1. Why is a new global medical countermeasures coordination platform needed? And how will this process contribute to that?

It became clear during the COVID-19 pandemic that the world needs a global, end-to-end coordination platform that can facilitate rapid and equitable access to pandemic countermeasures, including vaccines, tests and treatments.

Ad-hoc solutions to support the rapid development and delivery of countermeasures are inadequate for combating a pandemic of this scale.

A new global medical countermeasures coordination platform is needed which can connect and harness capabilities from across a rich and diverse ecosystem of actors and networks, and ensure convergence of efforts, especially during a pandemic.

The aim of this process is to develop an interim global coordination mechanism that can convene these networks and actors, connect, enhance coordination across them, and in times of crises, shift to an even closer collaboration and coordination.

This process recognizes that the Intergovernmental Negotiating Body (INB) deliberations on a future Pandemic Accord and the deliberations of the Working Group on Amendments to the International Health Regulations (2005) – WGIHR - could have substantial implications for the future pandemic countermeasures architecture.

The WHO-led process will not get ahead of the INB and WGIHR processes and will instead work towards informing the design of an ‘interim’ or ‘working’ coordination platform, drawing on the ongoing deliberations and negotiations. This interim platform could be activated in the near term, if needed, but then adjusted, based on the outcomes of the INB and WGIHR negotiations. Solutions to enhance access to pandemic countermeasures are also being discussed in multiple fora (e.g., World Health Assembly, G20, G7, high-level meetings) and it is important to ensure these efforts are complementary and converge towards a common purpose.
2. What process is going to be used to develop this new interim platform? What is the expected timeline for this process?

A concerted, timely multi-stakeholder process is being convened by WHO to rapidly design an interim coordination platform to accelerate development and equitable access to pandemic countermeasures.

The design and consultation process will be inclusive, transparent and rapid and build on learnings and good practices from ACT-A/COVAX, Pandemic Influenza Preparedness (PIP) Framework, International Coordinating Group (ICG) on Vaccine Provision, and other mechanisms. It will also actively work with the multiple complimentary discussions taking place, as these will provide relevant and timely opportunities to solicit further engagement and perspectives.

NB: This process recognizes that the Intergovernmental Negotiating Body (INB) deliberations on a future Pandemic Accord and the deliberations of the Working Group on Amendments to the International Health Regulations (2005) – WGIHR - could have substantial implications for the future pandemic countermeasures architecture.

Timeline: The process has two phases – with the first aimed at generating a draft ‘prototype’ by April 2023 which defines the major elements of a coordinating platform, including a high-level structure and relevant lead agencies or entities. During the second phase, and using the prototype as basis, a broader consultative process will be undertaken to seek convergence on key operational aspects of the platform so that an interim version of the platform could be fully functional by September 2023, if needed.

The initial proposed prototype will be developed through a rapid and inclusive process involving representatives from countries, global and regional organizations, civil society and industry. These technical-level discussions are focused on landscaping various scenarios and options, as the basis for a much broader consultation with more stakeholders.

For the second phase, a broad consultative group will be established by April 2023, comprising representatives from countries, international organizations and agencies, industry, regional entities, and civil society. This group will engage in consultations with a view towards reaching convergence on an interim ‘working platform’ by September 2023. The group will give particular attention to resolving open issues for which the prototyping group had proposed options.
3. **What issues would the design and consultation process seek to address/solve?**

Drawing on lessons from the COVID-19 pandemic, the PIP framework and ICG – among others - three particular challenges have been identified, two of which will be focused on as part of the WHO-convened consultation and design process:

- **coordination/governance** - to ensure joint accountability, transparency and inclusivity across stakeholders while respecting different governance mechanisms of involved entities and ensuring the agility and flexibility needed to respond to emerging threats

- **operating model** – to engage all the relevant stakeholders – including regional entities - that comprise the rich and complex medical countermeasures ecosystem in a workable coordination structure, with clearly defined roles, ways of working, interfaces, capabilities and capacities, spanning the full value chain from research to rollout.

Another crucial issue will be to define **how surge financing** can be mobilized - in particular the need for approaches that can provide immediate, timely, at-risk and upfront financing for international pandemic support, including for the rapid development and deployment of countermeasures. It is anticipated that the G20 Joint Finance and Health Task Force (JFHTF) and other fora will explore ‘surge financing’ solutions for pandemic response. Opportunities to both inform and draw upon the JTHTF work will be explored as part of this process.

4. **Why do we need a consultative process for co-creating the new interim coordination platform?**

Any new platform that is established needs to be fit-for-purpose, engage all relevant implementers, and meet the needs of those it aims to serve. With this in mind, and recognizing that no one stakeholder group or entity can deliver on equitable access, a broad range of stakeholders needs to be consulted and engaged, as we seek to develop a new coordination mechanism.

5. **Why is WHO convening this process?**

WHO is undertaking this process as the UN’s coordinating body for global health, with relevant experience hosting the ACT-Accelerator, PIP and ICG coordination mechanisms. As WHO is also custodian to the IHR
(2005) and secretariat to the Intergovernmental Negotiating Body for a pandemic accord or related international instrument and the Working Group on Amendments to the International Health Regulations (2005), this will help ensure that this process runs in concert with (and in the context of) these formal processes.

6. What is the urgency in the development of this interim platform?

The next pandemic won’t wait. The risk of a new pandemic – which will likely not be a coronavirus – is very real, as evidenced by recent outbreaks due to various pathogens e.g. H5N1, Marburg, Ebola and Mpox. The world needs to have a mechanism in place that could respond to any potential pandemic, while the INB negotiations are ongoing.

7. How does this relate to many international reviews and recommendations of COVID-19 and the WHO Health Emergency Preparedness, Response and Resilience (HEPR) Framework? What is in scope?

Access to medical countermeasures is one of 5 systems identified in many international reviews of the COVID-19 response and in the WHO Health Emergency Preparedness, Response and Resilience (HEPR) Framework. The remaining systems include surveillance, community protection, clinical care, and emergency coordination.

The HEPR Framework applies to pandemics, as well as other health emergencies. The HEPR framework also takes a much wider view of the pandemic preparedness and response architecture, and reflects aspects related to financing (e.g. the role of the Pandemic Fund) and governance (e.g. role of a potential pandemic instrument or accord).

This process seeks to inform the design of an interim global coordination platform for pandemic countermeasures, and therefore fits within but addresses a narrower scope than what is covered in the HEPR framework.
8. How does this process relate to the Pandemic Fund?

In considering potential financing gaps in the international architecture for the rapid development and equitable deployment of pandemic countermeasures, this process may provide useful insights about a potential role for a financing instrument like the Pandemic Fund. While the Pandemic Fund first call for proposals is focused on critical pandemic PPR gaps at country level, going forward it may also address critical gaps in the international architecture for pandemic countermeasures.

9. What would the relationship between this process and others underway be, including fora such as the G20/G7?

This process has high-level support from the G7 and G20, and these fora provide opportunities to test ideas and align with key stakeholders, establishing important political support for the interim platform.

10. How will this design and consultation process relate to the ongoing INB process?

This process recognizes that the Intergovernmental Negotiating Body (INB) deliberations on a future Pandemic Accord and the deliberations of the Working Group on Amendments to the International Health Regulations (2005) – WGIHR - could have substantial implications for the future pandemic countermeasures architecture.

The WHO-led process will not get ahead of the INB and WGIHR processes and will instead work towards informing the design of an ‘interim’ or ‘working’ coordination platform, drawing on the ongoing deliberations and negotiations. This interim platform could be activated in the near term, if needed, but then adjusted, based on the outcomes of the INB and WGIHR negotiations.

11. Is this ACT-A 2.0?

No. The ACT-Accelerator was an ad-hoc mechanism put together specifically to address COVID-19, in the heat of a rapidly escalating global health emergency. The ACT-A partnership has made a substantial
impact on access to tests, treatments, vaccines and PPE for COVID-19, but there are key learnings about what needs to be done differently for future pandemics.

Key issues around governance and decision-making, accountability for joint deliverables, financing and inclusivity need to be addressed as part of the process for developing a new interim platform for coordinating the rapid development and equitable delivery of pandemic countermeasures.

12. What role will countries play in this process, in particular those that struggled to access tools during COVID-19?

The needs of countries (especially low-income countries), and their voices, inputs and experiences will be key to developing the concept for the new interim platform for pandemic countermeasures. A new interim platform must have the needs of underserved countries at its centre, with equity as the central guiding principle. Country voices are key to this process and countries will be invited to engage in the consultations, and also be regularly updated on progress.

13. What role will global health organizations and UN agencies play in this process?

Relevant organizations will be part of the consultation process, bringing to bear their respective organizational expertise and capacity, with roles being more clearly defined as the process develops.

14. What role will civil society and communities play in this process?

One of the key principles of this consultation is to engage a broad range of stakeholders in an inclusive process. Civil society and community representatives have vital, relevant perspectives to design and consult on a new interim platform, and will be engaged.

15. How can stakeholders stay updated on this process?

Up-to-date information on the process can be found here.