PRET
Preparedness and Resilience for Emerging Threats

Webinar 2
18 April 2023
Technical Arrangements (1)

The webinar is in English with simultaneous interpretation into Arabic, French, Spanish, Russian, and Portuguese. Press the globe sign to choose your preferred language.

Live transcript in English is available. Press the Live Transcript sign to enable.

The webinar will be recorded and a link to the recording will be posted on the PRET Initiative Page.
Technical Arrangements (2)

To ask presenters a question in writing, please use the Q&A feature.

For any other questions/comments/concerns please use the CHAT function. We are constantly monitoring the chat.
Data Use

**Project ECHO®** collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your Personally Identifiable Data will be shared with the project funder. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.
The journey from pandemic response to the new operating context: Why mode of transmission preparedness planning is needed

1. Recap: Preparedness and Resilience for Emerging Threats (PRET)

2. PRET and pathogen-specific preparedness: influenza

3. PRET and the broader governance and systems context
   - National Action Plans for Health Security (NAPHS)
   - Universal Health and Preparedness Review (UHPR)
   - Pandemic Accord (CA+)
   - International Health Regulations (2005) amendments

4. Panel

5. Questions from the webinar participants
New approach to improve pandemic preparedness for groups of pathogens based on their mode of transmission

**WHY PRET?** Increases efficiency, reduces silos, and capitalizes on similarities
First PRET Module: Respiratory Pathogens

• Has a new organizing framework
• Describes respiratory modes of transmission & pathogens with pandemic potential
  • Includes planning for innovations (e.g., genomics, infodemic mgt)
  • Includes steps and a template for planning
• Provides key actions for 12 IHR core capacities to strengthen respiratory preparedness
  • Outlines ways to engage with 15 critical sectors
• Is a living document
• More modules for other groups of pathogens to come!

Expect tools, collaborative platforms and resources to support countries & partners to develop, test and update plans, and monitor preparedness.
1. Breakdown of participants (380 participants, 194 poll respondents):
   - 44% national focal points
   - 14% regional focal points
   - 12% global focal points
   - 14% research/academic partners
   - 15% other

2. Resources that would be helpful to clarify the vision of PRET in the current global health context
   - More than half of respondents would like short videos, brochures, and additional webinars

3. Focus areas of additional webinars
   - 72% - helpful to focus on key actions that can support respiratory pathogen preparedness
   - 70% - helpful to share resources available to support respiratory pathogen preparedness planning
   - 66% - helpful to hear country experiences
   - 55% - helpful to hear how partners can engage in preparedness planning

- We are proposing additional webinars between June – September that focus on:
  a) resources and actions that can support respiratory pathogen preparedness planning
  b) how partners can engage in respiratory pathogen preparedness planning

- Welcome countries who want to share experiences: contact rprp@who.int
Call to action: thank you for inputs

**Aim:** Call stakeholders to action and gather momentum on pandemic planning using the integrated approach

**Process:** Draft text shared with stakeholders for inputs (see Webinar #1, 23 March)

**Thank you:** Inputs received and incorporated

**Next steps:** Finalize and WHO to release online on 26 April 2023
Health context

- International Health Regulations (IHR, 2005)
- Others (national, regional & global)

Subsystems & IHR (2005) core capacities

- Policy, legal & normative instruments
- Human resources
- Coordination
- Financing
- Infection prevention & control
- Points of entry & border health
- RCCE

Broader context: Resilient communities and One Health multisectoral systems

Three tiers to strengthen preparedness

1. All / multi-hazard
2. Pathogen groups
3. Pathogen specific

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PRET and pathogen-specific preparedness

For planning: use PRET (supersedes PIRM as a planning tool):

- Don’t forget pathogen-specific preparedness needs
- Leverage systems and capacities that exist within specific disease control programmes

**PRET respiratory preparedness systems, e.g.**

- Laboratory networks
- Data standards
- Mosaics
- PHSM planning
- Public communications
- Robust child and adult vaccination programs
- Strong incident management structures
- Broadly competent and trained health workforce
- Pandemic financing
- Multi-sector collaborations
- Business continuity planning
- Stockpiles
- Regulatory preparedness
- Health resource planning
- Strong clinical network

**Within your respiratory pathogen pandemic plan (PRET), incorporate influenza-specific needs, e.g.**

- GISRS
- Flu virus sharing
- Flu diagnostics
- Flu data
- Flu communications
- Flu protocols
- Multi-sector collaborations
- Flu technical lead
- Antivirals
- Flu treatment guidelines
- PIP Framework: pandemic response products (agreements)
- Flu-specific products including vaccines
- Flu treatment guidelines
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National Action Plans for Health Security (NAPHS): nationally-led process to develop prioritized investment plan for emergency preparedness, prevention & readiness

NAPHS: Platform for planning and accountability

- Prioritization of actions for risk reduction, led by MOH
- Mapping against existing national plans
- Estimation of startup, investment & recurring costs
- 5-year strategic plan and 1- or 2-year operational plan

NEW!
UHPR: Enabling environment

Assessments, monitoring and evaluation to support planning
- State Parties Annual Reporting
- Joint External Evaluations
- Risk Assessments
- Intra & After-Action Reviews
Universal Health and Preparedness Review (UHPR)

• Facilitate **global solidarity**, to **share the results and findings and jointly support capacity building**

• Track progress through periodic review which will lead to greater **shared accountability and transparency** among countries

• **Seek predictable and sustainable resources** by highlighting where donors and partners can provide support in line with critical gaps

• **Keep health emergency preparedness high** on national, regional & global political agendas to break the cycle of ‘panic and neglect’

• Enhance multisector action & whole of society approach
**WHO CA+ : The WHO Pandemic Accord**

*Dec 2021:* World Health Assembly Special Session establishes an Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (PPR), with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by INB.

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<thead>
<tr>
<th>Process</th>
<th>Aims</th>
<th>Status</th>
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<td>• Member State led, consensus-based, transparent, &amp; inclusive</td>
<td>• Promote political commitment at the highest level to a more</td>
<td>• July 2022: INB identified Article 19 of WHO</td>
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<td>• Receive written and verbal input from Member States</td>
<td>equitable and cooperative global system that prioritizes the need</td>
<td>Constitution as the comprehensive provision under which the instrument</td>
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<td>• Engage meaningfully with relevant stakeholders &amp; the public, per modalities of engagement</td>
<td>for equity in addressing gaps in preventing, preparing for, and</td>
<td>• The WHO CA+ will be legally binding and contain both legally binding</td>
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<td>responding to health emergencies</td>
<td>and non-legally binding elements</td>
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<td>• Bureau, with support of the Secretariat, synthesizes and groups input</td>
<td>• Submit outcome to WHA 77 (May 2024) for consideration</td>
<td>• Zero Draft considered in Mar– Apr by INB</td>
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<td>thematically, to provide coherent drafts that capture as many areas,</td>
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<td>• Next meetings: 12–16 June and 17–21 July</td>
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<td>perspectives and views as possible for pandemic PPR.</td>
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<td>• 6-person Bureau: 2 Co-chairs, 4 Vice-chairs</td>
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**A legacy to future generations: minimize the impact of future pandemics on lives, economies and societies.**

See: inb.who.int
International Health Regulations (2005) Amendments

Purpose?

International Health Regulations
- Legally binding, 196 ‘State Parties’
- Prevent, detect and respond to public health events with risk of international spread

Country obligations and support
- The Regulations are now being amended to take into account lessons learned from COVID-19
- 300+ proposed amendments being discussed by WHO Member States Working Group
- Timelines: proposed amendments expected to be submitted to the 77th World Health Assembly in May 2024, for entry into force in May 2025

What’s new?

Relevant stakeholders
- National IHR Focal Points
- Others: stakeholders implementing the IHR core capacities

Who?

Learn more: Working Group on Amendments to the International Health Regulations (2005) (who.int)
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How does PRET fit into the broader governance and systems context?
Questions from webinar participants

• Please ask your questions now through the Q&A feature

• Complete the poll

• Expect the “PRET Call to Action” on 26 April 2023  (WHO News)
Thank you

Acknowledging:

• Countries: Ministries of Health and other sectors and levels engaged
• Partners: involved in respiratory pandemic preparedness
• WHO: three-level steering committee & technical units providing inputs

Contact: rprp@who.int
For more: www.who.int/initiatives/preparedness-and-resilience-for-emerging-threats