has prioritised strengthening capacities at regional and country levels, including 2; new recruitments at the regional level to be finalised in January 2017. To strengthen Health Cluster leadership, 6 H1 began recruitment of 26 Health Cluster Coordinators for long-term appointments, as opposed to short-term contracts or double-hatting as had been the practice in the past. By January 2017, 26 Health Cluster Coordinators will be hired"

2E" The Independent Oversight and Advisory Committee (I:OC) tasked with monitoring the development and performance of the 6 H1 Health Emergencies & Programmes, conducted a field visit to Colombia in November 2016 to review 6 H1's response to the Zika outbreak. The I:OC team observed that the 6 H1 office in Colombia, led by a 6 H1 representative, already had an established record of close and trusted collaboration with the Ministry of Health and Social Protection and local partners even before the introduction of the Health Emergencies & Programmes. In I:OC's desk review of the yellow fever outbreak in Angola and Democratic Republic of Congo (which coincided with a 3' C cholera outbreak), it commended 6 H1 for its release of CF7 funding and rapid response, and outcomes facilitated under one integrated incident management system with support from numerous partners. However, interviews indicated room for improvement in clarifying roles, responsibilities and reporting lines at all three levels. Since it was apparent that the Health Emergencies & Programmes had only recently been discussed at 6 H1 regional meetings, the I:OC considered that it was premature to assess the impact of the & Programmes at this stage. The full findings of the I:OC on its mission to Colombia and desk review of the yellow fever outbreak for 3' C are in the reports on the website of the I:OC^F

\$ % !

2F" In January 2017, participants at the 6th World Economic Forum Annual Meeting in Davos agreed on the importance of improving coordination across sectors and, in particular, of improving supply chain logistics to enable medical intervention to proceed during the challenging circumstances of a pandemic. The Global Supply Chain for Pandemic Preparedness and Response Initiative (GSCPI) Global Pandemic Supply Chain Initiative was

^F <http://www.who.int/about/who/for-emergency-capacities-oversight-committee/en>

(

"B" The Secretariat of the United Nations is responsible for providing support and guidance to the system on communications issues during health crises. In October 2015, WHO expanded a regular communications coordination teleconference call on H1N1 and yellow fever to cover global health crises and outbreaks. These calls are convened by WHO in partnership with the WHO and serve as a platform for coordination on communications by the system on emerging and ongoing health crises. WHO serves as the Secretariat for the Communications Group (UN, WHO and includes all relevant UN entities and partners to participate in the calls. It presents these calls are convened twice a month. Frequent participants include the World Bank Group, WHO, UN Women and UN Foundation. WHO regularly shares talking points, briefing notes and other communications products to a list that includes over 20 partners.

Testing capacities and processes for global health crises response through simulation

Task Force observations and advice

- The Task Force affirmed that simulation exercises are needed to sensitise senior leaders to the importance of integrating pandemic preparedness in their operational planning. The simulations need to be conducted in different settings, at all levels (local, national, regional and global), and with different audiences. Observations and conclusions drawn from these exercises should be collected and shared to support follow-up action.

"C" During its annual meeting, the World Bank Group conducted a simulation exercise on pandemic preparedness for Ministers of Finance and policy makers from 11 countries.¹² This exercise was aimed at promoting awareness among Ministers of Finance about the economic impacts of pandemics and discussing the roles of Ministries of Finance in supporting relevant sectors to strengthen pandemic preparedness at the national and regional levels.

"!" The exercise identified a number of challenges in financing pandemic preparedness and response. Competing priorities and insufficient political support make it difficult to allocate the necessary resources to strengthen health systems and response to outbreaks. It would be useful to have more information on the level and amounts of investments needed for pandemic preparedness, and clearer guidance on how different ministries, sectors and agencies can contribute to pandemic preparedness. Bureaucratic processes need to be streamlined to permit the rapid approvals required during a response for procurement of materials, entry and exit of health workers and budget reallocations.

;" So the measures that governments have adopted to address these challenges include the creation of contingency, emergency and reserve funds, the establishment of multi-sectoral pandemic preparedness plans, and participation in the Joint External Evaluation process. Participants considered the need to explore other solutions such as waivers for procurement, issuance of work authorizations for international health workers and including agencies, costing preparedness plans, identifying triggers for the allocation of additional resources to

¹² Bangladesh, Cote d'Ivoire, Ethiopia, Ghana, Guinea

diseases" These target product profiles are intended to provide guidance to the developers of diagnostic tests and vaccines on the expectations of public health policy-makers"

On 3 December 2016, WHO and the Institute of Medicine convened a consultation in Paris on building capacity for material transfer agreements (MTAs) in public health emergencies. The consultation identified a range of existing MTA provisions that could be relevant to emergency settings and highlighted the need for clear principles to guide the development of the proposed MTA tool. WHO will prepare a draft tool for developing MTAs which could be tested in countries affected by diseases prioritised under the 'A3 Blueprint'.

Managing ethical and regulatory issues in advance of a health emergency

On 1 October 2016, WHO issued its 'Guidance for Managing Ethical Issues in Infectious Disease Outbreaks' (Guidance)¹. The ethical issues associated with the response to the Ebola outbreak served as an impetus for the development of the guidance. While ethical guidance has previously been issued with respect to specific pathogens, WHO considered it important to focus on the cross-cutting ethical issues that apply to infectious disease outbreaks generally, recognising that decisions during an outbreak often need to be made on an urgent basis in the context of scientific uncertainty, and social and institutional disruption. The Guidance is based on the principles of Justice (Equity and procedural Justice), beneficence, utility, respect for persons, liberty, and

that gender is mainstreamed into all activities and policy making for example collecting sex-disaggregated data and ensuring the inclusion of women in clinical trials"

C;" The Guidance for Managing Ethical Issues in Infectious Disease Outbreaks* issued by WHO in October 2011 included a chapter on addressing differences based on sex and gender, noting that these differences have been associated with differences in susceptibility to infection, levels of health care received, and the course and outcome of illness. "Information collected by public health surveillance programmes should disaggregate information by sex, gender and pregnancy status to monitor variations in risks, modes of transmission, impact of disease and efficacy of interventions." Similarly, research on experimental treatments and preventive measures should identify any sex- or gender-related differences in outcomes. Women of childbearing age should not be inappropriately excluded from participation in research and should have access to relevant health-related information and the full range of

women and children affected by emergencies by developing principles and standards of care for 75 Ts delivering maternal and child health services" : additionally, the working group will focus on the improvement of maternal and child health data collection, identify key areas for training and propose exit strategies to facilitate the continuation of maternal and child health care after the departure of 75 Ts.^{1F}

!;" 1ther issues addressed by the resolution included strengthening the global partnership for de%elop#ent through . orth-South\$ South-south and triangular cooperation\$ accelerating the transition towards uni%ersal health co%erage\$ and supporting technology transfer arrange#ents" /t welco#ed high-le%el #eetings on H/M< : /3S and anti#icrobial resistance in 2 1! and decided to hold a high-le%el #eeting on tuberculosis in 2 1E" The General :sse#bly welco#ed the establish#ent of the Global Health Crises Task Force and re0uested the Secretary-General to pro%ide periodic updates on the work of the Task Force" The resolution also re0uested the Secretary-General to pro#ote discussion a#ong 5 e#ber States and rele%ant stakeholders on appropriate policy options to pro#ote access to #edicines\$ inno%ation and health technologies"

!E" /n 3ece#ber 2 1!\$ Ger#any assu#ed the presidency of the G2 " For the first ti#e\$ a #eeting of G-2 health #inisters will be con%ened in 5 ay 2 1;\$ in ad%ance of the G2 su# #it" 3uring this #eeting\$ health #inisters will discuss i#pro%ing global health crises #anage#ent and undergo a si#ulation e8ercise to test response and coordination #echanis#s" The i#pro%e#ent of healthcare syste#s and addressing anti#icrobial resistance will also be e8a#ined by the G2 "2B 78pert #eetings to prepare for the G2 Health 5 inisters 5 eeting were con%ened in 3ece#ber 2 1!"

^{2B} [Ger#an Federal 5 inistry of Health4 NThe G-2 0s 0oint responsibility for global healthN"](#)

Annex 1) Recommendations (at least five targets) (at least five year activities) (at least five report
! The High Level Commission " " Health Employment" (Economic Growth

	Key targets and activities
: " Cross-cutting immediate actions	
Galvani-e co # # it # ents	<ul style="list-style-type: none"> • Co # # it # ents # ade at national, regional and international forums to • i # ple # ent the Co # # ission, s reco # # endations
9" 'eco # # endations (2 1; 2 2 21+	
1+ Sti # ulate in # est # ents in creating decent health sector jobs	<ul style="list-style-type: none"> • 7stablish social dialogue # echanis # s • Support dialogue for health workforce strategies • Conduct labour # arket and fiscal space analysis • 3e # elop national health workforce strategies • : lign do # estic and foreign in # est # ents with health workforce strategies
2+ 5 a 8i # i = e wo # en, s econo # ic participation and foster e # power # ent	<ul style="list-style-type: none"> • 3e # elop global policy guidance, support capacity and accelerate initiatives to address gender biases and ine # ualities
?+ Scale up transfor # ati # e \$ high-Quality education and lifelong learning	<ul style="list-style-type: none"> • /ntegrate scale-up of education, learning and inter-sectoral cooperation into health workforce strategies • Scale up professional, technical and vocational education and training and strengthen rele # ant syste # s in 2 priority countries • 3e # elop tools to assess health workforce skills and labour # arket • 7stablish platfor # for knowledge e # change on health labour # arket skills
B+ 'e for # ser # ice # odels to focus on pre # ention and on pro # vision of pri # ary and a # bulatory care	<ul style="list-style-type: none"> • / # pro # e go # ernance # echanis # s • 3e # elop rele # ant guidance on health worker practice, # ultidisciplinary care, proportion of workforce in pri # ary health care, access of underser # ed areas and groups
C+ Harness /CT to enhance health education, health ser # ices and health infor # ation syste # s	<ul style="list-style-type: none"> • & # ublish re # view of /CT tools
!+ 7nsure in # est # ent in the /H ' core capacities and protect the security of health workers and health facilities	<ul style="list-style-type: none"> • /ntegrate /H ' and risk # anage # ent response skills into occupational standards, and health workforce strategies • 'e # ise /H ' # onitoring fra # ework to reflect occupational health and safety • & # roduce data collection tools and guidance on attacks on healthcare • & # ro # ide technical support to protect occupational health and safety
;+ 'aise funding fro # do # estic and international sources, and consider health financing refor #	<ul style="list-style-type: none"> • >ink national de # elop # ent and health workforce strategies • 7stablish funding # echanis # s for health workforce • / # pro # e predictability and align # ent of 1 3 : for health workforce • 'e # ew tools and # ethodologies to analyse health workforce producti # ity, perfor # ance and wages
E+ & # rote intersectoral collaboration and align international cooperation to support in # est # ents in the health workforce	<ul style="list-style-type: none"> • 7stablish global health workforce network and strategic hubs •

Annex 1) Initiatives in vaccine research (eventually related to global health crises)

1. Initiatives	Key issues	Research Financing Coordination / Implementation / Information-sharing	* Stage 6 type 1 product				
			3 diagnostics (3+ vaccines (M+ medicines (5+ all products (: >>+)	Research	Trials	Production	Distribution
WHO Global Observatory on Health R&D	The Global Observatory on Health Research and Development (GOHARD) is a centralized platform hosted at WHO that monitors and analyses what health R&D is being conducted globally, where it is being conducted, by whom and how. The Observatory is able to identify R&D needs which can guide research capacity building efforts and feed into global priority setting mechanisms so that new investments in R&D are driven by public health needs" http://www.who.int/research-observatory/en	Information-sharing	: >>				
WHO International Clinical Trials Registry Platform	The ICTRP is a global initiative that aims to make information about all clinical trials involving humans publicly available. Its mission is to ensure that a complete view of research is accessible to all those involved in health care decision making. This will improve research transparency and will ultimately strengthen the validity and value of the scientific evidence base" http://www.who.int/ictrp/en	Information-sharing		: >>			

Clinical research initiative for Global Health (WHO/GH)

WHO/GH serves as a support structure for international collaboration on clinical research for the benefit of patients, healthcare professionals, and health systems. It will seek to optimize clinical research programs in participating countries, to develop global standards on clinical

1. Initiatives	Key Issues	Role Financing Coordination Implementation Information-sharing	* Stage 6 type 1 product						
			3 diagnostics (3+)	3 vaccines (M+)	5+ all products (: >>+)	Research	Trials	Production	Distribution
	disease research networks and (very active) in developing countries" http://www.glopid-r.org								
Global Health Innovation Technology Fund (GH/IT Fund)	The GH/IT Fund is an international non-profit organization headquartered in Japan that invests in the discovery and development of new health technologies such as drugs, vaccines and diagnostics. It has a current portfolio of projects totalling \$3 billion aimed at addressing malaria, tuberculosis and neglected tropical diseases" https://www.ghitfund.org	Financing	: >>	: >>					
Global Health Investment Fund (GH/IF)	The Global Health Investment Fund (GH/IF) is a \$3.1 billion social impact investment fund designed to provide financing to advance the development of drugs, vaccines, diagnostics and other interventions against diseases that disproportionately burden low- and middle-income countries" http://www.ghif.co.uk	Financing	: >>	: >>					
Innovation in Vaccines Initiative (I ² V)	I ² V is a partnership between the European Union and the European pharmaceutical industry. It has a \$2 billion budget for the period 2015-2020. I ² V is working to improve health by speeding up the development of and patient access to innovative vaccines, particularly in areas where there is an unmet medical or social need. It does this by facilitating collaboration between the key players involved in healthcare research" https://www.i2v.europa.eu	Financing	: >>	: >>					
European Accelerating Countries Clinical Trials Partnership	The European Accelerating Countries Clinical Trials Partnership (EACTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV, TB, malaria as well as other poverty-related infectious diseases in sub-Saharan Africa with a focus on phase II and III clinical trials" http://www.edctp.org	Financing	: >>	: >>					
UNITAID	UNITAID plays an important part in the global effort to defeat HIV, TB, malaria by facilitating and speeding up the availability of improved health tools including vaccines and diagnostics" http://www.unitaid.eu/en	Financing Coordination	: >>	: >>			: >>	: >>	
Global Fund to Fight TB, Malaria and HIV	The Global Fund to Fight TB, Malaria and HIV was created in 2002 to raise money and invest the world's money to respond to three of the deadliest infectious diseases the world has ever known"	Financing					: >>	: >>	

1. Initiatives	2. Issues	3. Resource Financing
----------------	-----------	-----------------------

