

Survey on implementation of COVID-19 recommendations: preliminary findings

TOP 10 RECOMMENDATIONS

Recommendation code	Scope	Recommendation name	No. of responses
IHR_01	Leadership and governance	Role and functioning of National IHR Focal Points (NFPs): 1.1. States Parties should enact or adapt legislation to authorize NFPs to perform their functions and to ensure that the NFP is a designated centre, not an individual, which is appropriately organized, resourced and positioned within government, with sufficient seniority and authority to meaningfully engage with all relevant sectors. The mandate, position, role and resources of the NFP should be clearly defined.	71
IHR_05	Leadership and governance	Core capacities requirements for preparedness, surveillance and response: 2.2. WHO should continue to provide guidance and technical support to countries on how to integrate assessment of IHR core capacities, and the subsequent development of national plans for emergency preparedness, surveillance and response, into national efforts to strengthen essential public health functions and to rebuild resilient health systems after the COVID-19 pandemic.	67
IHR_03	Leadership and governance	Role and functioning of National IHR Focal Points (NFPs): 1.3. WHO should work with States Parties to identify additional stakeholders, such as professional organizations and academic institutions, capable of supporting IHR advocacy, implementation and monitoring, in collaboration with NFPs where appropriate, so as to enhance and facilitate mutual support mechanisms and networks at the regional and global levels.	64
IHR_35	Leadership and governance	Collaboration, coordination and financing: 9.5. WHO and States Parties should consider the benefits of developing a global convention on pandemic preparedness and response in support of IHR implementation. Such a convention may include provisions for preparedness, readiness and response during a pandemic that are not addressed by the IHR, such as, strategies for the rapid and timely sharing of pathogens, specimens and genome sequence information for surveillance and the public health response, including	64

		for the development of effective countermeasures; provision for equitable access globally to benefits arising from sharing the above; and provisions for rapid deployment of a WHO team for early investigation and response, for maintaining the global supply chain, and for prevention and management of zoonotic risks as part of a One Health approach.	
IHR_02	Leadership and governance	Role and functioning of National IHR Focal Points (NFPs): 1.2. WHO should continue working with States Parties to strengthen the capacities of NFPs, including through regular and targeted training and workshops, especially at the national and regional levels. WHO should provide clear guidance on the functions of the NFP required by the IHR, and document and disseminate best practices for the designation and operation of NFP centres. WHO should also assess the performance and functioning of NFPs using appropriate criteria and in full transparency, and report its findings accordingly in WHO's annual report to the WHA on IHR implementation.	63
GPMB_17	Equity	17. Researchers, research institutions, research funders, the private sector, governments, WHO and international organizations improve coordination and support for research and development in health emergencies and establish a sustainable mechanism to ensure rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution.	60
IHR_04	Systems and tools	Core capacities requirements for preparedness, surveillance and response: 2.1. States Parties should strive to integrate the core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions, in order to ensure that national health systems are resilient enough to function effectively during pandemics and other health emergencies. States Parties should ensure that gender equality is integrated into IHR core capacity development and monitoring.	60
IHR_06	Leadership and governance	Core capacities requirements for preparedness, surveillance and response: 2.3. WHO should continue to review and strengthen its tools and processes for assessing, monitoring and reporting on core capacities, taking into consideration lessons learned from the current pandemic including functional assessments, to allow for accurate analysis and dynamic adaptation of capacities at the national and subnational levels.	60

IHR_39	Leadership and governance	Compliance and accountability: 10.3. Given the experience of the COVID-19 pandemic and the need for multisectoral collaboration, WHO should further develop guidance on how to structure rigorous and all-inclusive, whole-of-government assessments and other preparedness activities, and should work with Member States to engage stakeholders beyond the health sector in order to identify and address country level gaps in preparedness.	59
IHR_28	Equity	Digitalization and communication: 8.2. WHO should develop norms and standards for digital technology applications relevant to international travel, ensuring individual privacy and facilitating equitable access to all persons, including those in low-income countries. This may include the development of digital technologies for contact tracing in the international context, as well as options for the digitalization of all health forms in the IHR.	58

TOP 10 RECOMMENDATIONS – SYSTEMS AND TOOLS

Recommendation code	Source	Recommendation name	No. of responses
IHR_04	IHR Review Committee	Core capacities requirements for preparedness, surveillance and response: 2.1. States Parties should strive to integrate the core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions, in order to ensure that national health systems are resilient enough to function effectively during pandemics and other health emergencies. States Parties should ensure that gender equality is integrated into IHR core capacity development and monitoring.	60
IHR_11	IHR Review Committee	Notification and alert system: 4.2. WHO should develop a mechanism for States Parties to automatically share real-time emergency information, including genomic sequencing, needed by WHO for risk assessment that builds on relevant regional and global digital systems.	55
IHR_13	IHR Review Committee	Notification and alert system: 4.4. As part of a One Health approach to preparedness, alert, response, and research to emerging zoonotic diseases, WHO should work closely with States Parties, in collaboration with the World Organisation for Animal Health, FAO, and UNEP, 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 and technical assistance as early as possible for acute events.	54

IHR_27	IHR Review Committee	Digitalization and communication: 8.1. WHO should develop standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis, in consultation with States Parties and partners. An urgent priority is for WHO to study issues relating to digital vaccination certificates, such as mutual authentication and data security.	54
IHR_15	IHR Review Committee	Risk assessment and information sharing: 5.2. WHO should develop standard forms for requesting information and verification of events under relevant articles of the IHR. As part of the information and verification request, States Parties should provide the information that WHO requests as necessary for conducting its risk assessment. Such information may include, but is not limited to, microbiological information, infection epidemiology (e.g. transmission patterns, incubation period, attack rate, incidence), disease burden (e.g. clinical features, case-fatality rate) and public health and health system response capacity. WHO should disseminate these forms and provide training for NFPs on how to use them.	53
GPMB_24	GPMB 2020	24. National leaders, WHO, the UN and other international organizations develop predictive mechanisms for assessing multisectoral preparedness, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies.	52
GPMB_05	GPMB 2019	Countries, donors and multilateral institutions must be prepared for the worst: 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; 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.	50
IHR_14	IHR Review Committee	Risk assessment and information sharing: 5.1. In cases where WHO deems an event to be of significant risk and where the allegedly affected State Party does not respond to WHO's verification request concerning a possible event, and if other information about the event is already in the public domain, then WHO should provide that publicly available unverified information about the event, while protecting the source of that information. This will allow States Parties to: (a) have access to the signals that caused WHO concern and the status of WHO's request for verification; and (b) to respond by providing information about the event in question.	50
GPMB_16	GPMB 2020	16. Heads of government strengthen national systems for preparedness: identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a One Health approach that integrates animal and human health; building core public health capacities and workforce for surveillance, early detection and sharing of	48

		information on outbreaks and similar events; strengthening health systems based on UHC with surge capacity for clinical and supportive services; and putting in place systems of social protection to safeguard the vulnerable, leaving no one behind.	
IHR_12	IHR Review Committee	Notification and alert system: 4.3. WHO should develop options to strengthen, and where appropriate, build global genomic sequencing infrastructure to maximize this critical technology as a component of future pandemic preparedness and response.	48
IHR_21	IHR Review Committee	Emergency Committee and PHEIC determination – Raising the alarm: 6.4. WHO should adopt a more formal and clearer approach to conveying information about the Emergency Committee’s meetings to States Parties and the public. To that end, WHO should provide a standard template for statements issued following each meeting, which should include: <ul style="list-style-type: none"> • the information provided to the Emergency Committee and its deliberations; • the reasons and evidence that led to the Emergency Committee’s advice; • any diverging views expressed by Emergency Committee members; • the rationale for the determination or not of a PHEIC by the WHO DG; • the issuance, modification, extension or termination of temporary recommendations; • the categorization of recommended health measures; • the significance of a PHEIC and the key public health response actions expected from States Parties (e.g. vaccine activities, funding, release of stockpiles); and • the difference between the declaration of a PHEIC and the characterization of a pandemic. 	48
IHR_22	IHR Review Committee	Emergency Committee and PHEIC determination – Raising the alarm: 6.5. For events that may not meet the criteria for a PHEIC but may nonetheless require an urgent escalated public health response, WHO should actively alert the global community. Building on WHO’s online Disease Outbreak News (DON), a new World Alert and Response Notice (WARN) system should be developed to inform countries of the actions required to respond rapidly to an event to prevent it from becoming a global crisis. This notice should contain the WHO risk assessment, shared in a manner consistent with IHR Article 11, and the specific public health response actions required to prevent a PHEIC, including calling for an increased response from the international community.	48

TOP 10 RECOMMENDATIONS – FINANCE

Recommendation code	Source	Recommendation name	No. of responses
IHR_31	IHR Review Committee	Collaboration, coordination and financing: 9.1. States Parties should ensure adequate and sustained financing for IHR implementation at the national and subnational levels and provide adequate and sustained financing to the WHO Secretariat for its work on preventing, detecting and responding to disease outbreaks, pursuant to the recommendations of the Working Group on Sustainable Financing established by the EB in January 2021.	50
IHR_32	IHR Review Committee	Collaboration, coordination and financing: 9.2. WHO should strive to ensure that there are adequate human and financial resources across all its offices at HQ, regional and country levels for effective implementation of the Organization's obligations under the IHR, including functions relating to: communication with NFPs; building and assessment of core capacities; notification, risk assessment and information sharing; coordination and collaboration during public health emergencies; and other relevant IHR provisions.	45
GPMB_21	GPMB 2020	21. The UN, WHO, and the International Financing Institutions develop a mechanism for sustainable financing of global health security, which mobilizes resources on the scale and within the timeframe required, is not reliant on development assistance, recognizes preparedness as a global common good, and is not at the mercy of political and economic cycles.	43
IOAC_29	IOAC	WHO finance: 29. the international community make a collective investment in global preparedness and health security.	43
IPPPR_27	IPPPR	Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	42
IOAC_27	IOAC	WHO finance: 27. the predictability and sustainability of funding for the WHE Programme be improved through an increase in assessed contributions, non-specified multi-year funding arrangements for core voluntary contributions and a wider donor base.	41
IPPPR_04	IPPPR	Establish WHO's financial independence, based on fully unearmarked resources, increase Member States fees to 2/3 of the budget for the WHO base programme and have an organized replenishment process for the remainder of the budget.	41

IPPPR_22	IPPPR	<p>Create an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and for rapid Global finance-surge for response in the event of a pandemic.</p> <ul style="list-style-type: none"> • The facility should have the capacity to mobilize long-term (10–15 year) contributions of approximately US\$ 5–10 billion per annum to finance ongoing preparedness functions. It will have the ability to disburse up to US\$ 50–100 billion at short notice by front loading future commitments in the event of a pandemic declaration. The resources should fill gaps in funding for global public goods at national, regional and global level in order to ensure comprehensive pandemic preparedness and response. • There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-ODA budget lines and additional to established ODA budget levels. • The Global Health Threats Council will have the task of allocating and monitoring funding from this instrument to existing institutions, which can support development of pandemic preparedness and response capacities. • Funding for preparedness could be pre-allocated according to function and institution. Global finance-surge for response in the event of a new pandemic declaration should be guided by prearranged response plans for the most likely scenarios, though flexibility would be retained to adapt based on the threat. • The Secretariat for the facility should be a very lean structure, with a focus on working with and through existing global and regional organizations. 	41
GPMB_20	GPMB 2020	20. Heads of government protect and sustain the financing of their national capacities for health emergency preparedness and response developed for COVID-19, beyond the current pandemic.	40
GPMB_02	GPMB 2019	Heads of government must commit and invest: Heads of government must prioritize and dedicate domestic resources and recurrent spending for preparedness as an integral part of national and global security, UHC and the SDG; 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.	39
GPMB_04	GPMB 2019	Countries, donors and multilateral institutions must be prepared for the worst: 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; Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine,	39

		broad-spectrum antivirals, and targeted therapeutics. 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.	
IOAC_28	IOAC	WHO finance: 28. An increased proportion of WHO core flexible funding be allocated to the WHE Programme. The IOAC reiterates the critical need to increase WHO core flexible funds for financing preparedness activities.	39
IPPPR_33	IPPPR	Production of and access to COVID-19 tests and therapeutics, including oxygen, should be scaled up urgently in LMICs with full funding of US\$ 1.7 billion for needs in 2021 and the full utilization of the US\$ 3.7 billion in the Global Fund's COVID-19 Response Mechanism Phase 2 for procuring tests, strengthening laboratories and running surveillance and tests.	39

TOP 10 RECOMMENDATIONS – EQUITY

Recommendation code	Source	Recommendation name	No. of responses
GPMB_17	GPMB 2020	17. Researchers, research institutions, research funders, the private sector, governments, WHO and international organizations improve coordination and support for research and development in health emergencies and establish a sustainable mechanism to ensure rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution.	60
IHR_28	IHR Review Committee	Digitalization and communication: 8.2. WHO should develop norms and standards for digital technology applications relevant to international travel, ensuring individual privacy and facilitating equitable access to all persons, including those in low-income countries. This may include the development of digital technologies for contact tracing in the international context, as well as options for the digitalization of all health forms in the IHR.	58
GPMB_13	GPMB 2020	National leaders, manufacturers and international organizations ensure that COVID-19 vaccines and other countermeasures are allocated in a way that will have the most impact in stopping the pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access. Each country should get an initial allocation of vaccine sufficient to cover at least 2% of its population, to cover frontline health care workers.	54
IOAC_01	IOAC	WHO response to the COVID-19 pandemic: 1. WHO support Member States in developing a global strategy to roll out the ACT Accelerator for operationalizing tools and maximizing impact with a public health approach and	54

		ensure fair and equitable access to COVID-19 vaccines. IOAC reiterates that the political and financial commitment of Member States is fundamental to fully achieving the potential of the ACT Accelerator.	
IPPPR_21	IPPPR	Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials: <ul style="list-style-type: none"> • based on plans jointly developed by WHO, regional institutions, and the private sector, • with commitments and processes for technology transfer, including to and among larger manufacturing hubs in each region, • supported financially by International Financial Institutions and Regional Development Banks and other public and private financing organizations. 	51
IOAC_31	IOAC	WHO finance: 31. WHO protect humanitarian and development funding for health security and UHC. WHO Secretariat is urged to support countries in fragile, conflict-affected and vulnerable settings in resuming delivery of an essential package of health services, including feasible COVID-19 control measures and a vaccination strategy.	50
IOAC_02	IOAC	WHO response to the COVID-19 pandemic: 2. The international community address issues arising from supply chain constraints to ensure the equitable distribution of COVAX doses and guarantee investment to reduce the socioeconomic impacts of the global pandemic.	49
IPPPR_30	IPPPR	High-income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 LMICs of the Gavi COVAX Advance Market Commitment, at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX & other coordinated mechanisms.	48

TOP 10 RECOMMENDATIONS – LEADERSHIP AND GOVERNANCE

Recommendation code	Source	Recommendation name	No. of responses
IHR_01	IHR Review Committee	Role and functioning of National IHR Focal Points (NFPs): 1.1. States Parties should enact or adapt legislation to authorize NFPs to perform their functions and to ensure that the NFP is a designated centre, not an individual, which is appropriately organized, resourced and positioned within government, with sufficient seniority and authority to meaningfully engage with all relevant sectors. The mandate, position, role and resources of the NFP should be clearly defined.	71

IHR_05	IHR Review Committee	Core capacities requirements for preparedness, surveillance and response: 2.2. WHO should continue to provide guidance and technical support to countries on how to integrate assessment of IHR core capacities, and the subsequent development of national plans for emergency preparedness, surveillance and response, into national efforts to strengthen essential public health functions and to rebuild resilient health systems after the COVID-19 pandemic.	67
IHR_03	IHR Review Committee	Role and functioning of National IHR Focal Points (NFPs): 1.3. WHO should work with States Parties to identify additional stakeholders, such as professional organizations and academic institutions, capable of supporting IHR advocacy, implementation and monitoring, in collaboration with NFPs where appropriate, so as to enhance and facilitate mutual support mechanisms and networks at the regional and global levels.	64
IHR_35	IHR Review Committee	Collaboration, coordination and financing: 9.5. WHO and States Parties should consider the benefits of developing a global convention on pandemic preparedness and response in support of IHR implementation. Such a convention may include provisions for preparedness, readiness and response during a pandemic that are not addressed by the IHR, such as, strategies for the rapid and timely sharing of pathogens, specimens and genome sequence information for surveillance and the public health response, including for the development of effective countermeasures; provision for equitable access globally to benefits arising from sharing the above; and provisions for rapid deployment of a WHO team for early investigation and response, for maintaining the global supply chain, and for prevention and management of zoonotic risks as part of a One Health approach.	64
IHR_02	IHR Review Committee	Role and functioning of National IHR Focal Points (NFPs): 1.2. WHO should continue working with States Parties to strengthen the capacities of NFPs, including through regular and targeted training and workshops, especially at the national and regional levels. WHO should provide clear guidance on the functions of the NFP required by the IHR, and document and disseminate best practices for the designation and operation of NFP centres. WHO should also assess the performance and functioning of NFPs using appropriate criteria and in full transparency, and report its findings accordingly in WHO's annual report to the WHA on IHR implementation.	63
IHR_06	IHR Review Committee	Core capacities requirements for preparedness, surveillance and response: 2.3. WHO should continue to review and strengthen its tools and processes for assessing, monitoring and reporting on core capacities,	60

		taking into consideration lessons learned from the current pandemic including functional assessments, to allow for accurate analysis and dynamic adaptation of capacities at the national and subnational levels.	
IHR_39	IHR Review Committee	Compliance and accountability: 10.3. Given the experience of the COVID-19 pandemic and the need for multisectoral collaboration, WHO should further develop guidance on how to structure rigorous and all-inclusive, whole-of-government assessments and other preparedness activities, and should work with Member States to engage stakeholders beyond the health sector in order to identify and address country level gaps in preparedness.	59
IHR_08	IHR Review Committee	Legal preparedness: 3.2. States Parties should ensure that national legislation on emergency preparedness and response supports and is consistent with IHR provisions and IHR implementation (e.g. that the IHR have been incorporated into the domestic legal order and that implementing legislation has been adopted); that legislation is in place to protect personal data, including of travellers and migrants during the response to PHEIC and pandemics; and that sufficient resources are available for full implementation of existing and new legislation.	57
IHR_10	IHR Review Committee	Notification and alert system: 4.1. States Parties should share the relevant public health information needed by WHO to assess the public health risk for a notified or verified event as soon as it becomes available, and continue to share information with WHO after notification or verification to allow WHO to conduct a reliable risk assessment. States Parties should communicate more proactively through WHO's Event Information Site (EIS) with both other States and WHO Secretariat. WHO should monitor and document countries' compliance with their IHR requirements for information sharing and verification requests, and report its findings in WHO's annual report to the WHA on IHR implementation.	57
IHR_16	IHR Review Committee	Risk assessment and information sharing: 5.3. WHO should proactively and assertively make use of the provisions of Article 11 of the IHR to share information about public health risks with States Parties (including unofficial information from reliable sources, without seeking agreement from the States Parties concerned) and should report annually to the World Health Assembly on how it has complied with the implementation of Article 11, including instances of sharing unverified information with States Parties through the EIS.	57
IHR_20	IHR Review Committee	Emergency Committee and determination of PHEIC- Emergency Committee: 6.3. WHO should consider an open call for the IHR Roster of Experts, organized to promote gender, age, geographic and professional diversity and equality, and should generally give more	57

		consideration to gender, geography and other aspects of equality and to succession planning (identifying and appointing younger experts).	
IHR_36	IHR Review Committee	Collaboration, coordination and financing: 9.6. WHO should facilitate and support efforts to build evidence and research on the effectiveness of public health and social measures during pandemics to underpin preparedness and readiness efforts, including the formulation of emergency guidance and advice.	57
IPPPR_02	IPPPR	Adopt a Pandemic Framework Convention within the next six months, using the powers under Article 19 of the WHO Constitution, and complementary to the IHR, to be facilitated by WHO and with the clear involvement of the highest levels of government, scientific experts and civil society.	57

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