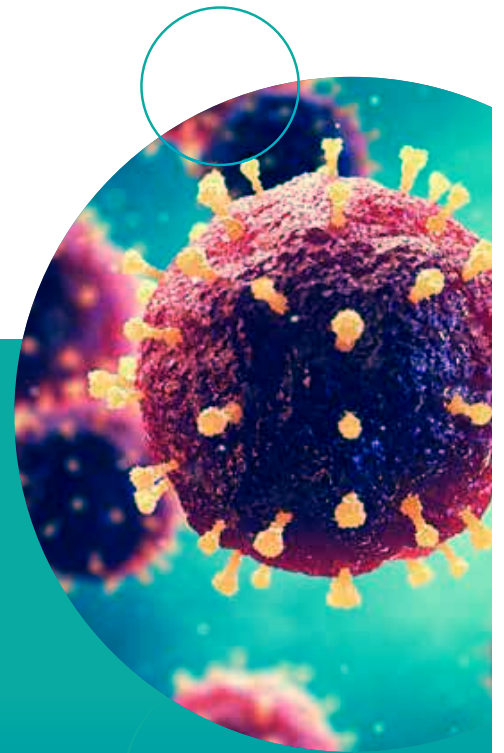


A WORLD AT RISK

Annual report on global preparedness
for health emergencies

Global Preparedness Monitoring Board

Executive Summary:
Actions for Leaders to Take



In its first annual report, the Global Preparedness Monitoring Board identifies the most urgent actions required to accelerate preparedness for health emergencies. This first report focuses on epidemics and pandemics.

The central finding of the report is that the world needs to proactively establish the systems needed to detect and control potential disease outbreaks. These acts of preparedness are a global public good that must meaningfully engage communities, from the local to the international, in preparedness, detection, response and recovery. Investing in health emergency preparedness will improve health outcomes, build community trust and reduce poverty, thereby also contributing to efforts to achieve the United Nations Sustainable Development Goals.

Leaders at all levels hold the key. It is their responsibility to prioritize preparedness with a whole-of-society approach that ensures all are involved and all are protected.

EXECUTIVE SUMMARY: ACTIONS FOR LEADERS TO TAKE

SEVEN URGENT ACTIONS TO PREPARE THE WORLD FOR HEALTH EMERGENCIES



Heads of government must commit and invest.

Heads of government in every country must commit to preparedness by implementing their binding obligations under the International Health Regulations (IHR (2005)). They must prioritize and dedicate domestic resources and recurrent spending for preparedness as an integral part of national and global security, universal health coverage and the Sustainable Development Goals (SDG).

Progress indicator(s) by September 2020

- All countries that have completed an assessment of their capacities by 1 July 2019 have developed a costed National Action Plan for Health Security (NAPHS), identified required resources and started to implement the plan.



Countries and regional organizations must lead by example.

G7, G20 and G77 Member States, and regional intergovernmental organizations must follow through on their political and funding commitments for preparedness and agree to routinely monitor progress during their annual meetings.

Progress indicator(s) by September 2020

- G7, G20, G77 and regional intergovernmental organizations monitor their commitments to preparedness for health emergencies.



All countries must build strong systems.

Heads of government must appoint a national high-level coordinator with authority and political accountability to lead whole-of-government and whole-of-society approaches, and routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness. They must prioritize community involvement in all preparedness efforts, building trust and engaging multiple stakeholders (e.g. legislators; representatives of the human and animal health, security and foreign affairs sectors; the private sector; local leaders; and women and youth).

Progress indicator(s) by September 2020

- At a minimum, the 59 countries that have completed a NAPHS identify a national high-level coordinator (board, commission or agency) to implement national preparedness measures across all sectors, and to lead and direct actions in these sectors in the event of a public health emergency.
- WHO, the World Bank and partners, working with countries, develop and cost packages of priority interventions to increase preparedness capacity that can be financed in current budget cycles and map these interventions to expected results in the near term.
- There are fewer, but better harmonized coordination mechanisms, global, regional and country networks, institutions and initiatives for preparedness and readiness and for research and development (R&D).



Countries, donors and multilateral institutions must be prepared for the worst.

A rapidly spreading pandemic due to a lethal respiratory pathogen (*whether naturally emergent or accidentally or deliberately released*) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

- Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.
- Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.
- WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum.

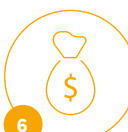


Financing institutions must link preparedness with financial risk planning.

To mitigate the severe economic impacts of a national or regional epidemic and/or a global pandemic, the International Monetary Fund (IMF) and the World Bank must urgently renew their efforts to integrate preparedness into economic risk and institutional assessments, including the IMF's next cycle of Article IV consultations with countries and the World Bank's next Systematic Country Diagnostics for International Development Association (IDA) credits and grants. Funding replenishments of the IDA, Global Fund to Fight AIDS, TB and Malaria (Global Fund), and Gavi should include explicit commitments regarding preparedness.

Progress indicator(s) by September 2020

- The IMF and the World Bank integrate preparedness in their systematic country risk, policy and institutional assessments, including in Article IV staff reports and for IDA credits/grants respectively.
- International funding mechanisms expand their scope and envelopes to include health emergency preparedness, including the IDA19 replenishment, the Central Emergency Response Fund, Gavi, the Global Fund and others.



Development assistance funders must create incentives and increase funding for preparedness.

Donors, international financing institutions, global funds and philanthropies must increase funding for the poorest and most vulnerable countries through development assistance for health and greater/earlier access to the United Nations Central Emergency Response Fund to close financing gaps for their national actions plans for health security as a joint responsibility and a global public good. Member states need to agree to an increase in WHO contributions for the financing of preparedness and response activities and must sustainably fund the WHO Contingency Fund for Emergencies, including the establishment of a replenishment scheme using funding from the revised World Bank Pandemic Emergency Financing Facility.

Progress indicator(s) by September 2020

- WHO member states agree to an increase in contributions for preparedness at the Seventy-third World Health Assembly in 2020; and Member States, the World Bank and donors provide sustainable financing for the Contingency Fund for Emergencies to a level of US\$ 100 million annually.



The United Nations must strengthen coordination mechanisms.

The Secretary General of the United Nations, with WHO and United Nations Office for the Coordination of Humanitarian Affairs (OCHA), must strengthen coordination in different country, health and humanitarian emergency contexts, by ensuring clear United Nations systemwide roles and responsibilities; rapidly resetting preparedness and response strategies during health emergencies; and, enhancing United Nations system leadership for preparedness, including through routine simulation exercises. WHO should introduce an approach to mobilize the wider national, regional and international community at earlier stages of an outbreak, prior to a declaration of an IHR (2005) Public Health Emergency of International Concern.

Progress indicator(s) by September 2020

- The Secretary-General of the United Nations, with the Director-General of WHO and Under-Secretary-General for Humanitarian Affairs strengthens coordination and identifies clear roles and responsibilities and timely triggers for a coordinated United Nations systemwide response for health emergencies in different countries and different health and humanitarian emergency contexts.
- The United Nations (including WHO) conducts at least two system-wide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen.
- WHO develops intermediate triggers to mobilize national, international and multilateral action early in outbreaks, to complement existing mechanisms for later and more advanced stages of an outbreak under the IHR (2005).
- The Secretary General of the United Nations convenes a high-level dialogue with health, security and foreign affairs officials to determine how the world can address the threat of a lethal respiratory pathogen pandemic, as well as for managing preparedness for disease outbreaks in complex, insecure contexts.

As an independent monitoring and advocacy body, the Global Preparedness Monitoring Board (GPMB) urges political action to prepare for and mitigate the effects of global health emergencies. Co-convened in May 2018 by the World Bank Group and the World Health Organization, the Board builds on the work of the Global Health Crises Task Force and Panel, created by the United Nations Secretary-General in the wake of the 2014-2016 Ebola epidemic. The Board works independently of all parties, including its co-conveners, to provide the most frank assessments and recommendations possible. The findings, interpretations, conclusions and opinions expressed in this report and by Board members represent their views only and not those of their organizations or of the co-conveners.



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