

## GLOBAL HEALTH CRISES TASK FORCE

### *Summary of First Quarterly Meeting (23 August 2016)*

1. Mr. Jan Eliasson (the United Nations Deputy Secretary General) opened the meeting, thanking Dr. Margaret Chan (the Director-General of the World Health Organization) and Dr. Jim Yong Kim (the President of the World Bank Group) for serving as co-leads and thanking the Task Force members for their participation. He emphasized the importance of having functioning systems in place for tackling global health crises. He noted the need for a body of internal and external experts to monitor progress on the recommendations of the High Level Panel on the Global Response to Health Crisis (HLP). He stressed the value of horizontal methods of working together, with WHO as the leading agency and with other bodies playing their roles. He urged the Task Force to focus on prevention.

2. Dr. Chan recognized the contributions of countries, UN agencies and other partners who made progress possible on many fronts. She reported on the activities of WHO to strengthen capacities at the national and global level to address health crises. These activities include developing a joint external evaluation tool to monitor compliance with the International Health Regulations; working with regional and sub-regional entities to recruit and certify medical teams; preparing standard operating procedures for managing infectious hazards in the context of the current humanitarian architecture; and developing a blueprint to identify severe pathogens and necessary actions to drive innovation in research and development; WHO has also strengthened its own capacity by establishing the new WHO Health Emergencies Programme, as endorsed by the World Health Assembly in May 2016. She noted funding gaps for WHO's Health Emergencies Programme, the WHO Contingency Fund for Emergencies, and health-related activities in humanitarian crises.

3. Dr. Kim urged the Task Force to commit to breaking the cycle of panic and neglect in reacting to health crises. He commended WHO's efforts and actions in the last two years, which he considered made the world safer in the face of future threats. He reported on the launching of new financing mechanism, the Pandemic Emergency Financing Facility (PEF). The PEF will be comprised of a US\$500 million dollar facility to be used to respond to three viruses (orthomyxoviruses, flaviviruses and coronaviruses) and other zoonotic diseases (Crimean Congo, Rift Valley, Lassa fever) and a US\$100 million cash window that may be used to respond to any potential disease outbreak that may take on pandemic proportions. The facility will be operational by early 2017. He stressed the need to find new ways making and producing vaccines. He encouraged the use of simulations and tabletop exercises to test gaps in capacities for addressing health crises.

4. The Deputy Secretary General invited the Task Force members to address the workplan and to provide their perspectives on the work of the Task Force for the coming year. In their remarks made during the call and written comments sent to the Task Force Secretariat, the Task Force members addressed the following issues:

***Strategic support for national health systems to prevent global health crises***

5. The Task Force members noted that health systems strengthening needs to be approached strategically, so that the urgent objectives of promoting health security are pursued alongside longer-term objectives of building strong health systems. The challenge will be making weak health systems strong enough to prevent local health events from becoming global crises. The International Health Regulations (IHR) are a critical entry point to strengthening health systems strategically. Gaps for IHR compliance should be prioritized, for example, by focusing on outbreak surveillance as an initial, lower cost measure to enable better prevention and as a step towards a more comprehensive disease surveillance system.

6. One component of health systems strengthening is training, retaining and protecting health professionals. During outbreaks, investments in protective equipment, PPE training and infection control networks are needed to avoid infection of health professionals. In humanitarian crises, the shrinking of humanitarian space has meant that the safety and security of health workers is jeopardized and the most vulnerable are even harder to reach.

#### ***Integrating communities in efforts to prevent global health crises***

7. The Task Force members considered that community engagement deserves greater emphasis as an outbreak response tool. They agreed that it is essential to have meaningful engagement with communities in the design and implementation, as well as the evaluation of health programmes. Protecting individuals from health threats through community involvement is at the very core of human security. Communities can be involved in surveillance, early action tools, promotion of health seeking behavior as well as contact tracing and the identification of bottlenecks in response efforts. Initiatives to promote community engagement will need investment. UNICEF, IFRC and others are building community engagement platforms to facilitate work at the community level in future crises.

#### ***Supporting regional arrangements to prevent and respond to health crises***

8. The Task Force members agreed on the importance of regional arrangements, both technically, bioethically, and politically. The need to map laboratory diagnostic capabilities at the regional level was particularly noted. The Task Force members encouraged WHO and its regional offices to continue to support regional arrangements and build research capacity. In addition, regional and South –South cooperation is key to enhancing prompt and effective responses and prevention.

#### ***Strengthening UN system capacity during health emergencies***

9. The Task Force members welcomed the progress made in establishing the new WHO Health Emergencies Programme and its corresponding oversight mechanism, the Independent Oversight and Advisory Committee. They looked forward to updates on the development of the IASC-WHO standard operating procedures for infectious hazard management, which will be shared with Member States of the United Nations General Assembly in due course.

#### ***Testing capacities and processes for global health crises response through simulations***

10. The Task Force members agreed that simulations and table-top exercises should be used to test the functioning of systems and processes, as well as to ensure accountability. A number of simulation exercises are underway or anticipated, including those under the auspices of the G20 and the World Economic Forum Board of Trustees.

***Catalyzing focused research and innovation relevant to global health crises***

11. Beyond creating a list of priority diseases, as recommended by the Panel, the Task Force members discussed the need to enhance research and research capacity and to build translatable platform technologies that incentivize the development of multi-pathogen diagnostics, vaccines, therapeutics and preventive measures. Better approaches to clinical trials, improved regulatory pathways and additional funding are all needed. The Task Force members stressed the importance of engaging host countries at the time of carrying out research and collaborating with the private sector. Members cited national platforms for coordinating research and development, such as REACTing (a French network created in 2014). Another example is the Biomedical Advanced Research and Development Authority (a US entity) that is charged with engaging commercial partners in advancing the development and manufacturing of medical countermeasures determined to be critical for health security). The Secretary-General's High-Level Panel on Access to Medicines is expected to issue its report in September 2016.

***Securing sustainable financing for work on global health crises***

12. The Task Force members expressed concern about the significant funding gaps faced by WHO. Resources continue to be needed for other activities, including community engagement, and research and development. The Task Force welcomed new financing mechanisms that have been created in recent years, including the WHO Contingency Fund for Emergencies and the Pandemic Emergency Financing Facility. However, there were concerns expressed by some as to the feasibility of securing such an amount of funding. A new International Health Partnership for UHC2030 launched in June 2016 is another notable development in the realm of donor coordination on universal health coverage. At the request of the Independent Oversight and Advisory Committee, WHO will be preparing an economic business case and risk benefit analysis to encourage the contribution of additional funds from other sectors.

***Focusing attention on the gender dimensions of global health crises***

13. The Task Force members considered that greater attention must be paid to the disproportionate burden on women during health crises both in the health sector (as informal and formal caregivers) and with regard to economic and social impacts on women and girls. They underscored the need to prioritize major gaps around gender, and focus on developing normative standards, resourcing, and getting sufficient attention to gender during health crises. Reaching out to those vulnerable populations is also crucial for achieving universal health coverage (UHC), which contributes to enhancing the capacity for prevention of and preparedness for global health crises.

***Ensuring health crises are a priority on global political agenda***

14. The Task Force members stressed the importance of engaging with political processes to maintain health security as a priority on the global political agenda. Health should be integrated centrally into political processes, such as the G20, G7 and the relevant organs of the United Nations, as well as regional high-level conferences such as the Tokyo International Conference on African Development (TICAD). Another avenue for maintaining political focus on health crises is to mainstream this issue across the 2030 Agenda for Sustainable Development. High-level political engagement on health issues is needed to ensure sustainable financing and advance recognition of health security as a global public good.

15. Interest was expressed in relevant developments regarding human security, for which health is an indispensable element, including relevant UN documents and international conferences.

***Ways of working***

16. Some Task Force members sought greater clarity on the table setting out the activities relevant to each of the Panel's recommendations, requesting details on specific milestones and deliverables. Other Task Force members wanted to focus on identifying gaps in the global health capacity to address health crises and develop areas of work. The Task Force Secretariat will continue to compile information on new activities and developments from each quarter that are relevant to the implementation of the Panel's recommendations. At the same time, the Task Force Secretariat will engage with Task Force members at the working level for suggestions on ways the Task Force can best address priority needs identified in its first meeting.