



International (Health \*e!ulations ,2007/, access to health services and medicines, functionin! health systems and stron! health workforces.

1. "he "ask 5orce identified the followin! nine priority areas of work on preparin! for, preventin! and respondin! to health crises:

- a. \$trate!ic support for national health systems
- b. ?nte!ratin! communities and civil society or!ani;ations
- c. \$upportin! re!ional arran!ements
- d. \$tren!thenin! 8 9 system capacity
- e. "estin! capacities and processes throu!h simulations
- f. +atalysin! focused research and innovation
- !. \$ecurin! sustainable financin! for health security
- h. 5ocusin! attention on the !ender dimensions of health crises
- i. Ensurin! health security remains prioritised on national and !lobal political a!endas

4. \$i!nificant developments from 6anuary 2013 to Aay 2011 in these areas are hi!hli!hted below.

S!ra!egic su##or! \$or nationa! hea!h s"s!e%s

B. "he )anel recommended that \$tates achieve full compliance with the core capacity re=uirements in the ?nternational (ealth \*e!ulations ,( \* / and that W ( # stren!then its periodic review of such compliance.<sup>4</sup>

10. #ne key achievement has been the development by W ( # of a new ? ( \* monitorin! and evaluation framework. "his framework consists of four components: annual reportin! to the World (ealth Assembly, after action review, simulation e xercises, and voluntary )oint e ternal evaluations.

11. "he )oint e ternal evaluations have introduced more ob!ectivity, depth and transparency in the assessment of national core capacities. As of B 6une 2011, 44 countries have completed a )oint e ternal evaluation, 2B countries are scheduled for the evaluations, and another 22 countries have e pressed an interest in the )oint e ternal evaluations. "he )oint e ternal evaluation teams > composed of e perts from Aember \$tates, W ( # and other international or!ani;ations > conduct the evaluations in close collaboration with national authorities across ministries. "he full reports are posted online. ?mportantly, the )oint e ternal evaluations are linked with the evaluations by the World #r!anisation for Animal (ealth , #?E/ of animal health systems and the !aps identified are addressed in costed national action plans for health security , -national health action plans. /.

12. "hrou!h the composition of the )oint e ternal evaluation teams and the conduct of the evaluations, multi%sectoral collaboration has been embedded as a standard way of workin!. "he "ask 5orce welcomes this new framework and appreciates its application. "he "ask 5orce encoura!es the systematic inte!ration of animal health e perts and civil society or!ani;ations in the ? ( \* monitorin! and evaluation framework, to promote the - #ne (ealth approach and to hi!hli!ht the critical importance of community en!a!ement.

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<sup>4</sup> A0100122, \*ecommendations 1 and 3.

12. The Task Force welcomes the substantial progress with the introduction of the voluntary joint external evaluations. (However, it is not enough just to diagnose the problems)





- a. The communication and community engagement initiative was formally established in early 2011, with a secretariat hosted by WHO/E5. The initiative will develop mechanisms to provide affected communities with information, to establish channels for communities to provide feedback on humanitarian actions and to ensure that decision-making processes are informed by constructive engagement with communities. The initiative is participating in the development of training modules for Emergency Medical Teams.
- b. The WHO/E5 and the Institute for Development Studies at the University of Sussex in the United Kingdom established a secretariat for a global partnership to carry out research on effective community engagement and risk communication needs. The partnership will aim to generate knowledge and summarise research on community engagement and building resilience in humanitarian contexts, including public health emergencies. It will also synthesise research on cultural practices and communities to guide response and recovery efforts, and develop a network of social science researchers who can be deployed during an emergency. The Task Force considers that learning from the work of the global partnership should inform the Joint External Evaluations and country action plans.
- c. The WHO/E5 Blueprint published guidance on Good Community Engagement Practices for conducting clinical research in emergencies.<sup>12</sup>

#### Supporting regional arrangements

23. The Panel recommended that regional and sub-regional organizations develop or strengthen standing capacities to monitor, prevent and respond to health crises, supported by WHO.<sup>12</sup> The Task Force supports regional initiatives, while encouraging country-centred approaches with good regional coordination.

21. To support regional capacities, the WHO/E5 Emergency Medical Teams initiative has been partnering with regional arrangements, such as the European Union, the Association of Southeast Asian Nations (ASEAN) and the African Union. WHO is training regional experts on coordinating arriving Emergency Medical Teams and public health teams. A\*9 has held regional meetings in Europe and the Middle East, and implemented international training courses for regional response capacity in the Americas and Middle East. In Africa, WHO co-hosted a West African regional conference on Health in November 2013, in collaboration with the Economic Community of West African States and others to bring together ministers from various sectors to address zoonotic diseases. The Africa Centres for Disease Control and Prevention (Africa CDC) was formally launched in January 2011, with Dr. John Nkomo named as its first director. WHO signed a framework for collaboration with the African Union on the Africa CDC to improve health security and Africa CDC is now a partner in A\*9.

24. In March 2011, the sub-regional action plan to implement the recommendations of the High Level Commission on Health Employment and Economic Growth was adopted at a health and labour ministerial meeting of the West African Monetary and Economic Union (WAMEU). The action plan includes the revision of macroeconomic policy constraints on

<sup>12</sup> <http://www.who.int/blueprint/what/norms/standards/eng/> : ebruary2013.pdfJuaK1

<sup>12</sup> A100122, recommendation 7.



24.



shares the concern of the WHO that inadequate financing threatens to undermine the progress made by the programme. It will be important to monitor the implementation of the programme and see whether the financing enables the programme to be sustainable for the long term. The Task Force stresses that collaboration between the agencies addressing human health, W (H) and animal health, Zoonoses and the Food and Agriculture Organization (FAO) is particularly important in view of the number of emerging threats that are of zoonotic origin. The Task Force cautions against stretching capacity only during emergencies. The 89 system needs to build capacities for preparation and response.

42. The WHO Emergency Response Framework provides guidance on how WHO manages the assessment, investigation and response to public health events and emergencies. When conducting a risk assessment, WHO engages a range of partners, including WHO, the WHO Regional Offices and WHO Collaborating Centers. The results of a risk assessment are communicated through the WHO Regional Emergency Director to the Executive Director of the WHO (Health Emergencies Programme). All high-risk events are referred for investigation within 24 hours. The Executive Director promptly notifies the Secretary-General of health events graded at levels 2 and 3. This notification is also sent to the Emergency Relief Coordinator and the Resident Coordinator of the affected country.

44. Upon receipt of these notifications, the WHO Secretariat further circulates the





role in convening and coordinating partners to align with common priorities, to ensure that efforts are not duplicated, and to flag areas where increased \* I : efforts are needed for particular pathogens or products. The Task Force recommends

Equal partners in the design, conduct, and analyses in clinical studies are vital to foster the trust needed to conduct clinical trials and other research activities.

34. The Panel recommended that WHO convene its Member States to renegotiate the pandemic influenza preparedness framework with a view to including other novel pathogens.<sup>24</sup>

37. A WHO framework review group was established in December 2017 to conduct the first review of the WHO framework after it had been implemented for five years. In its report to the WHO Executive Board, the review group noted that it had declined to proceed as recommended by the Panel. The review group explained that the success of the WHO framework had







development of a global policy guidance and the acceleration of regional and national initiatives to address gender biases and inequalities in education and health labour markets. The Task Force agrees that greater attention must be paid to the disproportionate burden on women during health crises both in the health sector, as informal and formal care-givers/ and with regard to economic and social impacts on women and girls.

1B. The Task Force supports the chapter in WHO's Guidance for Anaemia: Ethical Issues in Infectious Disease Outbreaks. In addressing differences based on sex and gender, noting that these differences have been associated with differences in susceptibility to infection, levels of health care received, and the course and outcome of illness. Information collected by public health surveillance programmes should disaggregate information by sex, gender and pregnancy status to monitor variations in risks, modes of transmission, impact of disease and efficacy of interventions. Policy-makers and outbreak responders need to pay attention to gender-related roles and social and cultural practices, including vulnerability to interpersonal violence, when developing health intervention and communication strategies.

40. An additional positive development is the establishment of a maternal and child health working group by the WHO Emergency Medical Teams (EMT) initiative to develop principles and standards of care for EMTs delivering maternal and child health services. This will complement the important work already being done on maternal and child health coordinated through the health cluster.

41. UN Women, the International Federation of Red Cross and Red Crescent Societies (IFRC) and UN Office for Disaster Risk Reduction (UNDRR) have jointly developed a Global Programme in Support of a Gender-responsive Sendai Framework Implementation Strategy. Noting the higher fatality rates of women and girls in natural disasters such as the 2004 cyclone in Myanmar and the 2014 Solomon Island floods, the Strategy Programme emphasizes the need to focus on the high and unequal risk exposure of women and girls to the impact of climate related natural disasters and its detrimental effect on individual, household and community resilience. The Task Force encourages UN Women,



### III. Future actions

4B. Over the past year, the Task Force has seen significant progress in many areas highlighted in the Panel's report. Key achievements include the introduction of the Joint External Evaluations and other components of the WHO monitoring and evaluation framework, the establishment of the WHO Health Emergency



the extent to which people enjoy health security. Engaging with political processes is essential to maintain health security as a priority on national and global political agendas. High-level political engagement on health issues is needed to ensure that health security is recognized as a global public good and that effective financing policies are in place to make best use of available funds. There should be multi-sectoral outreach to government ministries, beyond the ministry of health. To secure the financing they need, health programmes and initiatives must be ready to be held accountable for results in order to build confidence and trust. Effective advocacy for health cannot only rely on the utilization of the 89 system and intergovernmental processes, and focus on international organizations and Member States as the primary actors and agents of change. Advancing health security in its fullest sense means engaging all relevant stakeholders, and creating an inclusive space in which all non-89 stakeholders and non-governmental actors can come together, contribute and be heard.

B1. The Task Force reflected on next steps following the conclusion of its mandate on 20 June 2011. The Task Force recalled that the General Assembly requested WHO to submit reports on the state of health security in 2013 and 2011, and considered the possibility of continuing this reporting process beyond 2011. A majority of Task Force members recommended that the Secretary-General develop and implement a new time-limited independent mechanism for reporting on the status of the world's preparedness through ,i/ monitoring system-wide progress towards increased health crises preparedness and response, ,ii/ helping to ensure political visibility and accountability for efforts at country, regional and global levels, and ,iii/ providing an alert to the Secretary-General and other key stakeholders if the system is not functioning adequately.

