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| **Preparedness 2.0 in the WHO European region****Position paper for the House of Representatives of the Netherlands Roundtable on Pandemic Preparedness in an International Perspective, 17 May 2023** |  |
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The experience of the COVID-19 pandemic has triggered considerable global and regional initiatives to strengthen pandemic preparedness and response. Multiple high-level reviews and lessons learned at the global level[[1]](#footnote-1) and at the regional level[[2]](#footnote-2) have highlighted areas in need of capacity strengthening across the 53 Member States in the WHO European Region. As the current five-year Action plan to improve public health preparedness and response in the WHO European Region (2018–2023)[[3]](#footnote-3) ends this year, the 72nd session of the Regional Committee for Europe mandated the WHO Regional Office for Europe to start a process of developing a new regional strategy and action plan to strengthen health emergency preparedness, response, and resilience (Preparedness 2.0), in close consultation with Member States.

Preparedness 2.0 aims for an updated strategy to strengthen health emergency preparedness, readiness, response, and resilience across the WHO European Region through an all-hazard and One Health approach to support countries in developing fit-for-purpose national health emergency preparedness and response plans and systems. It will do so by incorporating lessons learned from the COVID-19 pandemic and other recent and ongoing emergencies, as well as supporting countries in regionalising and implementing changes to the health security architecture at the global level.

Preparedness 2.0 will be informed by and aligned with ongoing global and regional processes:

* The WHO Director-Generals 10 proposals to strengthen the global architecture for health emergency preparedness, response and resilience, and its accompanying framework (HEPR).
* The Member State-led Working Group on Amendments to the International Health Regulations (2005) (WGIHR).
* The Member State-led Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other intentional instrument on pandemic prevention preparedness and response (CA+).
* The WHO Preparedness and Resilience for Emerging Threats (PRET) initiative10, an innovative, hazards-based approach to improving pandemic preparedness that recognizes that the same systems, capacities, knowledge, and tools can be leveraged and applied for groups of pathogens based on their mode of transmission.
* The One Health Quadripartite Joint Plan of Action 2022-2026 (OH JPA).
* The European Union’s initiative to update its Health security framework, including through the adoption of Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU.

**Priority Areas for Preparedness 2.0**

Preparedness 2.0 will progress with a step-wise approach in consultation with Member States in the WHO European Region. It is further guided by inputs from the Technical Advisory Group (TAG) for Preparedness 2.0[[4]](#footnote-4).

Based on identified lessons from the COVID-19 pandemic and other concurrent emergencies, Preparedness 2.0 will support countries in enhancing capacities enabling agile health systems and their ability to manage the **“dual-track” approach**, maintaining essential health services while managing the emergency response. Further core elements of Preparedness 2.0 include (but are not limited to):

* **Governance and leadership for health emergencies**: Ensuring **e**ffective multi-sector coordination, evidence-based decision making, effective budgeting and timely recourse allocation, and clear communication and accountability frameworks for preparing for and responding to health emergencies, so response actions are coordinated, efficient, and effective.
* **Collaborative surveillance:**Strengthening and integrating event-based collaborative surveillance systems to routine respiratory and all hazard monitoring systems, ensuring a range of operational public health functions relating to surveillance mechanisms and modalities, enhanced data and pathogen sharing, increasing laboratory capacity, and increasing country risk assessment ability for emerging pathogens.
* **Community protection:** Scaled up support to countries for building and strengthening multi-hazard Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) capacity, and consolidating respective structures, systems, and skills.
* **Strategies for strengthening capacities for border health and points of entry, mass gathering and implementing Public Health and Social Measures (PHSM) during health emergencies:** PHSM play an immediate and critical role throughout the different stages of the health emergency cycle and contribute to decreasing the burden on health systems so that essential services can be maintained.
* **Safe and scalable care:**Building resilient health systems; with the resources and capacity to re-organise and deploy existing resources in response to increased demands in health emergencies with agility and flexibility, while maintaining essential services, and protecting and supporting health workers and patients. This includes developing human resources for health security, and a flexible health workforce to respond to evolving emergency needs.
* **Access to countermeasures:**Ensuring preparedness efforts focus on the development of processes for fast-tracked research and development, with pre-negotiated benefit-sharing agreements and appropriate financing instruments; regulatory frameworks and legal preparedness, scalable manufacturing platforms and agreements for technology transfer; and coordinated procurement and emergency supply chains to enable equitable access.
	+ **Emergency coordination:**Enhancing multisectoral collaboration and coordination calls for the operationalisation of a One Health approach to better prevent, predict, detect, and respond to health threats at the human-animal-environment interface. This includes capacity building and planningthrough national action plans such as the National Action Plan for Health Security (NAPHS); building a strong Pan-European network for disease control (NDC), a European health emergency corps that links partnerships across the region; and coordination through a standardized and commonly applied emergency response framework.

WHO and partners are ready to support the implementation of relevant actions at the national level to strengthen context-specific capacities for better-prepared and resilient health systems for future public health threats and emergencies, leaving no one behind.

1. E.g., The Independent Panel for Pandemic Preparedness and Response, COVID-19 Make it the Last Pandemic <https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf>; IHR Review Committee for Functioning of IHR during COVID <https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies> [↑](#footnote-ref-1)
2. Response to the COVID-19 pandemic: lessons learned to date from the WHO European Region <https://apps.who.int/iris/bitstream/handle/10665/343157/71wd06e-rev1-PR-Response-LessonsLearned-210693.pdf?sequence=1&isAllowed=y>; Pan European Commission on Health and Sustainable Development <https://www.who.int/europe/publications/m/item/drawing-light-from-the-pandemic--a-new-strategy-for-health-and-sustainable-development> [↑](#footnote-ref-2)
3. <https://apps.who.int/iris/handle/10665/312235#:~:text=The%20action%20plan%20to%20improve,to%20affected%20countries%2C%20when%20necessary> [↑](#footnote-ref-3)
4. <https://www.who.int/europe/news-room/articles/item/call-for-experts-tag-on-development-of-strategy-action-plan-on-health-emergency-preparedness-response-resilience> [↑](#footnote-ref-4)