

Key lessons to improve pandemic preparedness

A short synopsis and comparison of the three main COVID-19 response evaluation reports at WHO and Member State level¹

Close to two years after the first outbreak of the COVID-19 pandemic, governments have been able to learn from the initial knee-jerk reactions and transition to more tested and coordinated responses to contain the global outbreak. In face of the new virus, countries had to quickly devise strategies ranging from vaccine development and following vaccinations strategies to public health measures and border control initiatives and travel measures, often at the expense of equity and effectiveness.

These past two years have created space for reflection on how governments and the World Health Organisation (WHO) have dealt with COVID-19. Key questions include: what approaches have proven effective in addressing the global health challenges associated with COVID-19, what efforts need to be scaled up to end this pandemic, and what do these lessons teach us about preventing future pandemics?

Three reports presented at the World Health Assembly in May 2021 were tasked with answering these questions: (i) the **International Health Regulations (IHR) Review Committee**,² (ii) the **Independent Panel for Pandemic Preparedness & Response (IPPPR)**,³ (iii) and the **Independent Oversight and Advisory Committee (IOAC)**.⁴ Despite a significant level of collaboration in the drafting of the complementary reports, with the IHR Review Committee for example coordinating its work with the IOAC through regular calls, the reports evaluate the COVID-19 response from different angles and focus on the role of specific actors:

- the IHR RC report primarily seeks to assess the functioning of the International Health Regulations (IHR) during the COVID-19 pandemic, such as whether the shortcomings were due solely to a lack of proper implementation of and compliance with the IHR or whether the issues lay in the Regulations themselves (2021); and

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² The **IHR Review Committee** was convened on September 8, 2020, by the WHO Director General at the request of the Member States at the WHA (resolution WHA73.1, in line with Article 50 of the International Health Regulations (IHR)). The committee is asked to initiate a stepwise process of impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to COVID-19, including by using existing mechanisms such as the Review Committee under the International Health Regulations (2005).

³ The **Independent Panel** was requested by the World Health Assembly in May 2020 and consequently initiated by WHO Director-General in response to WHA resolution WHA73.1. The mission of the Independent Panel has been to provide an evidence-based path for the future, grounded in lessons of the present and the past to ensure that countries and global institutions, including WHO, can prevent an outbreak from becoming a pandemic.

⁴ In 2016, the **Independent Oversight and Advisory Committee (IOAC)** was established to monitor the implementation of the WHO's reform and oversee performance of the WHO Health Emergencies (WHE) Programme, launched the same year, to reform the WHO's work in health emergency management. This document reviews the ninth IOAC report, which is based on the IOAC's work from May 2020 to April 2021.

- the IPPPR takes a forward-looking approach in aiming to future-proof the international health response to pandemics by conducting a comprehensive review of the COVID-19 response (2021), and
- the IOAC report evaluates WHO emergency response more broadly, including experiences gained and lessons learned, to improve the agency's capacities in the future (2021).

This document analyses these three reports in light of the identified key questions, with the aim to synthesise common findings but also to highlight differences between them. It will provide a brief overview of the current evidence-base to a range of stakeholders, from policymakers to health practitioners, and can be a resource that can be used for on-going discussions on WHO global emergency preparedness. Knowing which proposals are backed by consensus among the three expert committees, can provide insight into their effectiveness and chance for implementation.

1- The global COVID-19 response: a review of the current evidence

In reviewing the evidence on the global COVID-19 response, **the three reports primarily examined which approaches have proven effective in addressing the global health challenges associated with COVID-19.** All of them focused on the role of WHO, while also acknowledging broader trends, such as the unprecedented level of global collaboration and coordination between governments, different institutions and the public, that became apparent throughout the pandemic.

As the IPPPR report has pointed out, WHO has maintained its leadership position in the global response throughout the pandemic, while concurrently managing 65 health emergencies over the 2020–2021 period. The IOAC report went a step further in suggesting that **WHO's leadership role for health emergencies within the United Nations (UN) system has been strengthened through the COVID-19 pandemic, at both the global and field levels.** This is in part due to the importance of WHO country offices for coordinating the UN response to COVID-19 at the national level.

Considering its focus on assessing WHO global emergency preparedness overall, the IOAC report also noted the agency's fundraising achievements in its response to COVID-19. These include closing financial gaps, as evidenced by the US\$ 1.58 billion raised (out of a total call for US\$ 1.74 billion) for the 2020 Strategic Preparedness and Response Plan (SPRP) for COVID-19 (IOAC, 2021). **By February 2021, more than 80 percent of funds received had already been utilised to support country response and regional coordination.** At an institutional level, **WHO has 'greatly improved' its decision-making processes and internal communication** and has strengthened its scientific footing by publishing over 600 COVID-related documents with empirical assessments and public health guidance, the IOAC report acknowledged (2021).

However, these successes mask a number of persistent challenges that both the international community and WHO in particular still struggle with. All three reports **point to the need for more capacity building, as too many countries still lack the necessary public health capacity to protect**

their own populations and to give timely warnings to other countries and WHO.⁵ The stark increase in coordination and communication across relevant government ministries, for example, emerged from a prior lack of solid preparedness plans, core public health capacities, organized multisectoral coordination, and an overall lack in leadership and global solidarity. As the IPPPR report notes, this is **not just a capacity issue, but rather a policy development issue at large**, considering 11 high-level panels **have laid out specific recommendations for global pandemic preparedness in 16 reports since 2011 but without any significant take-up (2021).**

Another common criticism is the **resources available for pandemic prevention and preparedness**, which, despite the praise given to SPRP fundraising efforts, **fall significantly short** of global needs. These shortcomings contrast clear evidence that mitigation and preparedness costs are only a fraction of the cost of responses and losses incurred in the event of a pandemic, underlying that **prevention has a clear economic imperative** (ADB, 2003). Moreover, as the IOAC report notes, **the challenge is not just to increase overall resources but also to channel them to where they are needed most**, with **more flexible core funding** required at WHO for financing preparedness and risk communication measures that go beyond the immediate needs of an outbreak or crisis.⁶

Finally, the three reports also point to the need to **develop stronger monitoring and evaluation mechanisms to identify and learn lessons from the COVID-19 pandemic**. This criticism is particularly pronounced in the IHR report, which notes that **there is no mechanism to monitor the implementation of key provisions of the IHR**. At the same time, the self-reported assessments of core capacities for preparedness that countries are required to submit to WHO under IHR only produced a global average score of 64 out of 100 (IHR RC, 2021). This not only evidences the need for stronger capacity building, but also suggest difficulties of doing so considering the absence of timely and quality monitoring information.

2- Ways forward to end the COVID-19 pandemic

There are several short-term measures the three reports suggest the international community, led by WHO, should take to end the current pandemic. First and foremost, these start with ensuring **access to safe and effective COVID-19 vaccines**. As the IPPPR report notes, this includes providing **92 low-middle income countries with one billion doses by no later than 1 September 2021 and more than two billion doses by mid-2022 via COVAX**. However, current estimates show that COVAX has **just shipped over half of the target for 2021 to date** (22 November, 2021): far short of the target called for by the Independent Panel.⁷ Reported issues underlying the slow vaccine roll-out mainly included limited investments but also delays arising from supply chain constraints, which according to the IPPPR report were overly dependent on a few manufacturers and concentrated in few supplier countries, This criticism most notably focuses on COVAX's reliance the Serum Institute of India, which was meant

⁵ The IOAC warns that the current WHE Programme's Incident Management System (IMS), although working very effectively, is overstretched and understaffed to support that level of ongoing global coordination for COVID-19, in addition to all the other graded emergencies (IOAC, p. 5).

⁶ Despite its critical importance, risk communication is not consistently treated as an essential component of epidemic management and is consequently chronically underfunded (IOAC, 2021).

⁷ For the latest numbers of the COVAX vaccine roll out, see: <https://www.gavi.org/covax-vaccine-roll-out>

to supply the largest percentage of vaccines until it India's government banned the deliveries of the 1.1. billion doses amidst the country's own devastating COVID-19 wave, leaving COVAX beneficiaries stranded. **While COVAX is urged to diversify its manufacturers, the WHO and Member States need to scale up their support and contributions for the ACT Accelerator,⁸ including its vaccine pillar COVAX.** Looking beyond national borders in their efforts to end the pandemic, the reports caution, donor countries need to prioritise their donations to the COVAX mechanisms⁹ to strive towards more fair and equitable access to COVID-19 vaccines.

In this vein, the Independent Panel report also specifically recommends that the World Trade Organisation (WTO) and WHO convene major vaccine-producing countries and manufacturers to agree to voluntary licensing and technology transfer for COVID-19 vaccines. If actions do not occur within three months, a waiver of intellectual property ("TRIPS waiver") rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) should come into force immediately, the report further details. Notably, both the IOAC and IHR report did not make a similar recommendation, although the IHR Review Committee recognised the persisting inequitable access to "medical countermeasures and other innovations" more generally (IHR RC, p. 62).

As the three reports acknowledge, however, **vaccination alone will not end the pandemic.** They therefore recommend that governments systematically and rigorously apply non-pharmaceutical public health measures, such as those listed in Annex I of the IHR (IHR 2005, 2016). Given the various approaches countries have taken to contain the pandemic, from driving towards elimination to mitigating the worst impacts, the IPPPR panel calls for a consistent approach at the scale the epidemiological situation requires, driven by an evidence-based strategy agreed at the highest level of government (2021). The primary responsibility ascribed to the WHO Secretariat is to support Member States to fully **implement public health measures and strengthen surveillance, monitoring and testing efforts in the light of the new variants of the virus.** The reports identify other supporting factors to achieve this, such as proactive **countermeasures against misinformation and social media attacks and further investments in risk communication as an essential component of epidemic management.**

Stemming the COVID-19 response has required significance coordination between different levels of governments as well as WHO and its partners. As succinctly put forward in the IOAC report, **the way forward therefore undoubtedly lies in greater global solidarity and stronger multilateral cooperation in order to increase global capacities for preparedness, readiness and response to health emergencies** (IOAC, p.16). The IOAC alludes to the importance of empowering WHO country offices to lead the public health response to COVID-19; and the IPPPR report adds that **national leadership can be catalysed and amplified at the regional level**, as demonstrated by the coordination efforts of the Africa Centres for Disease Control as an organ of the African Union (2021).

Moreover, there is general consensus across all three reports that such effort requires not only ownership and shared responsibility between Member States, but also **WHO leadership as part of a**

⁸ For more information on ACT Accelerator, see: <https://www.who.int/initiatives/act-accelerator>

⁹ The [KAS Map of the Month for August](#) illustrates donor country contributions to the two different structures through which the COVAX initiative procures and distributes vaccines.

One Health¹⁰ approach to COVID-19. On the importance of taking a human-animal-environment approach to tackling COVID-19, the IHR report recommends that **WHO should work closely with States Parties, in collaboration with the World Organisation for Animal Health, the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme**, as well as other networks and relevant stakeholders and partners, to address the risks of emergence and transmission of zoonotic diseases, and provide a coordinated rapid response (IHR RC, p.12). Similarly, the Independent Panel stresses a One Health approach and adds a climate change dimension to the equation as a determining factor, by pointing out that **deforestation and habitat loss speed up the interchange between humans, wildlife and domestic animals, which increases the risks of pathogen crossovers. As such, the IPPPR report points out, that instruments to address threats to human, animal and environmental health need to include climate change agreements** (IPPPR, p.19-20). The IOAC also sees great value in building stronger linkages with One Health partners, especially in terms of surveillance and monitoring (IPPPR, p.19, IOAC, p.6).

These recommendations represent only a prioritised list of short-term actions, with each of the reports identifying a number of other areas for action and support that are relevant to ending the COVID-19 pandemic. Progress on these recommendations, while aimed at ending the current pandemic, will ultimately also strengthen the global response capacity to future pandemics.

3- Futureproofing against global health pandemics

The nature of the findings across all three reports on how to futureproof against global health pandemics range from specific (e.g. establish a Global Health Threats Council¹¹) to broad (e.g. strengthen public health institutions). One challenge therein is to prioritise the multitude of proposed actions, assign specific responsibilities, and discern the different financial, operational and institutional requirements necessary to move the needle on global emergency preparedness. Against this background, the findings of the three reports can be roughly clustered together in five different action areas that all aim to strengthen pandemic preparedness and response:

- **Make WHO more independent and focused.** All three reports recommend strengthening the WHO's mandate, with the IPPPR report in particular proposing a comprehensive set of actions. These include **making WHO financially independent through increased core flexible funding, strengthening the authority and independence of the WHO Director-General and Regional Directors**, focusing WHO's mandate on normative, policy, and technical guidance, allocating additional resources to WHO country offices, and recruiting WHO staff based on their competencies rather than their political capital.

¹⁰ One Health describes a policy framework which aims to holistically and simultaneously address human and animal health as well as its interlinkages with environmental factors. It is vital to consider these human-animal-environment links in health policy, especially in terms of communicable diseases, as they help us to understand where health risks originate and what effective measures, we can take to mitigate them.

¹¹ For more info on the proposed Global Health Threats Council, see: <https://theindependentpanel.org/invited-remarks-to-intergovernmental-roundtable-on-global-health-security-financing-political-leadership/>.

- **Elevate pandemic preparedness and response to the highest level of political leadership.** The IPPPR report offers the most concrete recommendation to this end by establishing a high-level Global Health Threats Council led by Heads of State and Government. With membership endorsed by a UN General Assembly resolution, **this council would cover a wide range of actions targeted primarily to secure high-level political leadership and ensure sustained attention to pandemic prevention, preparedness and response.**
- **Formulate and invest in binding norms and standards (“Pandemic Treaty”).** A number of proposed measures aim to develop a more coherent, standardised and binding pandemic preparedness and response. Foremost among these is a **“Pandemic Treaty”**, which is mentioned by name in the IOAC report (p.7), IPPPR report (p.45) and referred to as a “global convention on pandemic preparedness and response in support of IHR implementation” in the IHR RC report (p.61). **Such an instrument, if adopted, could build a more robust global health architecture based on agreed-upon norms and obligations.** Given the diverse and sometimes competing interests at stake in developing such a treaty (KAS Geneva, 2021), a number of smaller initiatives may prove more effective in the medium term, such as the IHR RC suggested updating of national preparedness plans against WHO benchmarks to meet IHR standards (IHR RC, p.24). Another currently debated option is updating the existing International Health Regulations entirely based on their shortcomings during the COVID-19 pandemic, which comes with a specific set of challenges¹². Notably, the IHR RC report did not recommend or even suggest revising the IHR, but focused its recommendations on recognising and eliminating challenges in the implementation of the regulations.
- **Strengthen institutional capacity and coordination.** Although significant strides have been made in coordinating and empowering the global response to the COVID-19 pandemic, the reports indicate that further efforts are needed to keep this trajectory. This may include **appointing national pandemic coordinators, increasing the role and functioning of National IHR Focal Points (NFPs), and more generally advancing the One Health approach and widening the pool of stakeholders, such as relevant professional organisations and academic institutions.** Rather than reinventing the wheel, existing systems, organisations and networks¹³ should be leveraged, and emergency preparedness considerations should be mainstreamed into national health systems and coordinated and supported by the WHO.
- **Invest in knowledge production, monitoring and review.** Common to the three reports is the call to ensure future programmatic and institutional actions are rooted in scientific evidence. In particular, the findings suggest that **WHO needs to work closely with Member States and different technical experts¹⁴ to improve preparedness and risk assessments for informed**

¹² For more on the legal implications of creating a pandemic treaty or revising the IHR 2005, read: Burci, Gian Luca. 2021. [A New Pandemic Treaty, Revised International Health Regulations, or Both? What is the Actual Roadmap?](#). Health Policy Watch.

¹³ For example, the R&D Blueprint and the Global Influenza Surveillance and Response System (GISRS).

¹⁴ According to the IOAC report, the WHO should strengthen the technical capacities of the WHO Health Emergencies Programme to include social scientists and gender-equality experts to address the socioeconomic and gender-related implications of public health emergencies.

action. Important to the success of these efforts is an increased level of information sharing among states. The IHR report suggests, for example, that WHO develop a mechanism for States Parties to automatically share real-time emergency information and to formalise peer reviews as a means of accountability and learning between countries, a review mechanism was also suggested as part of a potential pandemic treaty.

Synthesis and Takeaway

Although these proposed actions offer a robust roadmap to build back stronger from the current COVID-19 pandemic, they do not guarantee that the existing global health system is future-proofed against other pandemics. As noted in all three reports, the success of applying the lessons learned is also highly dependent on other, more dynamic factors that may change over time, such as political will and global solidarity. Overall, the various assessments of the global COVID-19 response have shown that governments, WHO and other relevant stakeholders have made **significant leaps in terms of their capacity, collaboration and commitment to contain and prepare for future pandemics.** At the same time, current shortcomings in various fields (i.a. access to vaccines) suggest that **there is still much room for improvement in developing a truly global and equitable pandemic preparedness and response.**

(IHR RC) World Health Organization. 2021. *WHO's work in health emergencies - Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) - Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.* 74th World Health Assembly; 2021 May 24-June 1; virtual. Geneva: WHO; (Document A74/9 Add.1) [cited 2021 Oct 25].

Information about the IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response is available, in English only, at: <https://www.who.int/teams/ihr/ihr-review-committees/covid-19>.

(IOAC) World Health Organization. 2021. *Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.* 74th World Health Assembly; May 24-June 1; virtual. Geneva: WHO; (Document A74/16) [cited 2021 Oct 25].

Information about the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme is available, in English only, at: <https://www.who.int/groups/independent-oversight-and-advisory-committee>.

(IPPPR) World Health Organization. 2021. *COVID-19 response - Main report of the Independent Panel for Pandemic Preparedness and Response.* 74th World Health Assembly; May 24-June 1; virtual. Geneva: WHO; (Document A74/INF./2) [cited 2021 Oct 25].

Information about the Independent Panel for Pandemic Preparedness and Response (IPPPR) is available, in English only, at: <https://theindependentpanel.org/>.