Strengthening Health Emergency Preparedness, Response and Resilience (HEPR)

Briefing deck
15th March 2023
The overall lesson from COVID-19 is clear – countries are not prepared but we can’t wait for the next pandemic

Multi-dimensional / multi-year crises are already a reality

- Currently **50 graded emergencies** (5 grade 1, 32 grade 2 and 13 grade 3)
- More than **340 million people** in need of humanitarian assistance
- **Doubling of meteorological related health emergencies in the last year**
- **60%** of preventable maternal deaths, **55%** of deaths in children younger than 5 years and **80%** of major epidemics occur in **fragile and vulnerable settings**
Essential public health functions embedded in agile health systems, engaging all sectors and all of society

Integrated public health capability embedded in primary health systems
Based on independent reviews, synthesising **300 recommendations** ...

... *developed in consultation* with Member States & partners, presented at the World Health Assembly May 2022

1. Leadership
2. Regulation (IHR)
3. Accountability

4. Capacity
5. Coordination
6. Collaboration

7. Finance-Health coordination
8. Preparedness financing (incl. Pandemic Fund)
9. Response financing
Governance strengthen leadership, regulation and accountability

Ongoing Member State Negotiations
- Intergovernmental Negotiating Body for Pandemic Accord
- Working Group on Amendments to the IHR (2005)

Leadership structures
- Establishment of Standing Committee for Emergencies in WHO Executive Board
- Ongoing discussions on head of state Global Health Emergency/Threats Council in the UNHLM PPR

Accountability mechanisms
- Universal Health & Preparedness Review pilots
- Expert Independent Monitoring (incl. GPMB)
Systems strengthen capacity, coordination and collaboration

Critical core capabilities for health emergency preparedness & response

Emergency coordination
- Collaborative surveillance
- Community protection
- Access to counter-measures
- Safe & scalable care

Connected from local & national to regional & global levels

Global
Regional
National & local
Collaborative Surveillance | Collaborative data collection, analysis and sharing to inform better decision making and action

1.1 Strengthened integrated disease, threat & vulnerability surveillance
Integrated public health, health system, One Health, contextual and community surveillance, with collaborative governance and integration

1.2 Diagnostic and laboratory capacity for pathogen & genomic surveillance
Expanded laboratory capacity including genomics, decentralized testing, risk-based biosafety and biosecurity with integrated lab networks

1.3 Collaborative approaches for risk assessment, event detection & response monitoring
Scalable architecture for integration, tools for analysis and sharing, integrated data visualization and enhanced networks for collaboration

Better decisions

Across Diseases & Threats, Sectors, Event Lifecycle, Geographies
Community Protection | Community centered preparedness, readiness, response and resilience

2.1 Community engagement & risk communication
Listening to and understanding communities, infodemic management, co-creation messages and interventions with communities

2.2 Population & environmental public health interventions
Prevent/contain zoonotic spillover, vector control, community WASH, public health and social measures and emergency vaccination

2.3 Multisectoral action for social and economic protection
Social welfare and protection, livelihoods and business continuity, continuity of education, food security, mental health
Safe & Scalable Care | Emergency care systems ready to respond rapidly, and to ensure communities have access to quality health services in safe and functional settings

3.1 Scaling clinical care during emergencies
Adaptable and scalable clinical pathways, workforce infrastructure and supply chain

3.2 Protection of health workers and patients
Infection prevention and control, water and sanitation in health facilities, patient and workforce safety

3.3 Maintain essential health services
Resilient health systems that can assess needs, capacities and gaps and adapt/augment resources to deliver essential health services
**Access to Countermeasures** strengthened with fast-tracked R&D, scalable manufacturing and coordinated procurement and supply chain

### 4.1 Fast-tracked research & development
R&D to develop medical countermeasures against priority pathogens

### 4.2 Scalable manufacturing platforms
Emergency manufacturing capacity in region scaled up to produce countermeasures

### 4.3 Coordinated supply chains & emergency distribution
The right countermeasures procured from scalable manufacturing platforms in the right volumes, equitably and timely distributed

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Enabled by end-to-end regulatory oversight

- Dual purpose production of:
  - Inter-pandemic products
  - Countermeasures for pandemics / health emergencies
Emergency Coordination | Strengthened health emergency preparedness & response capacity & coordination

5.1 Health Emergency Workforce
Essential public health and emergency workforce, dedicated emergency corps, inter-operable surge deployment and connect emergency leadership

5.2 Preparedness, Prevention & Readiness
Capacity, threat and vulnerability assessment, costed action, operational and investment plan, resource mapping and mobilization, monitoring and review

5.3 Alert & Response Coordination
Alert and surge deployment, adaptable coordination and incident management, evidence-based strategies, resourced plans, operational support
The HEPR architecture is ‘all-hazards’, and will enable preparedness, readiness, and response to specific threats (both biological and non-biological).

### Biological
- **Respiratory** (e.g. COVID-19, Influenza, MERS-CoV-2)
- **Water & Food Borne** (e.g. Cholera, Typhoid Fever)
- **Zoonotic** (e.g. Rabies, Plague, Lassa Fever, Nipah)
- **Arthropod Borne** (e.g. Dengue, Zika, Malaria)
- **Direct Contact** (e.g. Mpox, Ebolavirus, Marburg)

### Technological: Bio-safety & Bio-security hazards

### Technological: Chemical & radiation hazards

### Other
- **Climate and hydro-meteorological** (e.g. Heatwave, Cyclone, Flood, Droughts)
- **Geophysical** (e.g. Earthquake, Tsunami)
- **Societal** (e.g. Armed Conflict, Food Insecurity)
Current Progress | HEPR capability frameworks and service delivery model

1.1 Capabilities | Integrated disease, threat & vulnerability surveillance

1.1.1 Health system surveillance including capacity, area, and stage monitoring
1.1.2 Health system surveillance including capacity, area, and stage monitoring
1.1.3 Contextual Community & Health Insights
1.1.4 Collaboration governance framework and integration

Strong public health surveillance
Health system surveillance including capacity, area, and stage monitoring
Contextual Community & Health Insights
Collaboration governance framework and integration

1.2 Capabilities | Diagnostic and laboratory capacity for effective pathogen & genomic surveillance

1.2.1 Decentralized testing capacity at near the point-of-care
1.2.2 Expanded laboratory capacity and collaboration including diagnostics
1.2.3 Risk-based laboratory and laboratory prioritization to manage high-risk
1.2.4 Integrated laboratory framework for including data and sample sharing

1.3 Capabilities | Collaborative approaches for risk assessment, event detection & response monitoring

1.3.1 Suitable architecture for integration
1.3.2 Tools for data collection, analysis, and sharing
1.3.3 Information cascade visualization for interpretation
1.3.4 Networks for enhanced information sharing and collaboration

HEPR capability framework for each sub-system with threat specific capabilities

Community Worker

1. Overview
- This session will take place on day 2, 19 March, in the morning, from 9:30 to 12:30
- It will be preceded by a general presentation on the HEPR framework and the "SCS"

2. Responsibilities

Primary Health Care Center

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2. Responsibilities

District Health Office

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2. Responsibilities

Terms of reference for each level of service delivery with costing models
Financing Preparedness
Finance predictable, scalable and sustainable financing for prepared and response

G20 health and finance taskforce
- WHO and World Bank estimated annual preparedness financing needs (USD 30bn) with significant financing gap (USD 8bn)

Established Pandemic Fund
- Provide dedicated, additional long-term funding for PPR
- Complement existing PPR institutions & work by addressing gaps
- Promote coordination among key agencies working on PPR
- Incentivize increased investments by countries & partners
- US$ 1.7 Billion in pledges from over 24 donors to date

Scalable and predictable response financing mechanisms being discussed in the India G20 and Japan G7
The Pandemic Fund aims to provide long-term funding, complement exiting gaps, promote coordination, incentive increased investments, and advocate

Structure and operations

Current status

First call for proposals launches on March 3, with Expression of Interest due Feb 24

Countries eligible to receive funding from the International Bank for Reconstruction and Development (IBRD) and/or International Development Association (IDA)

Who can apply:

- Eligible country with one or more implementing entities; or
- Implementing entities working with a group of eligible countries or with a regional entity for multi-country or regional proposals.

Priorities include surveillance, laboratory systems, and human resources/workforce strengthening
A majority of EOI submissions are considered ‘eligible’ based on a broad definition:

Eligibility based on:
1. At minimum, one mentioned partner is eligible (not necessarily all)
2. Proposal focuses on at least one of three focus areas

- Total EOIs Submitted: approximately 650
- Total EOIs processed: 487
- Sample % of total: Approximately 75%
- 344 or 70% considered eligible
- 57 or ~12% need additional information to confirm eligibility
Over 70% of EOIs are single-country proposals:

- Single Country: 70%
- Multi-country: 15%
- Regional Entity: 10%

There are a few combined single/multi-country and Regional Entity submissions

83% of EOIs have been submitted by countries

*For an inclusive approach, analysis is based on EOIs categorized as ‘eligible’ and ‘not sure’
Four IEs – WHO, FAO, UNICEF & WBG - are the most frequently mentioned as partners:

Note: Analysis is based on EOs categorized as “eligible” and “not sure” for an inclusive approach.
Note 2: Based on count of times each IE was mentioned, note that multiple IEs could be proposed in one EOI.
The Pandemic Fund Call for Proposals

Call for Proposal Template issued March 3, 2023

Scoring criteria promotes

- Alignment with results framework, based on IHR, and national plan for health security/preparedness
- Coordination among national entities and partners
- Leveraging existing investments and incentivising additional investments (domestic/international, financing/in-kind)
- Operational feasibility and efficiency

Risks of proposal process

- Non-trivial application process and documentation required
- Risk that insufficient funding available in Pandemic Fund to meet demand
- Application process will divert effort from long-term and sustainable health emergency preparedness efforts

The Scoring Card will be used by the TAP to evaluate the proposals. Each Proposal will be reviewed for both qualitative and quantitative strengths, based on:

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<thead>
<tr>
<th>Section</th>
<th>Total Score</th>
<th>% of Total*</th>
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</thead>
<tbody>
<tr>
<td>A. Context national, objectives &amp; demonstrated need</td>
<td>25</td>
<td>20%</td>
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<tr>
<td>B. Scope, Priority areas/Core Capacities/Alignment with and contribution to the PF Results Framework/Monitoring and Evaluation</td>
<td>20</td>
<td>15%</td>
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<td>C. Ownership, Commitment and Co-investment</td>
<td>20</td>
<td>15%</td>
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<td>D. Co-financing and overall available funding</td>
<td>20</td>
<td>15%</td>
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<tr>
<td>E. Coordination, collaboration, and co-creation</td>
<td>20</td>
<td>15%</td>
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<tr>
<td>F. Implementation</td>
<td>25</td>
<td>20%</td>
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<tr>
<td>TOTAL</td>
<td>130</td>
<td>100%</td>
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Sustainable financing can build on existing plans, assessments, activities, and frameworks

Member States have completed....

194 State Part Self-Assessments (SPARs) since 2017

118 Joint External Evaluations (JEEs)

88 National Action Plans for Health Security (NAPHS)

And in 2022, 198 simulation exercises, 139 COVID-19 intra-action reviews and 77 after-action reviews were conducted at national and subnational levels

Despite the development of costed NAPHS – through support of tools, technical assistance, and partnership – majority are not financed
Threat specific plans, systems approaches, and IHR capacities provide important building blocks

Assessing risks

Developing and executing threat specific plans

Strengthening & integrating health systems

In addition, Member States have completed....

44 IHR-PVS National Bridging Workshops (NBWs)

37 Tripartite Joint Risk Assessment (JRA) workshops for One Health

93 STAR/risk profiling workshops
Financing, preparedness activities, and multisectoral actions can be integrated to support investment cases for health emergency capabilities at a national level.
The launch of the PF, reprogramming of C19RM, & scaling up of investments from other financial institutions creates an opportunity to support country-level applications.

February

- Feb 3rd: Expression of Interest issued
- 13th Feb: Member State Briefing
- 23rd Feb: UNCT joint country call

March

- Feb 24th: Expression of Interest due
- Mar 3rd: First call for proposal

April

- Regular Country Briefings

May

- May 19th: Pandemic Fund proposals due

Multi-sector process, multi-stakeholder process

Map existing funding sources, identify critical gaps & mobilize additional resources
5.2 Capabilities | Health emergency preparedness, readiness and resilience

### 5.2.1
Capacity, risk and vulnerability assessment

- 5.2.1.1 Assessment of preparedness and response capacities, building on existing frameworks
- 5.2.1.2 Comprehensive and up-to-date threat and vulnerability analysis and readiness assessments
- 5.2.1.3 Updated risk profile and agreement of strategic objectives based on capacity, risk and vulnerability assessment

### 5.2.2
Prioritized and costed plans

- 5.2.2.1 Development of prioritized action plan for health security based on capacity assessment
- 5.2.2.2 Development of operational readiness plan based on integrated into existing strategies and programmes
- 5.2.2.3 Costing of action/operational plans and development of overall investment plan

### 5.2.3
Resource mapping and mobilization

- 5.2.3.1 Mapping of existing financial resources and identification of gaps
- 5.2.3.2 Mobilization of additional financial resources and development of funding proposals
- 5.2.3.3 Identification of technical and operational delivery partners and assignment of roles and responsibilities

### 5.2.4
Implementation, monitoring and review

- 5.2.4.1 Establish monitoring mechanisms to track implementation against plan
- 5.2.4.2 Periodic review of capabilities and system performance through intra-action / after-action reviews and simulation exercises
- 5.2.4.3 Continuous adjustment and update of plans based on results of periodic review and evolving threats and vulnerabilities

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**Online Workshop for Regions and Countries 27th to 31st March**

i. Provide consolidated tools and template, and

ii. Open WHO training course/s and materials to support capacity-building.

- 28th March
- 29th March
- 30th March
- 31st March
Health Emergency Workforce
Emergency Coordination | Strengthened health emergency preparedness & response capacity & coordination

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HEPR 5.1 | Health emergency workforce

Included as part of:

Pandemic readiness pact

Connected Health Emergency Leadership

Predictable and institutionalized coordination between senior-level strategic and technical health emergency leaders during preparedness and response

Interoperable surge deployment

Enhancing the quality, predictability and interoperability of national, regional and global surge capacity by strengthening countries rapid response capacities and leverage existing networks and mechanisms on the basis of common quality standards and coordination protocols (e.g. EMT, GOARN, GHC, SBPs, AVoHC/SURGE, etc.)

Health Emergency Corps

Strengthening national workforce capacity of health emergency leaders, experts & surge teams for alert, response and preparedness coordination & implementation (e.g. professionalization of occupations, where relevant)

National public health and emergency workforce

Implementing the WHO Roadmap to increase national workforce capacity to deliver the essential public health functions (EPHFs), including a focus on emergency preparedness and response