

# The capture of WHO – and the need to stopp pandemic preparedness and response activities

By Dr. Silvia Behrendt, Director of the Agency for GHR, held at the European Parliament, 19th of April 2023

"Only man has law.  
Law must be built,  
do you understand me?  
You must build the law."

---

*Raphael Lemkin, drafter of the Genocide Convention*

## Vision

We must build an international legal order where human dignity, fundamental freedoms and the inviolable human rights are respected during times of war and peace and any violation by an international organisation or other actor is held to account.

# stopp  
Privileges & Immunities

# Structure of HQ

## World Health Organization Headquarters\* (as of 1 January 2023)

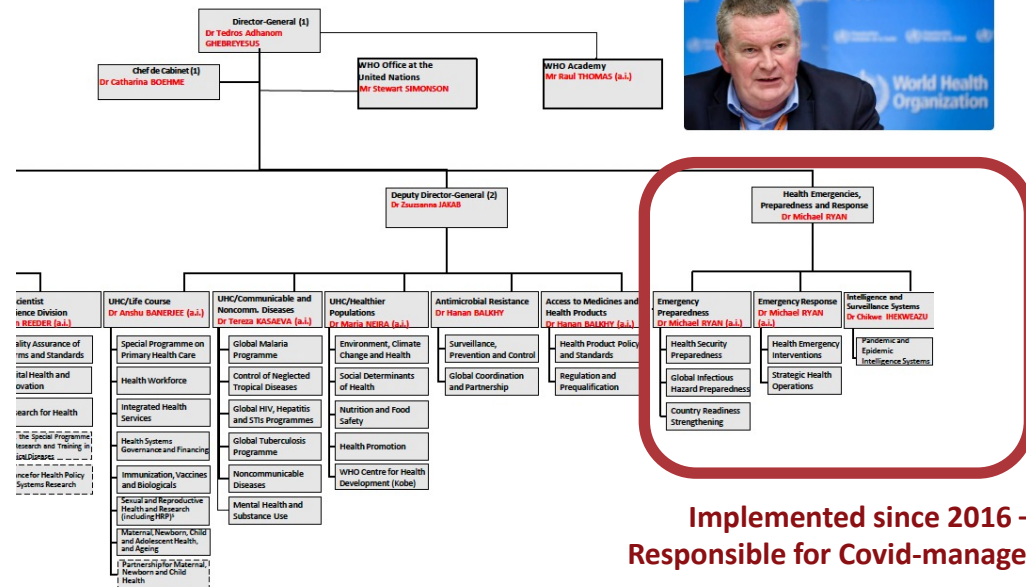
\*Click on the Division for further details

### Budget 2022-2023 -

- US\$ 845.9 mill core budget
- limited number of donors
- not disclosed who or what
- serious allegations against Mike Ryan

### Budget 2020-2021:

- US\$ 585.3 mill core budget
- US\$ 2.9 billion Outbreak and Crisis Response (OCR) budget
- US\$ 98.9 million for the Contingency Fund for Emergencies (CFE)



Implemented since 2016 –  
Responsible for Covid-management

[152.EB](#) reads : „The Committee requested the Independent Expert Oversight Advisory Committee to continue its work to finalize the process for handling potential allegations against the Executive Head of the Organization.“



GLOBAL  
HEALTH  
RESPONSIBILITY  
AGENCY  
Global Health Responsibility Agency, Austria  
Dr. Silvia Behrendt, Director  
eMail: silvia.behrendt@ghra.ngo

To  
Ministrstvo za zdravje  
Dr. Vesna Kerstin Petrič  
Chair of the Executive Board  
of the World Health Organization  
Štefanova 5  
1000 Ljubljana  
eMail: vesna-kerstin.petric@gov.si

**Subject: Allegations - OIS- development of standardized procedures  
update of anti-corruption & fraud policies & conflict-of-interest declarations**

Dear Dr. Petrič,

Elsbethen, 28<sup>th</sup> March 2023

In your honorable function as Chair of the Executive Board, I was pleased that you provided representatives of the civil society throughout Europe, including myself, the possibility to meet with you in person on the 13<sup>th</sup> of March 2023 in Ljubljana to discuss several items of concern. I particularly thank you for your assertion that transparency and accountability of WHO are priorities during your tenure.

One of these discussion topics concerned WHO's general approach to fraud and corruption prevention, detection, and response, as covered under the new WHO Policy Number 12/2022, 4<sup>th</sup> July 2022, and the current allegations against the Executive Director, Mike Ryan and potential allegations against the Director of the Office of Internal Oversight Services.

Particularly, in the Report of the Programme, Budget and Administration Committee (PBAC) of the Executive Board, [EB142/4 para. 11](#), it was requested for its 37<sup>th</sup> January session that the Independent Expert Oversight Advisory Committee (IEOAC) shall initiate work to **develop a standardized approach and align it with best practices in the United Nations system process for handling potential allegations** for both the Director, Office of Internal Oversight Services, drawing as appropriate from existing

...ure of

We requested more information about the allegations regarding Mike Ryan from the current Chair of the Executive Board of the WHO, Dr. Petric from Slovenia

processes  
Executive  
the Program  
Friday, 19 May

It is important to consider that any disciplinary and investigative processes must constitute a deterrent for the staff members and, as a standard operating procedure, the **staff under investigation is normally suspended during on-going investigations** for the purpose of due process and avoiding further harm to the Organization. As of yet, no deterrent and due process disciplinary measures have been applied nor are there any regulatory pathways available yet that would set visible lines of conduct for the staff what to expect in case of investigations of if there is a suspicion that WHO's policies and rules are not followed appropriately.

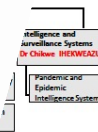
Developing a robust standardized process of investigation applicable on the entire leadership management team of WHO, including the Director-General, and across all three management levels of the Organization is an essential ingredient to transform the commitment of zero tolerance of fraud and corruption into reality by taking immediate disciplinary measures and transparent communication of ongoing allegations. Any new standardized process to be developed has to take this into account.

For this purpose, I would like to recommend to the Member States and the IEOAC to draw upon the outlined legal instruments comprised in the OECD-UNODC, WB **"Anti-corruption ethics and compliance handbook for business"**, 2013, which includes the United Nations Convention against Corruption, or the UNCAC, and the Convention on Combating Bribery of Foreign Public Officials in International Business Transactions as well as regional instruments like the Inter-American Convention Against Corruption, the African Union's Law Convention on Preventing and Combating Corruption, the Council of Europe's Criminal Union's anti-corruption policy, outlined in Article 29 of the Treaty on European Union and carried out via two main instruments: the Convention on the Protection of the European Communities' Financial Interests and the Convention against Corruption Involving European Officials or Officials of Member States of the European Union. The document provides the essence of existing global laws that have to followed to combat fraud and corruption within international business corporations, while standards of intergovernmental organizations must be much stricter.

However, any investigation procedure is only secondary to taking **preventive action** against fraud and corruption, as it cures the disease and not only its symptoms. Generally to take immediate action for the purpose of transparency and accountability through speaking, decision making by WHO's international officials should serve the public interest and be in line with its Constitution and not hide behind veils of confidentiality or data protection.

Therefore, this is an urgent call upon Member States' awareness and also upon the need to take immediate action for the purpose of transparency and accountability through addressing the actual shortcomings of scrutiny at the level of the leadership team.

In addition to the development of a standardized process, the Member States are under **an obligation to introduce appropriate standards for accountability** transparency measures towards the **WHO headquarters & regional teams, including the Director-General, the Deputy Director-General, and the**



...ented since 2016 –  
... for Covid-management

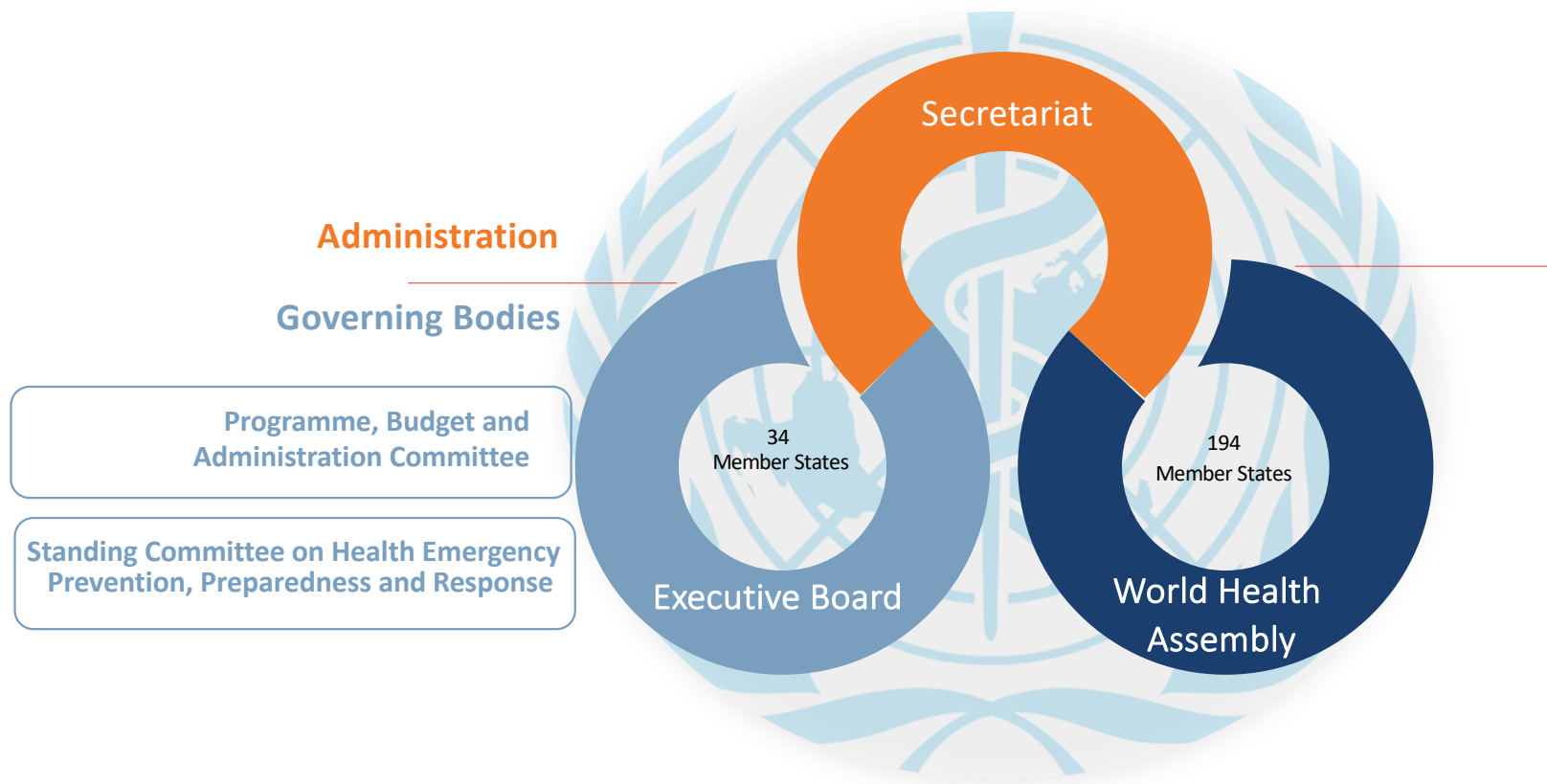
...mittee requested the Independent Expert  
...mittee to continue its work to finalize  
...g **potential allegations** against the Executive  
...ion."



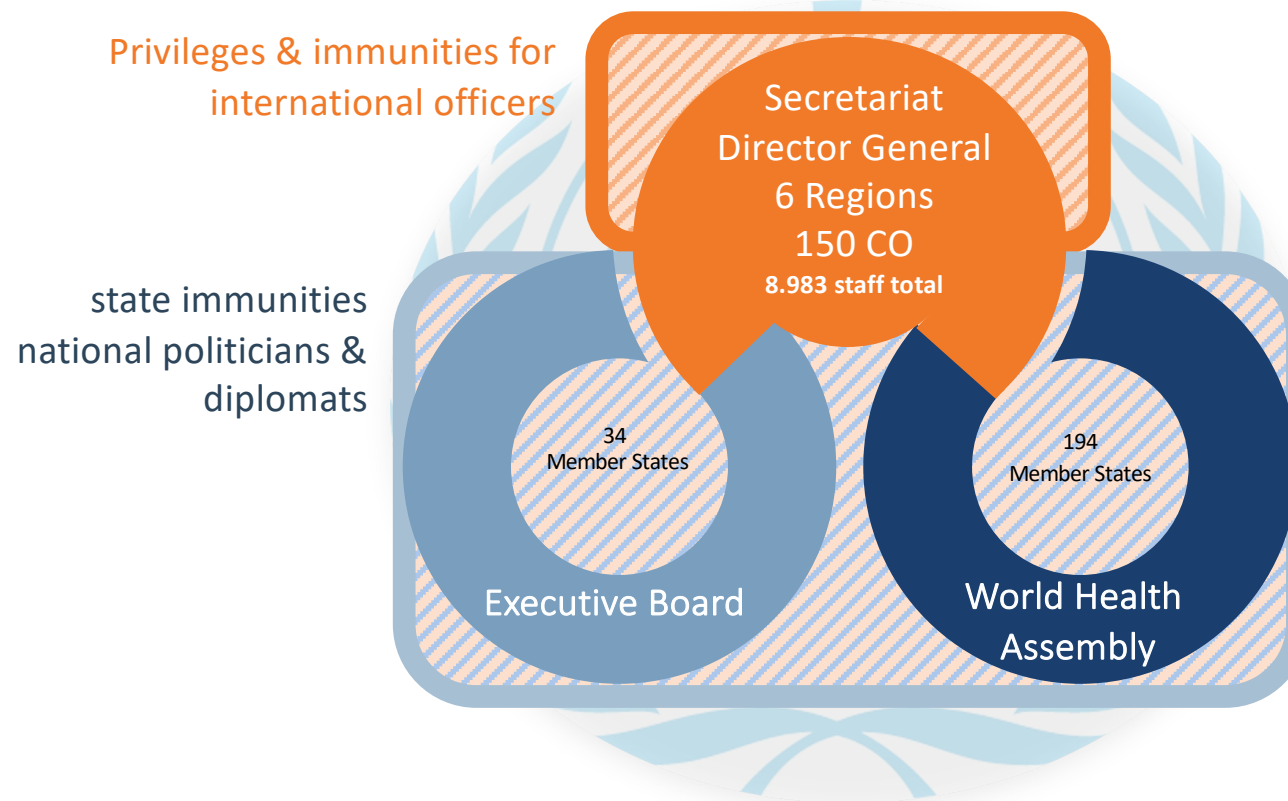
Budget 2023  
- US\$ 84 billion  
- limited  
- not disclosed  
- serious

Budget 2023  
- US\$ 84 billion  
- US\$ 84 billion  
- US\$ 84 billion  
- US\$ 84 billion  
- US\$ 84 billion

# WHO's official organs



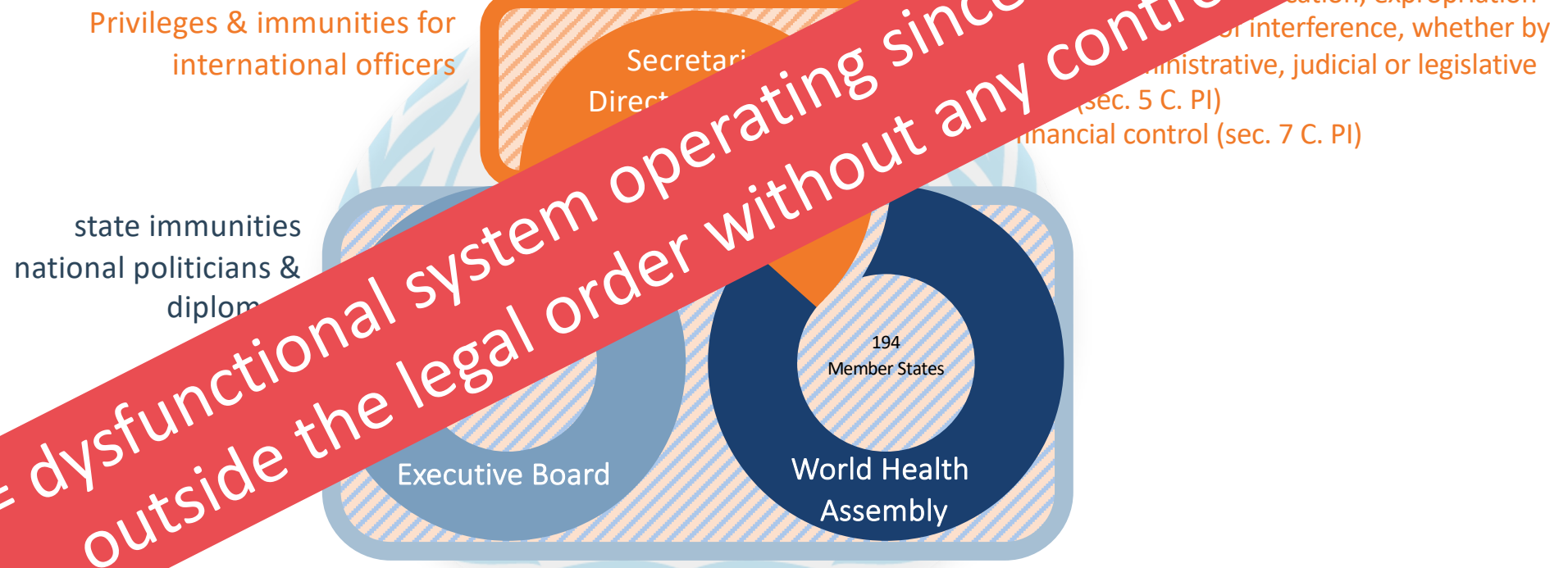
# WHO's official organs



**Full immunity protection of the Secretariat, only level of control is Member States**

- no taxes
- no domestic legal system - immune from search, requisition, confiscation, expropriation and any other form of interference, whether by executive, administrative, judicial or legislative action." (sec. 5 C. PI)
- no financial control (sec. 7 C. PI)

# WHO's official organs

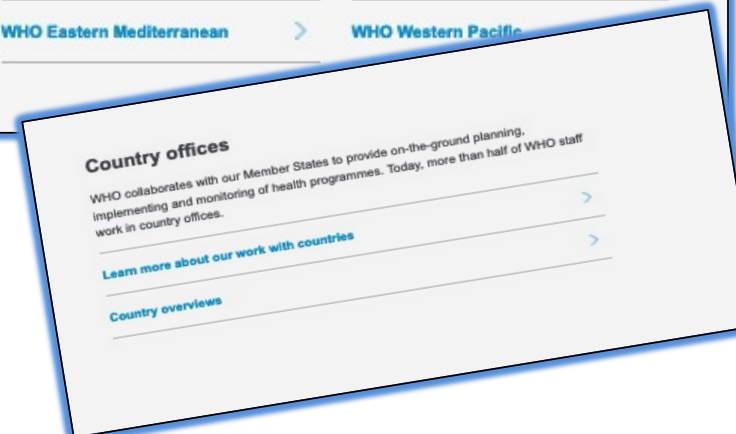
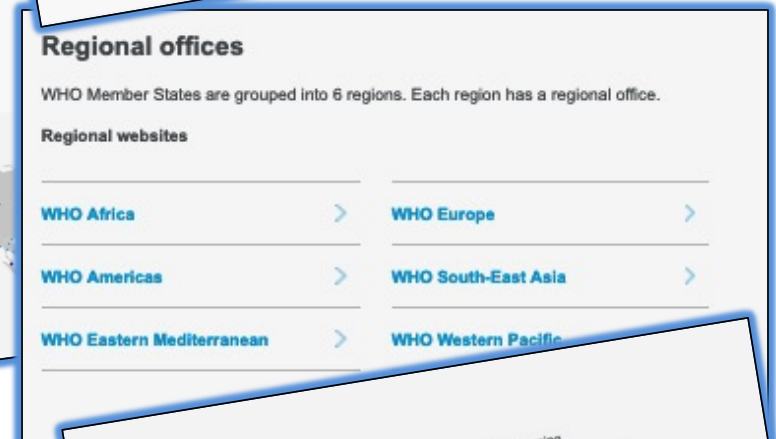
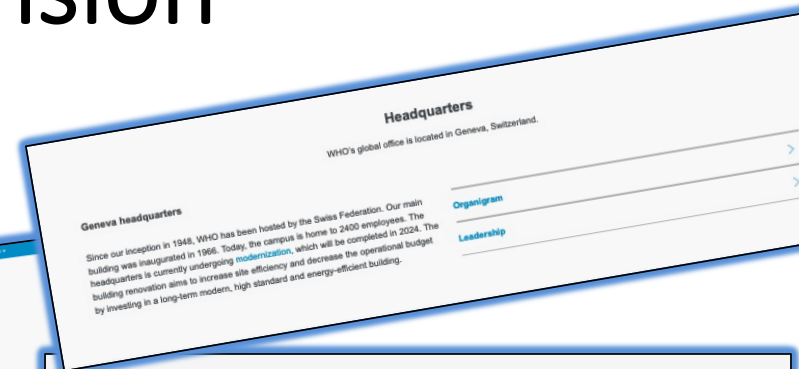


# WHO global expansion

WHO expands globally at 3 levels:

- Headquarters Geneva
- 6 Regions
- 150 Country Offices

= threat of an immediate conversion of top-down policies across the globe



# WHO global expansion

Staff:

## The WHO Representation Office to the European Union

The WHO Representation Office to the European Union (WEU), located in Brussels, Belgium, plays an important role in steering the partnership with the European Union (EU) in close collaboration with WHO's global, regional and country offices. WEU aims to further advance and enrich WHO's overall strategic partnership with the EU in areas such as global health, development and health policy, as well as humanitarian action and research to promote collaboration that improves lives, leaving no one behind. The WHO Representative to the European Union is Ms Oxana Domenti.

### Related content

Ms Oxana Domenti, WHO Representative to the European Union

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### Country offices

WHO collaborates with our Member States to provide on-the-ground planning, implementing and monitoring of health programmes. Today, more than half of WHO staff work in country offices.

[Learn more about our work with countries](#)

[Country overviews](#)

Geneva 2.916

# WHO staff

## Staff:

## Regions

Africa: 2403

SEAR: 778

EUR: 827

EMR: 1401

WPR: 596

(AMRO/PAHO: 331)

Where we work

WHO organizational structure

A global presence that puts countries at the centre of our work

From our longstanding Geneva headquarters to our 6 regional offices, 150 country offices and other offices around the world, WHO plays an essential role improving local health systems and coordinating the global response to health threats. Discover how we work to support the efforts of governments and partners to ensure everyone, everywhere has an equal chance at a safe and healthy life.

### Headquarters

WHO's global office is located in Geneva, Switzerland.

HQ Geneva 2.916

#### Geneva headquarters

Since our inception in 1948, WHO has been hosted by the Swiss Federation. Our main building was inaugurated in 1966. Today, the campus is home to 2400 employees. The headquarters is currently undergoing modernization, which will be completed in 2024. The building renovation aims to increase site efficiency and decrease the operational budget by investing in a long-term modern, high standard and energy-efficient building.

[Organigram](#)

[Leadership](#)

### Regional offices

Total : 8.983 WHO staff  
protected by privileges and  
immunities without appropriate  
standards of control comparable  
to the national level

[Learn more about our work with countries](#)

[Country overviews](#)

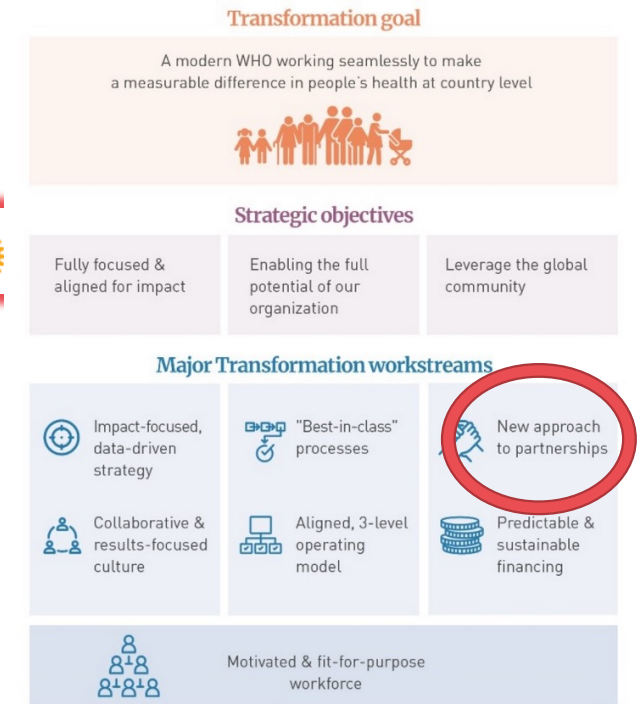
# stopp  
WHO capture by stakeholders

# Stakeholders Capture of WHO

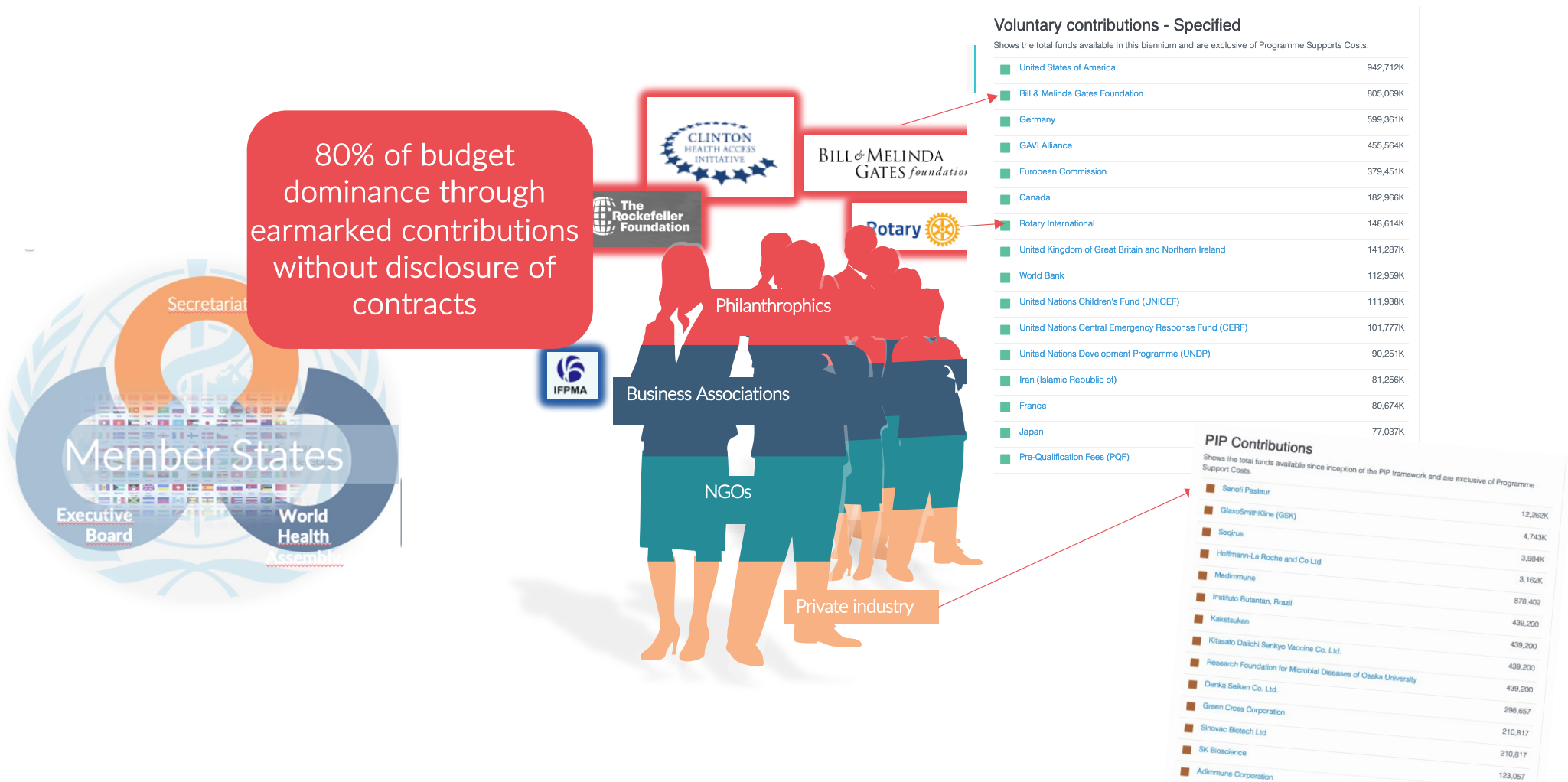


# Stakeholders: Transformation of WHO by DG

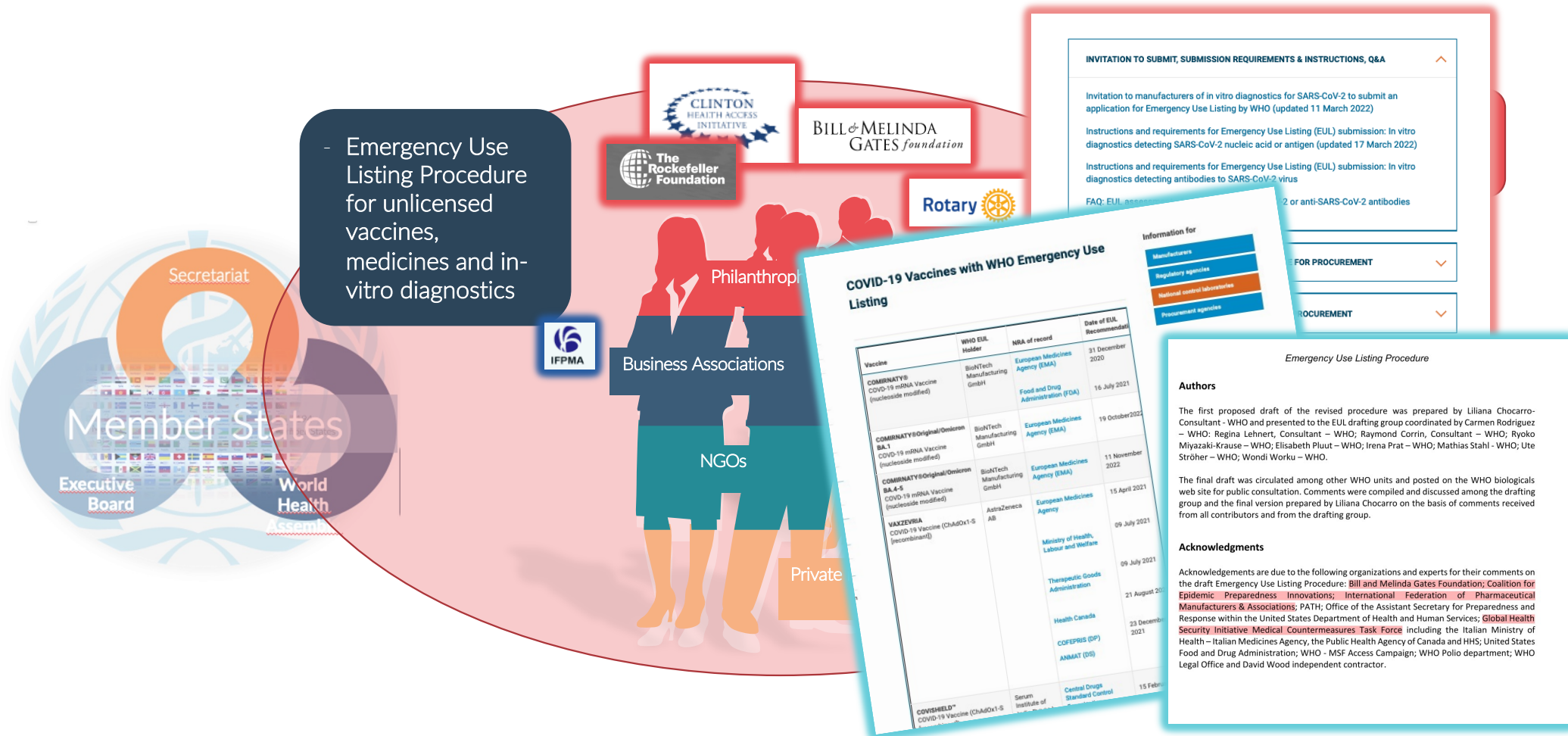
- launched in 2017/18 by the DG, see [here](#)
- has to be seen in the light of restructuring WHO into a global Emergency Operating Centre
- more and stronger focus on industrial partnerships
- more money, WHO as an „investment case“ 2.0
- easy achievable targets, MDGs (e.g. vaccination-rate)
- more command and control through the three levels of the organization (headquarters, regions, country offices)
- [Transformation enabling initiates](#): Access to Covid Tools-Accelerator (ACT-A), Bio-Hub, etc.



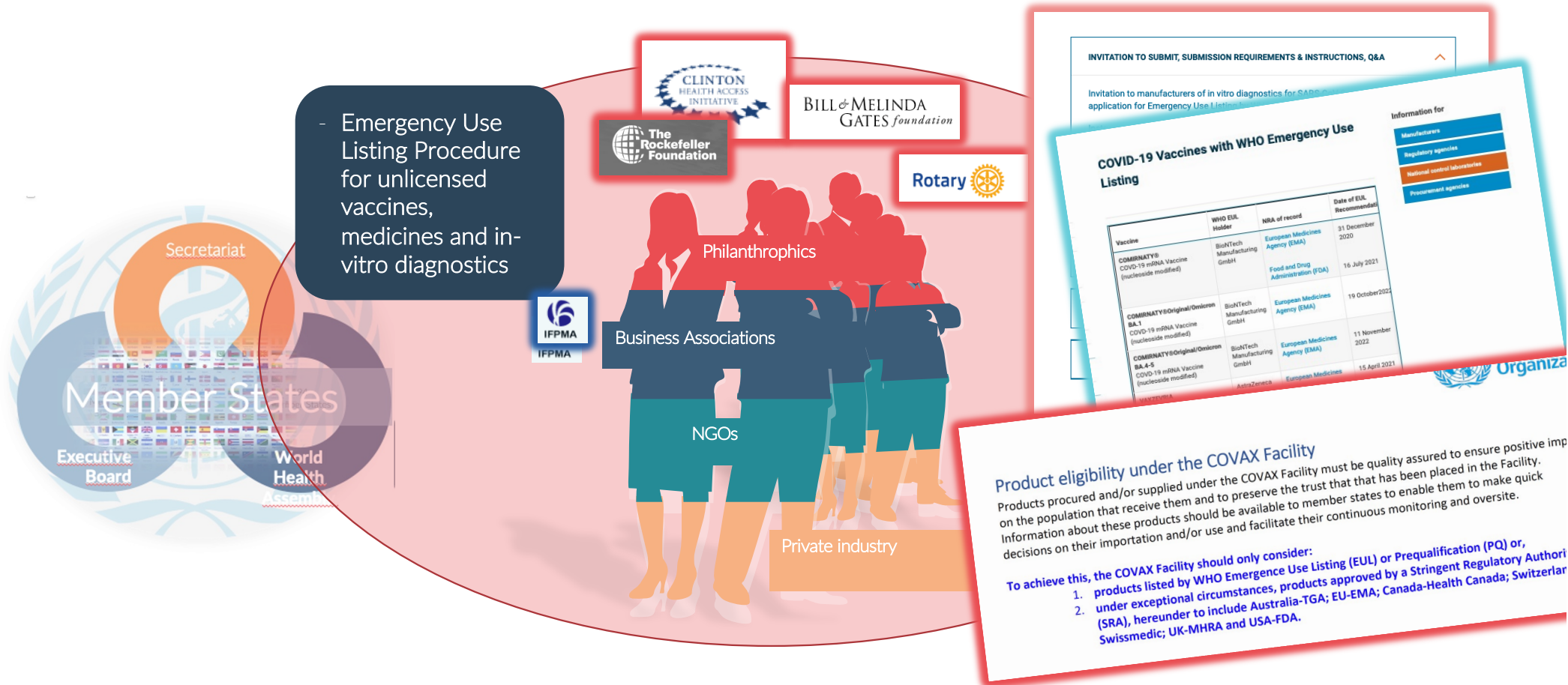
# Stakeholder-Budget Capture of WHO



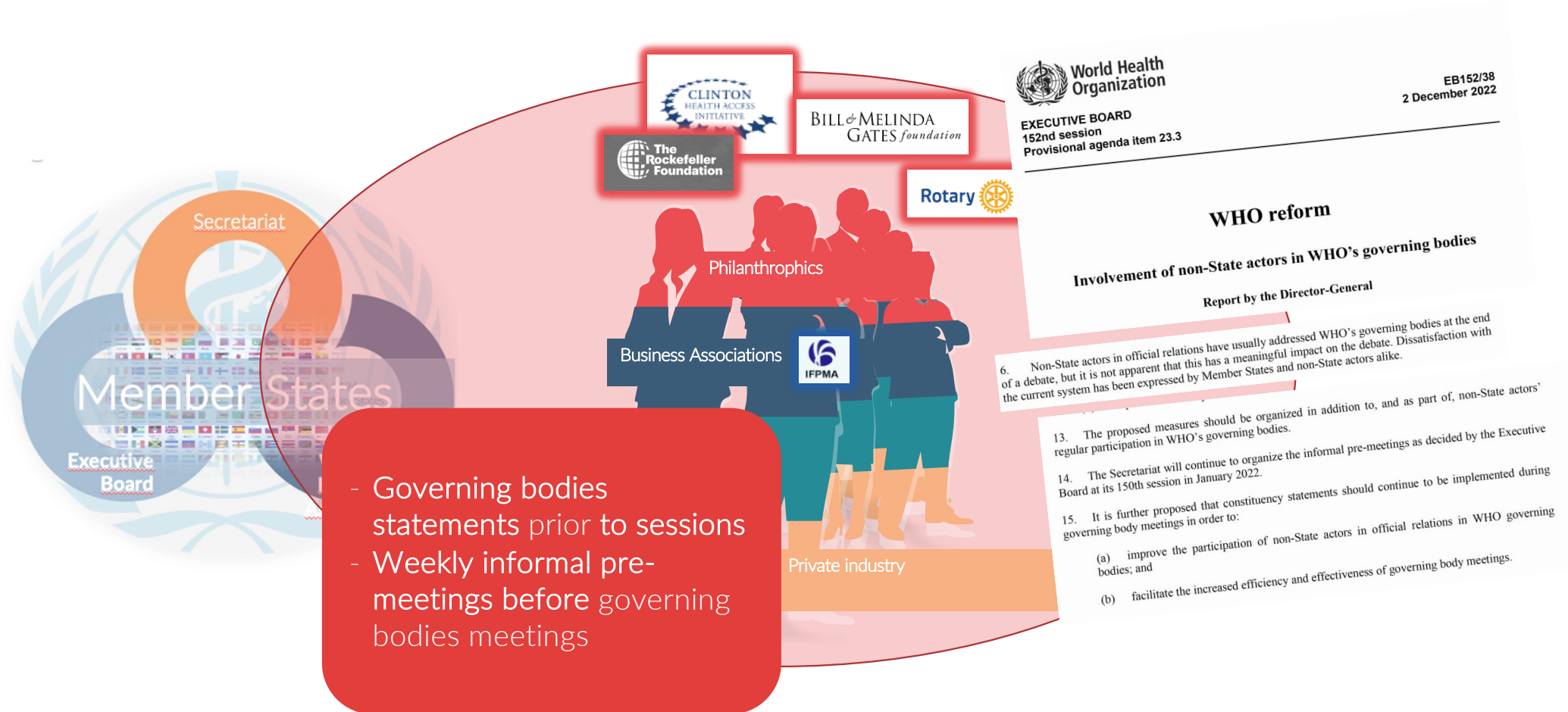
# Stakeholders: Regulatory Capture of WHO



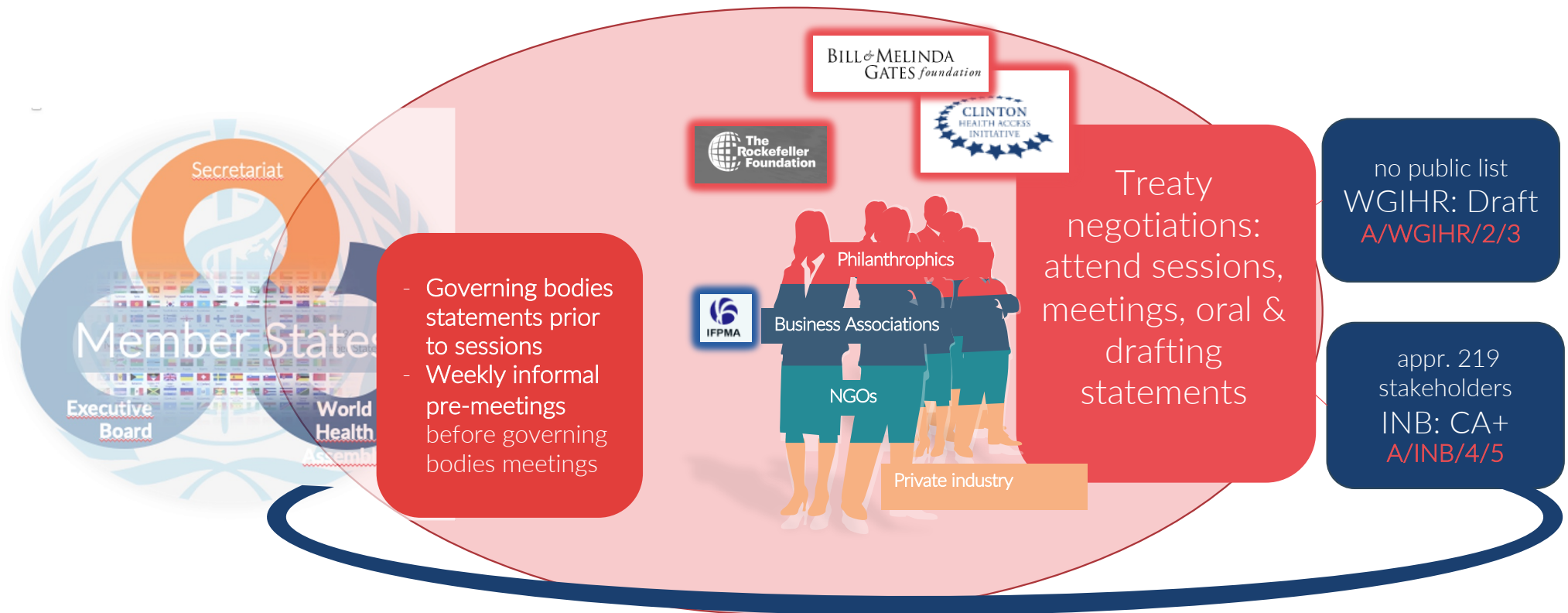
# Stakeholders-Regulatory Capture of WHO



# Stakeholders-Regulatory Capture of WHO



# Stakeholders: Regulatory Capture of WHO



# Stakeholders-Regulatory Capture of WHO

STATEMENT 22 MARCH 2023

## WHO Intergovernmental Negotiating Body (INB) intersessional briefing on “Access and benefit sharing”

BY IFPMA



DOWNLOADS

Statement 

SHARE

TOPICS

Access to pathogens

Pandemic preparedness

On 22 March, IFPMA delivered a shortened version of the below statement at the WHO INB intersessional briefing on “Article 10: WHO Pathogen Access and Benefit Sharing System, with the Pandemic Influenza Preparedness Framework as an example” of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (“WHO CA+”).

Via the [Berlin Declaration](#), industry has expressed its commitment to early access to reserve an allocation of real-time production of vaccines, treatments, and diagnostics for priority populations in lower-income countries, and to take measures to make them available and affordable.

Industry disagrees with the proposed transactional approach to benefit-sharing outlined in Article 10 of the Zero Draft of the CA+ (the “PABS System”) and which mimics that of the PIP Framework. Such approaches are more than likely to delay access to pathogens and the timely development of medical countermeasures in the event of a pandemic. Industry’s experience with the Nagoya Protocol has shown that a transactional approach is not compatible with rapidly accessing pathogens, particularly when rapid response is needed for epidemics and pandemics. Access to pathogens and their associated information must be fast, easy, and legally certain, and not built on a transactional principle.

Beyond the shortcomings of transactional approaches, due to the specificities of

About 24 results SORT BY: Relevance

STATEMENT 22 MARCH 2023

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Read more →

STATEMENT 21 MARCH 2023

WHO Intergovernmental Negotiating Body (INB) intersessional briefing on the “Sustainable and equitably distributed production”

On 20 March, IFPMA delivered a shortened version of the below statement at the WHO INB intersessional briefing on “Article 7: Access to technology (promoting sustainable and equitably distributed production and transfer of technology and knowledge)” of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (“WHO CA+”).

Read more →

STATEMENT 21 MARCH 2023

WHO Intergovernmental Negotiating Body (INB) intersessional briefing on the “Transfer of technology and know-how”

On 20 March, IFPMA delivered a shortened version of the below statement at the WHO INB intersessional briefing on “Article 7: Access to technology (promoting sustainable and equitably distributed production and transfer of technology and knowledge)” of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (“WHO CA+”).

Read more →

STATEMENT 17 MARCH 2023

WHO Intergovernmental Negotiating Body (INB) intersessional briefing on “One Health and the Quadrilateral”

On 17 March, IFPMA delivered a shortened version of the below statement at the WHO INB intersessional briefing on “Article 16: One Health and the Quadrilateral” of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (“WHO CA+”).

Read more →

STATEMENT 17 MARCH 2023

WHO Intergovernmental Negotiating Body (INB) intersessional briefing on the “Predictable global supply chain and logistics network”

On 17 March, IFPMA delivered a shortened version of the below statement at the WHO INB intersessional briefing on “Article 16: Predictable global supply chain and logistics network” of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (“WHO CA+”).

Read more →

STATEMENT 28 FEBRUARY 2023

Industry statement at fourth meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response

On 28 February, IFPMA delivered a statement at the fourth meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response held from 27 February – 3 March 2023.

Read more →

STATEMENT 7 MARCH 2023

Pharma industry contributions to third meeting of the Intergovernmental Negotiating Body (INB)

During the World Health Organization (WHO) Third Meeting of the Intergovernmental Negotiating Body, IFPMA delivered four messages.

Read more →

no public list  
WGIHR: Draft  
A/WGIHR/2/3

appr. 219  
stakeholders  
INB: CA+  
A/INB/4/5

# Excurs: EU - the negotiations mandate

21.3.2022 EN Official Journal of the European Union L 92/1

**COUNCIL DECISION (EU) 2022/451**  
**of 3 March 2022**

**authorising the opening of negotiations on behalf of the European Union for an international agreement on pandemic prevention, preparedness and response, as well as complementary amendments to the International Health Regulations (2005)**

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 168(5) in conjunction with Article 218(3) and (4) thereof,

Having regard to the recommendation from the European Commission,

Whereas:

(1) On 31 May 2021, by means of its decision WHA74(16), the 74th World Health Assembly (WHA) decided to be convened in order to consider the benefits of developing a World Health Organization (WHO) instrument on pandemic prevention, preparedness and response, as well as complementary amendments to the International Health Regulations (IHR) (2005) in the process to draft and negotiate such an instrument;

(2) In accordance with Article 6 and Article 168(5) TFEU, in the area of the protection and improvement of human health, including as regards the fight against major cross-border health scourges as well as monitoring, early warning of and combating serious cross-border threats to health, Union action should support, coordinate or supplement the actions of the Member States;

(3) In accordance with Article 168(7) TFEU, the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care, including the management of health services and medical care and the allocation of the resources assigned to them, should be fully respected throughout the negotiating process;

(4) The Executive Board of the WHA, which took place from 24 to 29 January 2022, decided to urge WHO Member States and, where applicable, regional economic integration organisations to take all appropriate measures to consider potential amendments to the IHR.

The EU has the accreditation on the same level as Member State sat the WHO under the title „regional economic integration organization“ – no limitations

no public list  
WGIHR: Draft  
A/WGIHR/2/3

Treaty negotiations:  
attend sessions,  
meetings, oral &  
drafting statements

appr. 219  
stakeholders  
INB: CA+  
A/INB/4/5

# Stakeholders Business Capture of WHO

## What is the ACT-Accelerator

The ACT-Accelerator is organized into four pillars of work: diagnostics, therapeutics, vaccines and the health systems and response connector. Each pillar is vital to the overall effort and involves innovation and collaboration, with WHO playing a key role in all four pillars, as well as leading the cross-cutting Access and Allocation workstream to ensure the equitable allocation of COVID-19 tools.



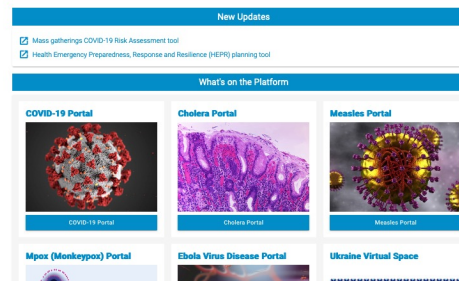
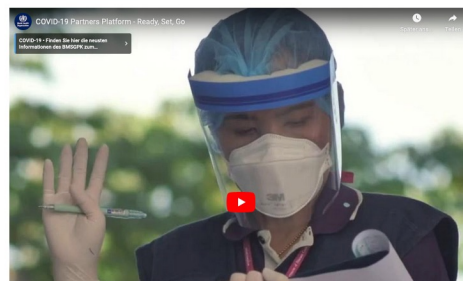
Philanthropics

BILL  
FEBRUARY 15, 2023

## WHO Tech Task Force and Bay Area Global Health Alliance Joint Meeting

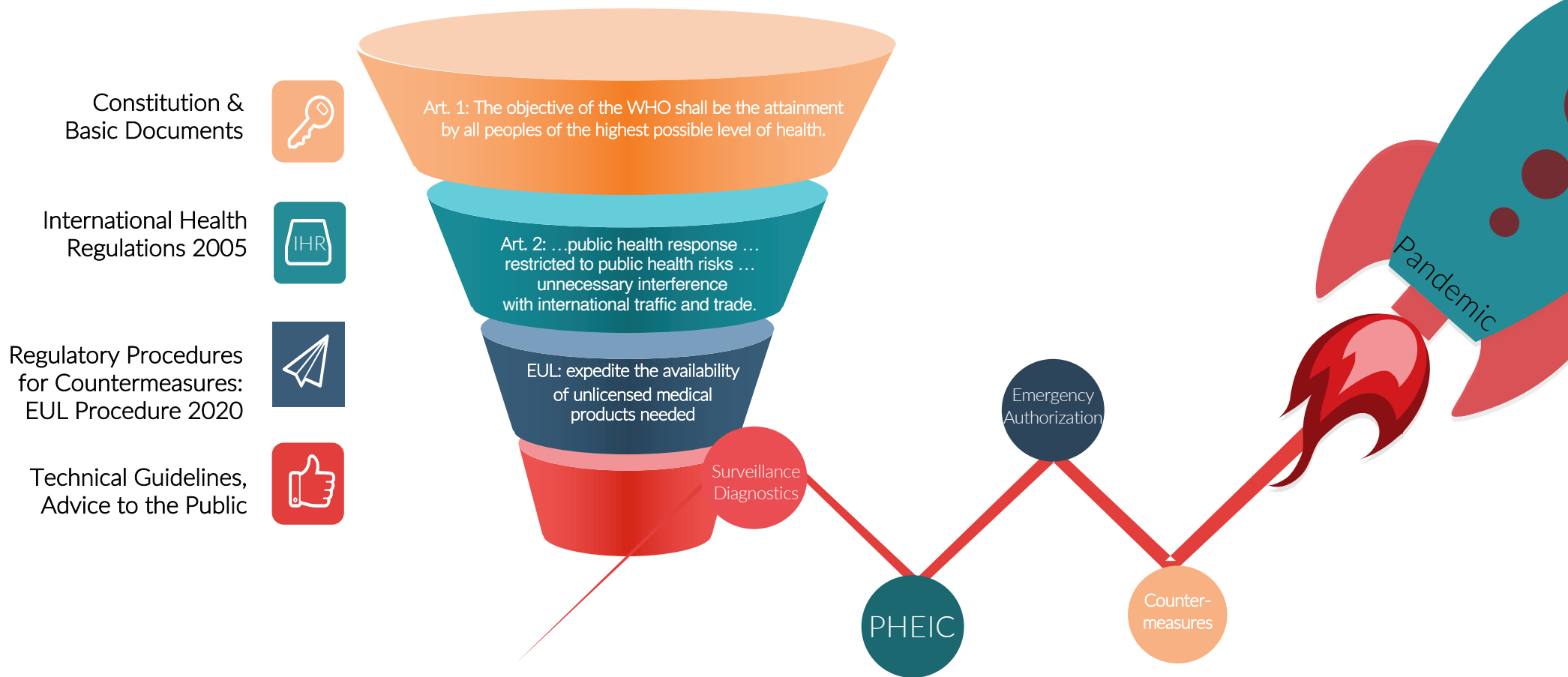
On February 15, the Alliance hosted a meeting marking the third anniversary of the formation of the **World Health Organization (WHO) Tech Task Force**. Representatives from **Google, Meta, TikTok, Amazon** and other tech companies joined Alliance members for networking and short presentations by Andy Pattison, Team Lead Digital Channels, WHO and his esteemed WHO colleagues, Drs. Ruediger Krech, Director, Health Promotion and Vinayak Prasad, Program Manager.

...provided informative updates on the WHO's work on health promotion, emergencies, digital communications, and the Tech Task Force. The Alliance is grateful for the companies coming together to advance global health with



# stopp  
pandemic superpowers

# WHO Legal Architecture



# WHO Governance of Infectious Diseases



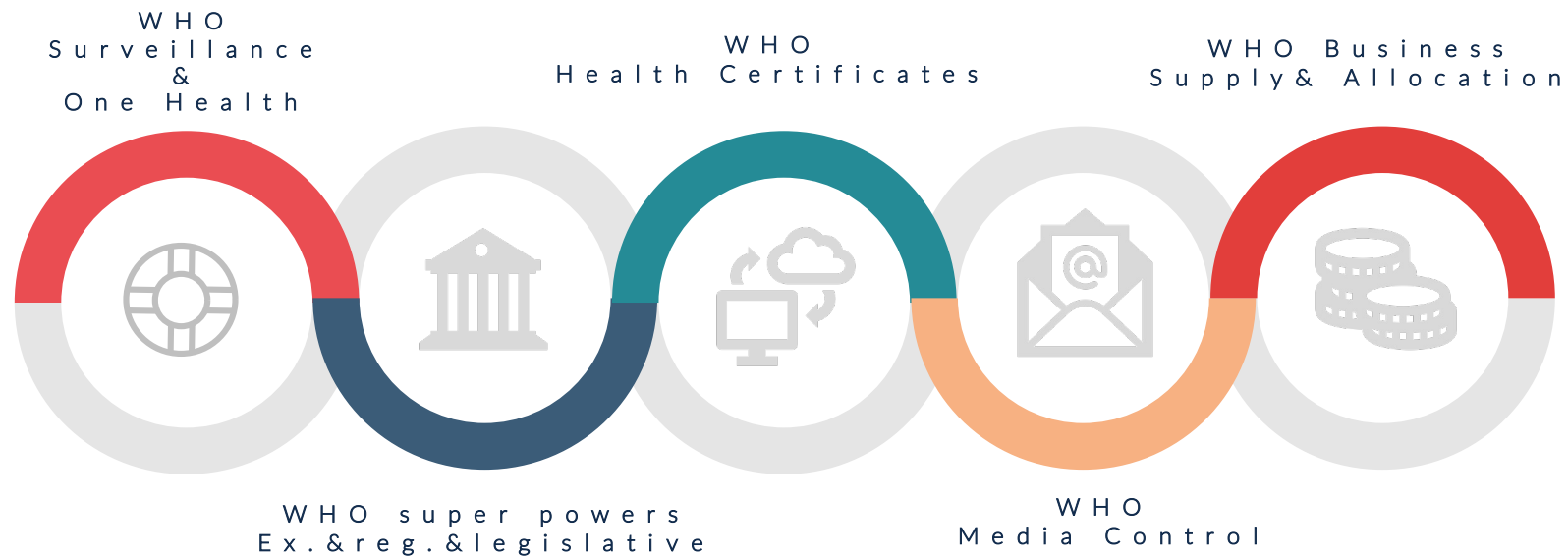
WHO' s Director-General has unparalleled executive authority without control powers

# WHO Governance of Infectious Diseases



# stopp  
pandemic treaty & IHR amendments

# Some issues of concern





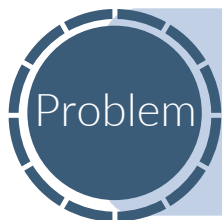
# WHO Surveillance & One Health

# WHO Surveillance Pathogens with Pandemic Potential



CA+ Art. 10 WHO Pathogen Access and Benefit-Sharing System (the "PABS System") including 20% (10% donation/10% affordable price) of pandemic related product

IHR: Overlap with rapid sharing with WHO genetic sequence data under Art. 6 Notification



- Gain-of-function
- Prohibition under Biological Weapons Convention – dual use function of creating PPP
- IP protection for viruses – no further regulatory action to prohibit the patent protection on genetic sequences



- Pandemic influenza Preparedness Framework (PIP)
- R&D fostering by industrial partnerships
- Advanced WHO Laboratory Networks- WHO BioHUB Spiez

# WHO Surveillance Pathogens with Pandemic Potential



Example: WHO Biohub,  
most dangerous virus stored in  
Switzerland by WHO

# WHO Surveillance Pathogens with Pandemic Potential



Example: various laboratory networks already established by WHO

 World Health

The **PIP Framework** brings together Member States, industry, other stakeholders in a global approach to pandemic influenza preparedness and response. It strengthens the sharing of influenza viruses with human pandemic potential, developing countries to vaccines and other pandemic related supplies. Member States. It came into effect on 24 May 2011 when it was unanimously adopted by the World Health Assembly (2011).



**WH**  
**glob**  
**stora**

24 May 2021 | News

The World Health Organization is planning to launch the first WHO COVID-19 reference laboratory in 2020. This facility will serve as a global hub for COVID-19 testing.

## Shipments of emerging and dangerous pa

In order to expedite the shipment of specimens from suspected, probable Haemorrhagic Fevers and Arboviruses or selected Reference Laboratories provide shipping services to Member States.

## Ebola Proficiency Panel

## Ebola Proficiency Panel

### What is an SMTA2?

[illegible]

**Who is required to sign a**

Non-GISRS recipients of PIP BM must



Framework

Standard Material Transfer Agreements (SMTA2) | Hea Organiz

Panamericana de la Salud

World Health Organization

Example: PIP already established including access and benefit sharing mechanisms

# One Health



CA+ - Art. 18 - identify one health drivers for pandemics (spillovers), capacities and surveillance, national planning, authorize Quadripartite organisations

IHR: Enhanced surveillance draft Annex 1 IHR, expanding wider health system capacities, including One Health



- No commitment that human health is given priority of animals and environment
- No evidence of high zoonotic spill-over rate
- No consideration that spill-overs are taking place in crowd farming and not natural ecosystems
- eventually climate lockdowns to protect the universe



- Quadripartite Alliance established 2022 – WHO-UNEP-FAO-OIE
- Integration of one health surveillance in technical guidelines
- One Health High-Level Expert Panel (OHHLEP)

# One Health

## The Quadripartite One Health Joint Plan of Action (OH JPA) at the World One Health Congress

8 November 2022 09:00 – 10:30 SGT | Sands Expo & Convention Centre, Singapore



Food and Agriculture Organization of the United Nations



### Background and purpose

The One Health Joint Plan of Action (OH JPA) was developed in response to international requests to prevent pandemics and to promote health sustainably through the One Health approach. It outlines the commitment of the Quadripartite four organizations (FAO, UNEP, WHO and WOA) to collectively advocate and support the implementation of One Health. It builds on, complements, and adds value to existing global and regional One Health and coordination initiatives aimed at strengthening capacity to address complex multidimensional health risks and more resilient health systems at global, regional, and national levels.

The plan includes six action tracks:

- enhancing countries' capacity to strengthen health systems under a One Health approach;
- reducing the risks from emerging or re-emerging zoonotic epidemics and pandemics;
- controlling and eliminating endemic zoonotic, neglected tropical and vector-borne diseases;
- strengthening the assessment, management and communication of food safety risks;
- curbing the silent pandemic of antimicrobial resistance (AMR); and
- better integrating the environment into the One Health approach.

The event will serve as an occasion for the Quadripartite members to present the plan and discuss its challenges with all stakeholders, especially from academia, for its roll-out and implementation.

### Agenda of the event

Session chair: Welcome and Introduction of speakers (10 min):

• Dr William F

Dr George Fu Gao >



Professor Marion Koopmans >

Director of the WHO Collaborating Centre for emerging infectious diseases at Erasmus Medical Centre, Netherlands



### One Health Joint Plan of Action launched and presented by WHO and the Quadripartite partners

23 December 2022 | Departmental news | Geneva | Reading time: 1 min (300 words)

2022 has been a busy and productive year for WHO's One Health Initiative, together with the other Quadripartite members, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), and the World Organisation for Animal Health (WOAH), launched the One Health Joint Plan of Action.

The plan integrates systems and capacity to collectively better prevent, predict, detect, and respond to health threats. Ultimately, this coordination should improve the health of humans, animals, plants, and the environment, while contributing to sustainable development.

The plan was launched on 18 October 2022, during a joint event at the World Health Summit in Berlin, hosted by the Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the Museum für Naturkunde and the Foundation Healthy Planet-Healthy People.

(Image credit: World One Health Congress)

It was then presented at the biennial World One Health Congress, held this year in Singapore. The focus of that conference was on how One Health could support the COVID-19 recovery by integrating science, policy, and clinical practice. The pandemic has spurred many governments to look for guidance, and the One Health Joint Plan of Action is providing them with a framework in which to move forward.

Breaking the silos that exist between sectors and disciplines will require innovative approaches and strengthening of social, administrative, scientific, economic and political will. Greater investment in applied and multidisciplinary implementation research, including in social behaviour change across the spectrum from building new knowledge to piloting and scaling is needed to enable sustainable, locally relevant scientific and evidence-based interventions that channel scientific inquiry toward positive change.

The Quadripartite is currently developing an implementation framework to operationalize the One Health Joint Plan of Action at all levels and to support countries to establish or further strengthen their One Health systems and capacities.

### Related

One Health Initiative >

### News

Germany supports implementing One Health Joint Plan of Action  
23 September 2022

One Health Joint Plan of Action launched to address health threats to humans, animals, plants and environment  
17 October 2022

### Fact sheets

One health  
3 October 2022

Home / Newsroom / Events / Detail / One Health Joint Plan of Action (OH JPA) - Hybrid High-level Advocacy Event

## One Health Joint Plan of Action (OH JPA) - Hybrid High-level Advocacy Event

18 October 2022 18:00 – 21:30 CET | Natural History Museum, Berlin, Germany

The One Health Joint Plan of Action was developed in response to international requests to prevent future pandemics and to promote health sustainably through the One Health approach. It outlines the commitment of the Quadripartite organizations (FAO, UNEP, WHO and WOA) to collectively advocate and support the implementation of One Health. It builds on, complements and adds value to existing global and regional One Health and coordination initiatives aimed at strengthening capacity to address complex multidimensional health risks with more resilient health systems at global, regional and national level.

ONE HEALTH QUADRIPARTITE JOINT PLAN OF ACTION (2022-2026)

WORKING TOGETHER FOR THE HEALTH OF HUMANS, ANIMALS, PLANTS AND THE ENVIRONMENT

Example:  
Quadripartite One Health, High-level threats panel



WHO super powers:  
executive & regulatory & legislative

# DG executive powers to declare emergencies



**CA+ - Art. 3** – Director General shall determine whether the event constitutes a pandemic situation

**IHR: Art. 1/Art. 12** Director General/Regional Directors shall determine whether the event constitutes a regional emergency or intermediate health alert



- required change of wording “PHEIC” – public health problem/event – only semantics introduce emergency system
- required stop of uncontrolled powers to declare, unparalleled legal capacities of DG
- no precautions against arbitrariness of procedure - without oversight (moneypox)
- global health security doctrine not in accordance with established public health mitigation procedures
- Threshold of severity not included in the drafts



- 7 PHEICs as of now – 3 ongoing (polio, m-pox, covid)
- m-pox declared despite advice against by experts
- emergency authorizations through EUL – introduced intermediate health alert
- 13th General Programme of Work (until 25')– strong on emergencies & PPP

# DG executive powers to declare emergencies

## All PHEICs & ECs

### IHR Emergency Committees

#### On-going emergency committees

Mpox IHR Emergency Committee

COVID-19 IHR Emergency Committee

Poliovirus IHR Emergency Committee

#### Previous emergency committees

Ebola Virus Disease in the Democratic Republic of the Congo (Equateur) IHR Emergency Committee

Ebola Virus Disease in the Democratic Republic of the Congo (Kivu and Ituri) IHR Emergency Committee

Ebola Virus Disease in West Africa (2014-2015) IHR Emergency Committee

H1N1 IHR Emergency Committee

MERS-CoV IHR Emergency Committee

Yellow fever IHR Emergency Committee

Zika Virus IHR Emergency Committee

## Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox

23 July 2022 | Statement | Reading time: 21 min (5661 words)

The WHO Director-General is hereby transmitting the Report of the second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, held on Thursday, 21 July 2022, from 12:00 to 19:00 CEST.

The WHO Director-General expresses his sincere gratitude to the Chair, Members, and Advisors for their careful consideration of the issues regarding this outbreak, as well as for providing invaluable input for his consideration. The Committee Members did not reach a consensus regarding their advice on determination of a Public Health Emergency of International Concern (PHEIC) for this event.

The WHO Director-General recognizes the complexities and uncertainties associated with this public health event. Having considered the views of Committee Members and Advisors as well as other factors in line with the International Health Regulations, the Director-General has determined that the multi-country outbreak of monkeypox constitutes a Public Health Emergency of International Concern.

The WHO Director-General also considered the views of the Committee in issuing the set of Temporary Recommendations presented below.

===

Example:  
m-pox PHEIC  
declaration by  
DG without  
consent from  
experts

# DG executive powers to declare emergencies

## IHR Emergency Committees

### 2. Rationale for the revision of the EUAL

The WHO Informal Consultation on options to improve regulatory preparedness to address public health emergencies (Geneva, May 2017)<sup>1</sup> concluded that some aspects of the WHO EUAL procedure needed to be reconsidered and revised. The consensus was: a) the process should be reframed as the Emergency Use Listing (EUL) procedure; b) the revised procedure should be used primarily during a Public Health Emergency of International Concern (PHEIC)<sup>2</sup>, although the Director-General may authorize the use of this procedure for a public health emergency that does not meet the criteria of a PHEIC if s/he determines that this is in the best interest of public health.

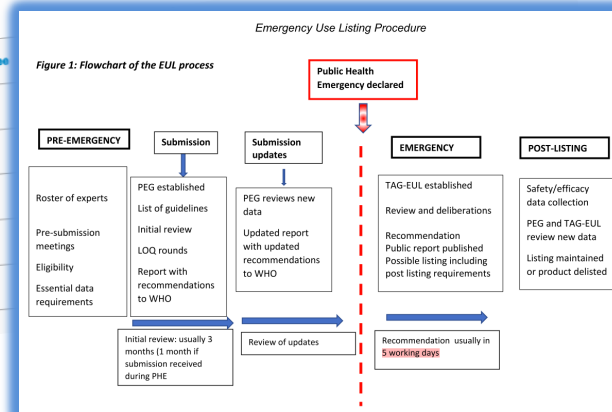
Ebola Virus Disease in West Africa (2014-2015) IHR Emergency Committee

H1N1 IHR Emergency Committee

MERS-CoV IHR Emergency Committee

Yellow fever IHR Emergency Committee

Zika Virus IHR Emergency Committee



### 5. Phases of the procedure

There are 3 phases of the EUL procedure:

- Pre-emergency phase;
- Emergency phase, and;
- Post-listing phase.

#### 5.1. Pre-emergency phase

Past experiences with emergency situations have shown that a preparedness plan is key to a rapid response when the emergency is declared. The WHO Research & Development (R&D) Blueprint<sup>5</sup> was established based on this principle.

As products in development are added to the pipeline for each priority disease, there are several activities that can be planned and executed during the pre-emergency phase. This strategy is intended to concentrate -as much as possible- on the activities that can be done in advance, thus minimizing the time required for a final decision about possible listing of a product once the public health emergency is declared.

Pre-emergency activities whilst a PHE is in progress. Situation, timelines for the

The pre-emergency activities stakeholders involved:

- Establishment of a

This includes activities that external experts, NRAs responsible countries. Activities include necessary expert and advice strategic planning and overall EUL.

- Eligibility and assessment

Example: there is already a pre-PHEIC established through the EUL procedure

# WHO regulatory powers to authorize pandemic products



CA+ - Art. 8 - regulatory capacities “for timely approval of pandemic-related products and, in the event of a pandemic, accelerate the process of approving and licensing pandemic-related products for emergency use in a timely manner,”

Art. 9 “with reference to existing models, a global compensation mechanism for injuries resulting from pandemic vaccines.”

**IHR: Art. 13A access to health products (2 versions) obliges WHO** to conduct an assessment of availability and affordability of “health products”; to develop an allocation and prioritization plan in the event of shortages in supply; and to direct States Parties to increase and diversify production and distributive functions for health products within individual States



- no liability of producers of pandemic products
- no liability of WHO in the authorization of pandemic products
- Indemnification schemes with a lump sum are a waiver to hold the manufacturers accountable
- no regulations which stop excessive financial gains from health products
- no communication for adverse events/pharmacovigilance



- WHO no liability of the EUL products
- global indemnification scheme for vaccine injuries
- used for global allocation of EUL-vaccines

# regulatory powers to authorize pandemic products

## 2. Rationale for the revision of the EUAL

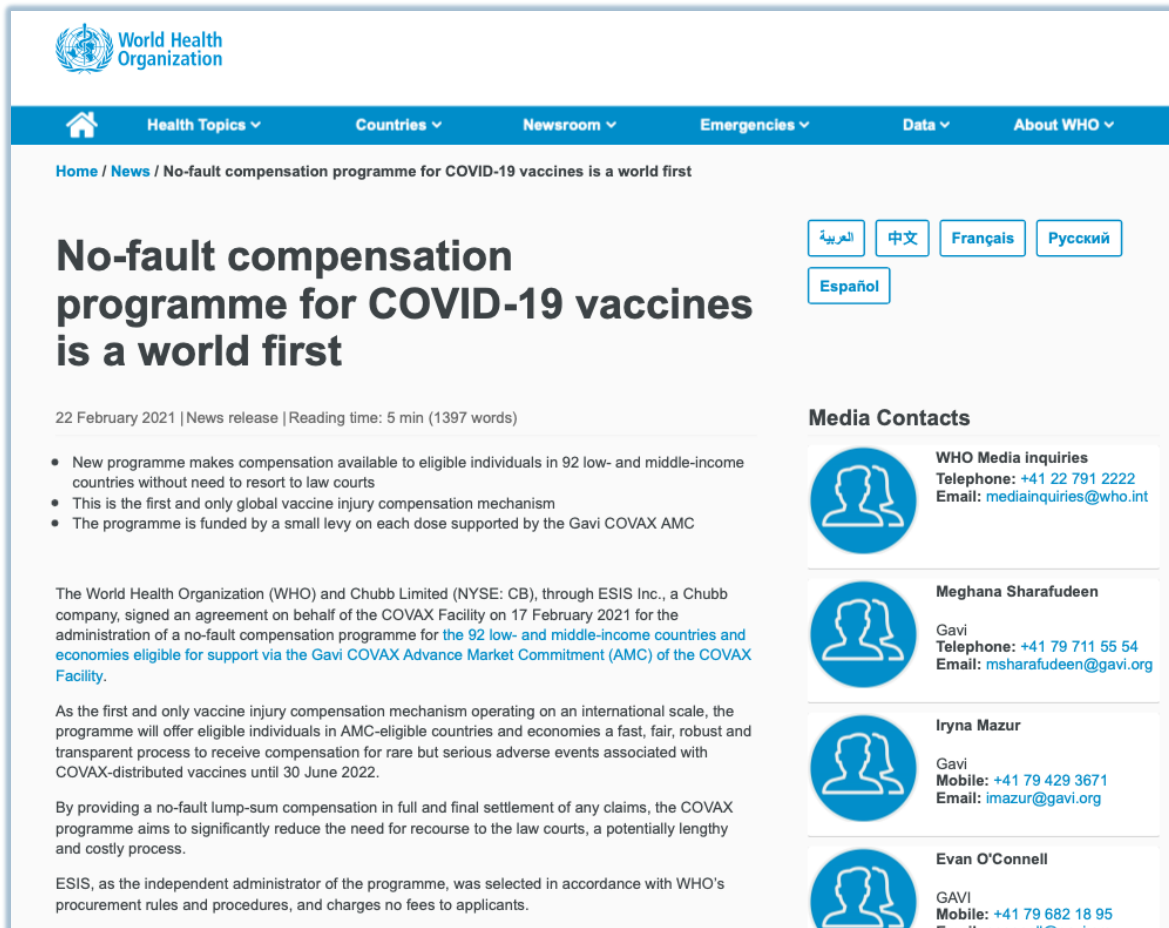
The WHO Informal Consultation on options to improve regulatory preparedness to address public health emergencies (Geneva, May 2017)<sup>1</sup> concluded that some aspects of the WHO EUAL procedure needed to be reconsidered and revised. The consensus was : a) the process should be reframed as the Emergency Use Listing (EUL) procedure ; b) the revised procedure should be used primarily during a Public Health Emergency of International Concern (PHEIC) <sup>2</sup>, although the Director-General may authorize the use of this procedure for a public health emergency that does not meet the criteria of a PHEIC if s/he determines that this is in the best interest of public health.

### Disclaimer to the WHO EUL List Vaccines

1. Inclusion in this list does not constitute an endorsement of the products listed. WHO explicitly disclaims any warranty of the fitness of any listed unlicensed product for a particular purpose, including in regard to its safety and/or efficacy and/or performance.
2. WHO does not furthermore warrant or represent that:
  - a. the list is complete or error free; and/or that
  - b. the listed unlicensed products which have been found to meet the requirements outlined in the EUL Procedure for use in the context of a PHE will continue to do so; and/or that the unlicensed products listed have obtained emergency use approval for their specified use or any other use in any country of the world, or that their emergency use is otherwise in accordance with the national laws and regulations of any country.
3. In addition, WHO wishes to alert organizations and Members States relying on the EUL list that the improper storage, handling and transportation of medical products may affect their quality, safety, efficacy and performance.
4. WHO disclaims any and all liability and responsibility for any injury, death, loss, damage or other prejudice of any kind whatsoever that may arise as a result of or in connection with the procurement, distribution and use of any unlicensed product included in the list.

Example: EUL procedure turns investigational vaccines, in-vitro diagnostica and personal protective equipment into global allocation but has a disclaimer on liability

# regulatory powers to authorize pandemic products



The screenshot shows the WHO website's news section. At the top is the WHO logo and a navigation bar with links like 'Health Topics', 'Countries', 'Newsroom', 'Emergencies', 'Data', and 'About WHO'. Below the navigation bar, the article title 'No-fault compensation programme for COVID-19 vaccines is a world first' is prominently displayed. To the right of the title are buttons for different languages: العربية, 中文, Français, Русский, and Español. Below the title, the date '22 February 2021' and 'Reading time: 5 min (1397 words)' are shown. The article content includes a bulleted list of key points, a paragraph about the agreement with Chubb Limited, and a paragraph about the programme's scope. On the right side of the article, there is a 'Media Contacts' section with four entries, each featuring a profile icon and contact information.

**No-fault compensation programme for COVID-19 vaccines is a world first**

22 February 2021 | News release | Reading time: 5 min (1397 words)

- New programme makes compensation available to eligible individuals in 92 low- and middle-income countries without need to resort to law courts
- This is the first and only global vaccine injury compensation mechanism
- The programme is funded by a small levy on each dose supported by the Gavi COVAX AMC

The World Health Organization (WHO) and Chubb Limited (NYSE: CB), through ESIS Inc., a Chubb company, signed an agreement on behalf of the COVAX Facility on 17 February 2021 for the administration of a no-fault compensation programme for [the 92 low- and middle-income countries and economies eligible for support via the Gavi COVAX Advance Market Commitment \(AMC\) of the COVAX Facility](#).

As the first and only vaccine injury compensation mechanism operating on an international scale, the programme will offer eligible individuals in AMC-eligible countries and economies a fast, fair, robust and transparent process to receive compensation for rare but serious adverse events associated with COVAX-distributed vaccines until 30 June 2022.

By providing a no-fault lump-sum compensation in full and final settlement of any claims, the COVAX programme aims to significantly reduce the need for recourse to the law courts, a potentially lengthy and costly process.

ESIS, as the independent administrator of the programme, was selected in accordance with WHO's procurement rules and procedures, and charges no fees to applicants.

**Media Contacts**

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Example: WHO  
introduced a global  
no-fault compensation  
programme for  
adverse events

# WHO legislative powers to mandate countermeasures



CA+ - EU prop- Chapter III countermeasure expert committee & benefit sharing and equitable access – extensive proposal  
IHR: Art. 1/13A/15/16 – mandatory temporary recommendations(TR)/countermeasures (other terminology)



- If TR under the IHR turn into a mandatory character, the DG would be as strong as the UN Security Council, despite the fact that the temporary recommendations lack the character of a resolution – therefore it could be characterized as legislative powers DG
- RCR: Irrespective of legal coherence, changing temporary and standing recommendations into binding obligations may raise questions of feasibility. At this moment it is still unclear how to assess “compliance” with temporary recommendations issued during PHEICs, since they are defined as non- binding advice. No standing recommendations have ever been issued under the Regulations. To mitigate this feasibility concern, States Parties may wish to adopt the proposed alternate language of “use best endeavours” or maintain the original language “undertake to follow”, p. 56.



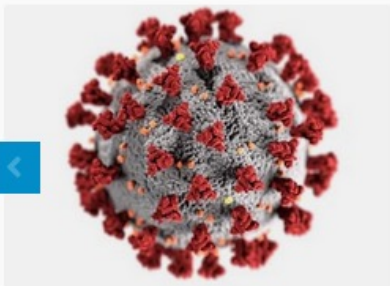
- TR are issued on a quarterly basis on the advice of the EC
- Problematic vaccination rates like 100% for risk groups are advised
- States implemented stronger TR as required by WHO, e.g. lockdowns

# WHO legislative powers to mandate countermeasures

## COVID-19 IHR Emergency Committee

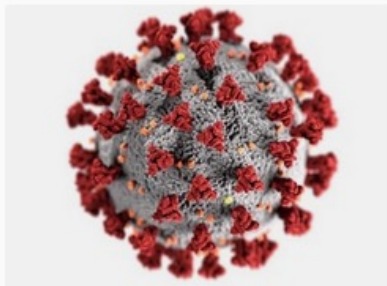
The IHR Emergency Committee for COVID-19 held its first meeting on 22 and 23 January 2020. On 30 January 2020, following its second meeting, the Director-General declared that the outbreak constituted a Public Health Emergency of International Concern, accepted the Committee's advice and issued it as IHR Temporary Recommendations. The Committee continues to meet on a regular basis.

### Statements



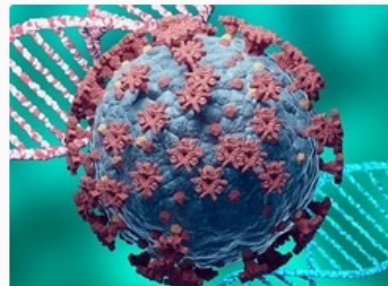
30 January 2023 | Statement

**Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



18 October 2022 | Statement

**Statement on the thirteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



12 July 2022 | Statement

**Statement on the twelfth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



13 April 2022 | Statement

**Statement on the eleventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**

Example: The actual effect of temporary recommendations is tantamount to mandatory



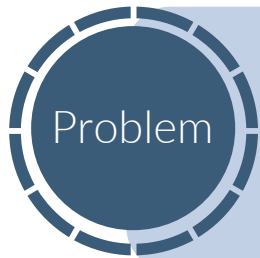
# WHO Health Certificates

# WHO Health Certificates



CA+ - Art. 11 on preparedness and health systems resilience

IHR: Art. 23 para 6 digital health certificates , Art. 31, Art. 35, Annex 6– technical requirements of health documents



- no explicit reference, that everybody has the right to an analog certificate without digital devices
- Purpose of health certificates is incompatible with human rights and fundamental freedoms, against human dignity to demonstrate health status
- no data safety, e.g. EU-Green Certificate disclosed health status to third parties
- RCR concerned that such a requirement may overburden travellers, and may even raise ethical and discrimination-related concerns if used outside PHEICs, p. 61 – risk that the health certificate will be used on a permanent basis
- secondary use of individual's health data - data mining



- Digital Documentation of COVID-19 Certificates'
- Developed several standards on global interoperability requirements for health
- Integrated into temporary recommendations

# WHO Health Certificates

## WHO Director-General's remarks at the 152nd session of the Executive Board

30 January 2023

Dr Kerstin Vesna Petrić, Chair of the Executive Board,

implementation.  
And our leadership led to a global consensus on a technical interoperability standard for COVID-19 certificates, which are now in use by over 120 countries, enabling over three billion people to use digitally augmented vaccine and test results.



Health Topics ▾

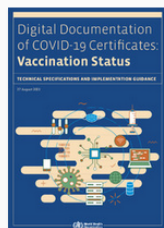
Countries ▾

Newsroom ▾

Home / Publications / Overview / Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance, 27 August 2021

### Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance, 27 August 2021

27 August 2021 | COVID-19: Vaccines



Download (2.1 MB)

#### Overview

This is a guidance document for countries and implementing partners on the technical requirements for digital information systems for issuing standards-based interoperable digital certificates for COVID-19 vaccination status, and considerations for implementation of such systems, for the purposes of continuity of care, and vaccination.

- Digital documentation of COVID-19 certificates: vaccination status: web annex A: DDCC-VS core data August 2021
- Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance, web annex B: technical briefing, 27 August 2021

Home / News / WHO launches guidance on digitally documenting SARS-CoV-2 test results

## WHO launches guidance on digitally documenting SARS-CoV-2 test results

31 March 2022 | Departmental news | Reading time: 2 min (605 words)

On 31 March 2022, WHO published Digital Documentation of COVID-19 Certificates: Test Result technical specifications and guidance document for countries and implementing partners on the technical requirements for issuing digital certificates for SARS-CoV-2 diagnostic test result. The full guidance can be found [here](#). This document is the second of two guidance documents on digital documentation of COVID-19 related data of interest: [vaccination status](#) and [test result](#).

Similar to the [Digital Documentation of COVID-19 Certificates: Vaccination Status Technical Specifications and Implementation Guidance](#) document, this guidance on test results aims to guide countries and technologists in how to develop or adopt digital systems in support of verifiable proof of test results for domestic and cross-border purpose. It provides technical specifications and implementation guidance that details

interoperability standards, facilitated by a common digital architecture, for a digitized test result certificate which can be used as proof of negative test results or proof of previous SARS-CoV-2 infection for international travel, or as a means for protection policies that reduce public health risk in public or private venues – in accordance with individual Member States' public health policy and their risk-based approach to addressing COVID-19. Additional technical details to support the adoption of open standards for interoperability and approaches for implementing a DDCC-TR solution can be found in the [WHO DDCC Health Level Seven \(HL7\) Fast Healthcare Interoperability \(FHIR\) implementation guide](#).

A SARS-CoV-2 diagnostic test result certificate can be purely digital (for example, stored in a smartphone application) and replace the need for a paper test result certificate; or it can be implemented as an augmentation of the traditional paper-based record. **A digital certificate should never require a smartphone or computer.**

#### Future directions

[Digital Documentation of COVID-19 Certificates](#) (DDCC) specifications (for vaccination status and test results) are the foundations for secure personal health records based on the international patient summary standard. As countries consider adopting personal health records including digital health, the [FHIR International patient summary standard \(IPS\)](#) is at the foundation of the DDCC; serving as an approach that will evolve with the needs of the individual, the public health policies, and the health systems. The specifications are designed using the IPS and architected for future use, such as preparation for

Example: WHO already provided global standards on health certificates



# WHO Media Control

# WHO Media Control - Infodemics



- CA+ -EU prop. extended Art. 17- strengthening pandemic and public health literacy
- IHR, Art. 9: WGIHR might consider how misinformation and disinformation may relate to obligations for WHO to verify information coming from sources other than States Parties.



- Infodemic management is a contentious concept which weaponizes information and controls its spread
- censorship techniques in cooperation with Big Social Media
- Social listenening activities in cooperation with Big Media and Big Tech
- who is in charge of



- 40 partnerships through Digital Channels with Big Tech
- WHO Tech Task Force
- Social Listening through EARS
- Infodemic Unit at World Health Emergency Programme constantly rising with Berlin Epidemic Intelligence Hub

# WHO Media Control - Infodemics

FEBRUARY 15, 2023

## WHO Tech Task Force and Bay Area Global Health Alliance Joint Meeting

On February 15, the Alliance hosted a meeting marking the third anniversary of the formation of the **World Health Organization (WHO) Tech Task Force**. Representatives from **Google, Meta, TikTok, Amazon** and other tech companies joined Alliance members for networking and short presentations by Andy Pattison, Team Lead Digital Channels, WHO and his esteemed WHO colleagues, Drs. Ruediger Krech, Director, Health Promotion and Vinayak Prasad, Program Manager.

The presenters provided informative updates on the WHO's work on health promotion, tobacco cessation, humanitarian emergencies, digital communications, and the collaborative work of the WHO Tech Task Force. The Alliance is grateful for the collaborative spirit of the tech companies coming together to advance global health with



Example: WHO Big Tech Task Force & 40 partnerships with Big Tech

# WHO Media Control - Infodemics




Example: DG launched information control strategies in February 2020 at the Munich Security Conference

**“We’re not just fighting an epidemic; we’re fighting an infodemic.”**

*WHO Director-General Tedros Adhanom Ghebreyesus, 15 February 2020*

# WHO Media Control - Infodemics




**WHO releases competency framework for workforce response to infodemic management**

20 September 2021 | Departmental news | Reading time: 1 min (337 words)

WHO has released a new competency framework, [Building a response workforce to manage infodemics](#). Following a global consultation to produce a framework for managing the COVID-19 infodemic, a need was identified for a competency framework for the emerging workforce of infodemic managers. WHO, in partnership with the United States Centers for Disease Control and Prevention (US CDC), conducted qualitative research and consultation to produce this document.

The competency framework was developed in three main steps between October 2020 and February 2021. First, preparatory work identified the overall structure for the framework. Next, a series of semi-structured interviews were held with identified participants to investigate current processes, models and tools, and key disciplines for competence development. Third, the complete framework was presented to experts from health institutions and academia through discussion panels.



**WHO competency framework: Building a response workforce to manage infodemics**

15 September 2021 | Publication

**Overview**

WHO competency framework: Building a response workforce to manage infodemics is developed by WHO. The objective is to orient and support the design, development and evaluation of the needs of an institution's workforce. This framework can assist institutions to strengthen IM capacity by hiring, staff development and human resource planning. It is structured to benefit all workers active in IM in health institutions and organizations, including leaders and people who have active roles that influence decision- and policy-making.

The framework is conceptualized around the five workstreams for infodemic preparedness and response along the epidemic curve, analogous to an epidemic response. It is structured around four domains that contain competencies for infodemic managers in the form of tasks, and the knowledge and skills that are needed to perform them.

**Related:**


[WHO Information Network for Epidemics – EPI-WIN](#)

**WHO TEAM**  
Epidemic and Pandemic Preparedness and Prevention (EPP)

**NUMBER OF PAGES**  
34

**REFERENCE NUMBERS**  
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**1st WHO Infodemic Manager training**

November 2020

**3rd WHO Infodemic Manager training**

November-December 2021

**WHO Infodemic Management**

WHO has partnered up with US Centers for Disease Control and Prevention, Africa Centres for Disease Control and Prevention, and ECDC collective service, to prepare the first WHO training in infodemic management, supported by First Draft.

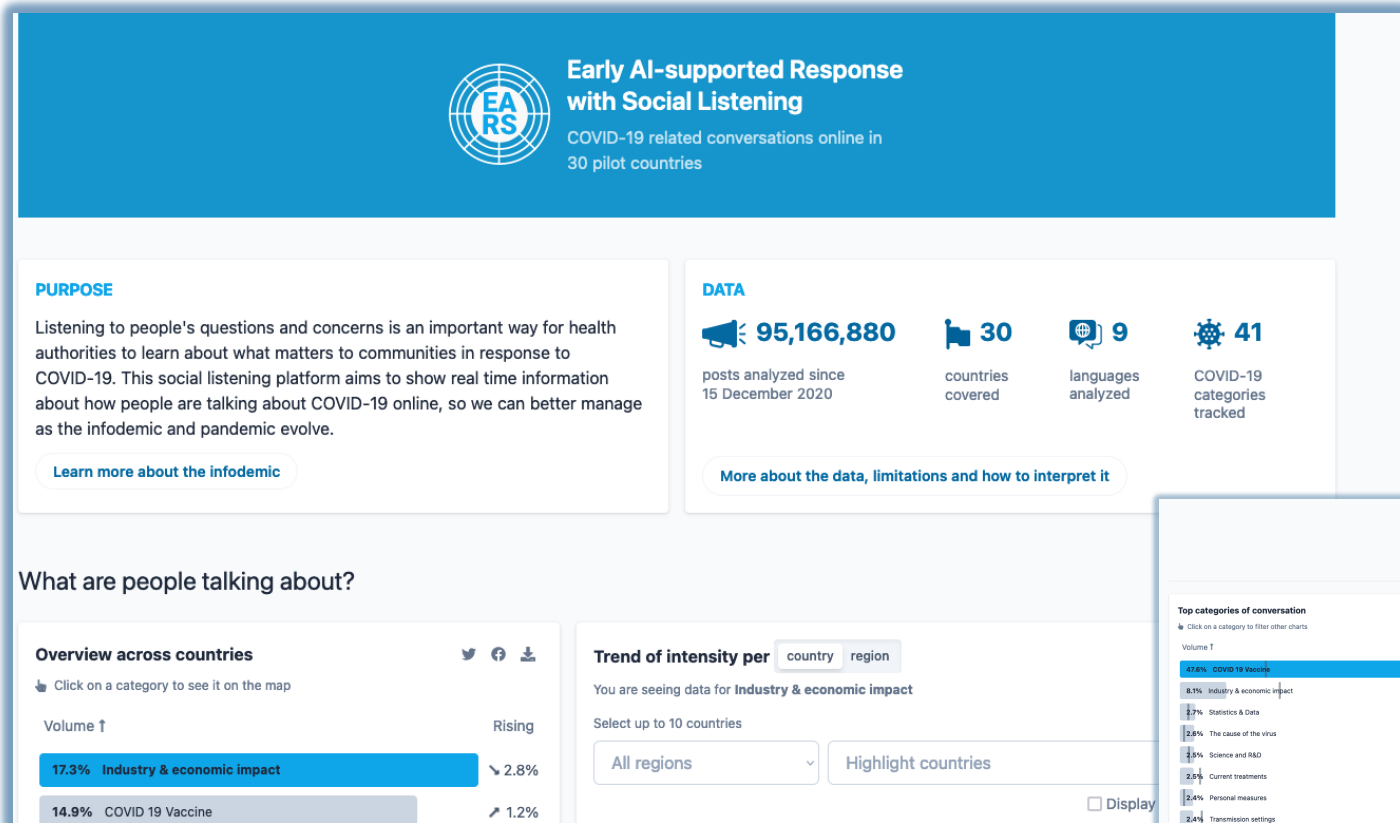
The intent is to cover a spectrum of infodemic management skills and topics focused on skills needed to apply infodemic management interventions and practice to promote resilience of individuals and communities to the infodemic, including misinformation, and to promote self-efficacy of individuals for self-protective health behaviors. The training will encompass both global and region-specific topics in the infodemic and health transformation.

**Target competencies – Infodemic managers should be able to:**

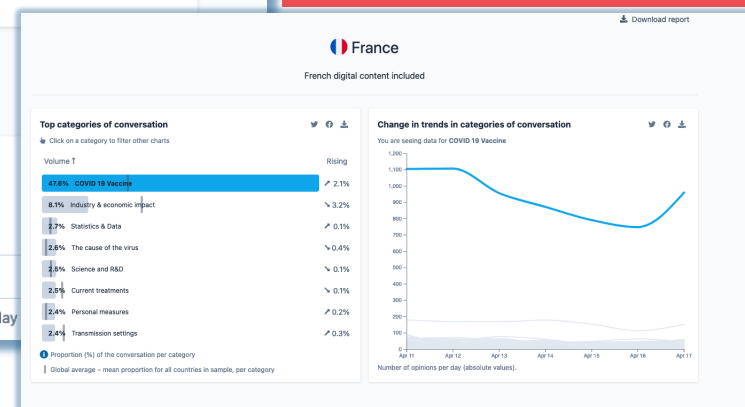
- Measure and monitor the impact of infodemics during health emergencies
- Detect and understand spread and impact of infodemics
- Respond and deploy interventions that protect and mitigate the infodemic and its harmful effects
- Evaluate infodemic interventions and strengthen resilience of individuals and communities to infodemics
- Develop the development, adaptation and application of tools for the management of infodemics

Example: WHO Infodemic Global Workforce to control information at all levels of governments

# WHO Media Control - Infodemics



Example: WHO EARS social listening tool for identification of content not in accordance with official narratives



# WHO Media Control - Infodemics

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FEBRUARY 22, 2022

## Infodemic: Combatting COVID-19 Vaccine Misinformation

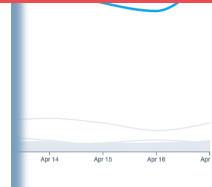
INSIGHTS



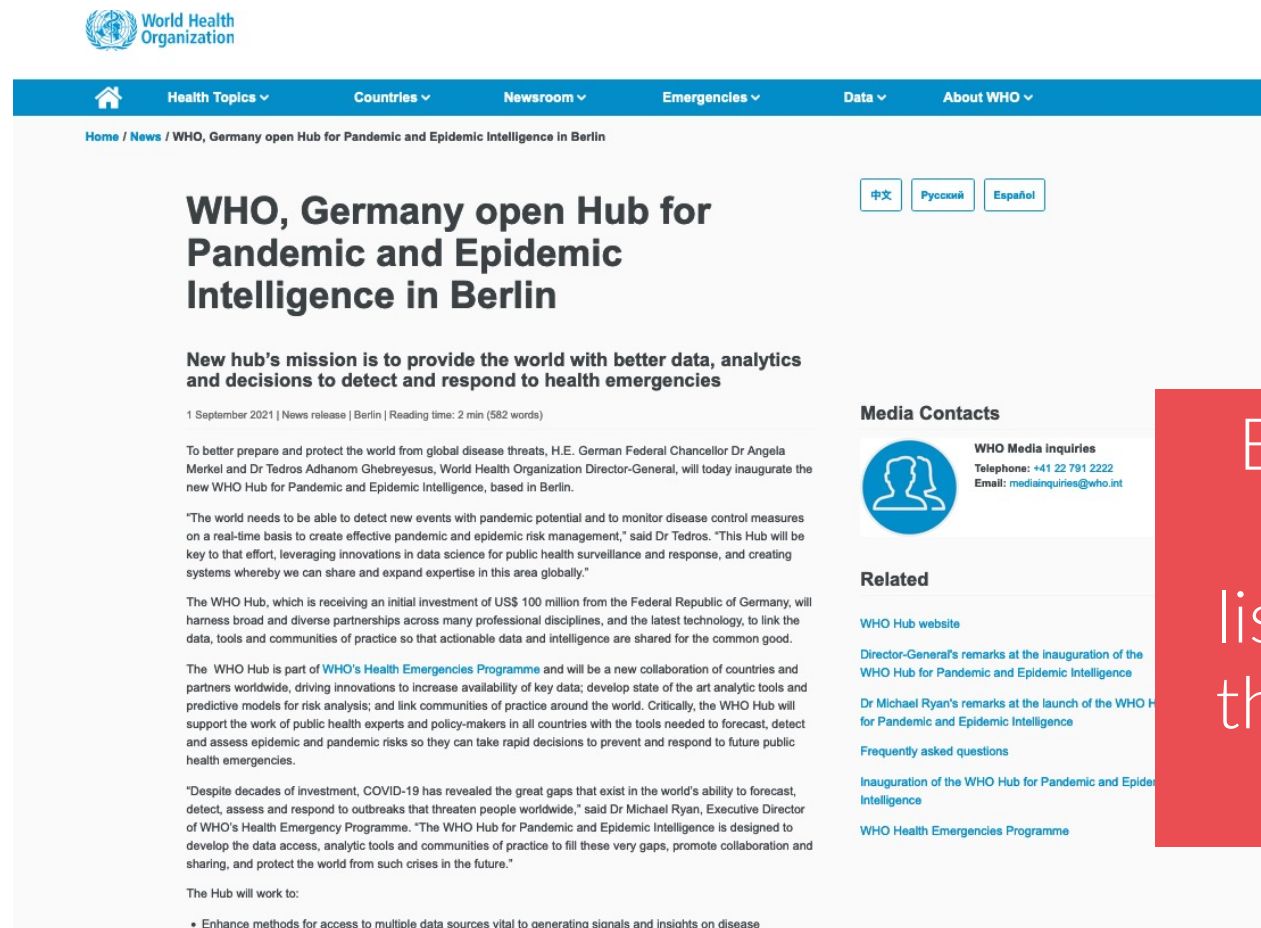
In a remarkable human achievement, it took about nine months after the global pandemic was declared for scientists to develop and administer the first coronavirus (COVID-19) vaccine to the general public. And ever since that first jab was given to a 90-year-old grandmother in the U.K., 10 billion doses have been administered, saving countless lives in the process.

In an attempt to considerably weaken COVID-19's years-long grip, the World Health Organization (WHO) hopes to have 70% of the world vaccinated this year. The rush to vaccinate is understandable: Various studies examining the efficacy of COVID-19 vaccines report significantly lower death rates for people who are vaccinated.

Example: EARS is administered by Citibeats



# WHO Media Control - Infodemics



The screenshot shows the WHO website's news section. At the top is the WHO logo and navigation menu. The main headline is "WHO, Germany open Hub for Pandemic and Epidemic Intelligence in Berlin". Below it is a sub-headline: "New hub's mission is to provide the world with better data, analytics and decisions to detect and respond to health emergencies". The article text discusses the inauguration of the new WHO Hub in Berlin, mentioning German Chancellor Angela Merkel and WHO Director-General Tedros Adhanom. It highlights the hub's mission to provide better data, analytics, and decisions to detect and respond to health emergencies. The article also mentions that the hub will support the work of public health experts and policy-makers in all countries with the tools needed to forecast, detect and assess epidemic and pandemic risks so they can take rapid decisions to prevent and respond to future public health emergencies. The article concludes with a quote from Dr. Michael Ryan, Executive Director of WHO's Health Emergency Programme, stating that the hub is designed to develop the data access, analytic tools and communities of practice to fill these very gaps, promote collaboration and sharing, and protect the world from such crises in the future. The article is dated 1 September 2021 and has a reading time of 2 minutes (582 words). On the right side of the article, there are language selection buttons for Chinese, Russian, and Spanish. Below the article, there is a "Media Contacts" section with a WHO Media Inquiries icon and contact information: Telephone: +41 22 791 2222, Email: mediainquiries@who.int. There is also a "Related" section with links to the WHO Hub website, Director-General's remarks at the inauguration of the WHO Hub for Pandemic and Epidemic Intelligence, Dr Michael Ryan's remarks at the launch of the WHO Hub for Pandemic and Epidemic Intelligence, Frequently asked questions, Inauguration of the WHO Hub for Pandemic and Epidemic Intelligence, and WHO Health Emergencies Programme.

World Health Organization

Home / News / WHO, Germany open Hub for Pandemic and Epidemic Intelligence in Berlin

## WHO, Germany open Hub for Pandemic and Epidemic Intelligence in Berlin

**New hub's mission is to provide the world with better data, analytics and decisions to detect and respond to health emergencies**

1 September 2021 | News release | Berlin | Reading time: 2 min (582 words)

To better prepare and protect the world from global disease threats, H.E. German Federal Chancellor Dr Angela Merkel and Dr Tedros Adhanom Ghebreyesus, World Health Organization Director-General, will today inaugurate the new WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin.

"The world needs to be able to detect new events with pandemic potential and to monitor disease control measures on a real-time basis to create effective pandemic and epidemic risk management," said Dr Tedros. "This Hub will be key to that effort, leveraging innovations in data science for public health surveillance and response, and creating systems whereby we can share and expand expertise in this area globally."

The WHO Hub, which is receiving an initial investment of US\$ 100 million from the Federal Republic of Germany, will harness broad and diverse partnerships across many professional disciplines, and the latest technology, to link the data, tools and communities of practice so that actionable data and intelligence are shared for the common good.

The WHO Hub is part of [WHO's Health Emergencies Programme](#) and will be a new collaboration of countries and partners worldwide, driving innovations to increase availability of key data; develop state of the art analytic tools and predictive models for risk analysis; and link communities of practice around the world. Critically, the WHO Hub will support the work of public health experts and policy-makers in all countries with the tools needed to forecast, detect and assess epidemic and pandemic risks so they can take rapid decisions to prevent and respond to future public health emergencies.

"Despite decades of investment, COVID-19 has revealed the great gaps that exist in the world's ability to forecast, detect, assess and respond to outbreaks that threaten people worldwide," said Dr Michael Ryan, Executive Director of WHO's Health Emergency Programme. "The WHO Hub for Pandemic and Epidemic Intelligence is designed to develop the data access, analytic tools and communities of practice to fill these very gaps, promote collaboration and sharing, and protect the world from such crises in the future."

The Hub will work to:

- Enhance methods for access to multiple data sources vital to generating signals and insights on disease

**Media Contacts**

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**Related**

- [WHO Hub website](#)
- [Director-General's remarks at the inauguration of the WHO Hub for Pandemic and Epidemic Intelligence](#)
- [Dr Michael Ryan's remarks at the launch of the WHO Hub for Pandemic and Epidemic Intelligence](#)
- [Frequently asked questions](#)
- [Inauguration of the WHO Hub for Pandemic and Epidemic Intelligence](#)
- [WHO Health Emergencies Programme](#)

Example: Infodemic Management/social listening is located at the Pandemic Hub in Berlin, est. 21'



# WHO Business Supply & Allocation

# WHO Supply & Allocation



- CA+ -Art. 6 – WHO Global Supply Chain and Logistics network – Parties determine the demand/map delivery - distribution
- IHR, Art. 13A – health products



- RCR: “A different mode of authority may be required to establish an allocation mechanism.”, p. 53
- ACT-Accelerator legislated – only criticized for not being equitable – huge allocation by private sector together with WHO/GAVI/CEPI
- PIP Framework integrated – never put to test
- Peak of monopolization of countermeasures without oversight



- PIP Allocation Framework operational
- Global Allocation Plan used during Covid-19
- Logistics and Supply Chain Management

# WHO Supply & Allocation

## A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS

And potential implications for COVID-19 Vaccines

WHO Member States briefing

Given the ubiquitous nature of COVID-19, all countries should receive an initial allocation as products become available

Eventually, prioritisation of geography and timing would be based on a risk assessment of countries' vulnerability and COVID-19 threat

### A Threat

The potential impact of COVID-19 on countries will be assessed using epidemiological data

### B Vulnerability

The allocation of products would be adapted to the vulnerability of countries' health systems and population factors

Due to these uncertainties, a global access mechanism that meets the needs of all countries is the preferred option

### Three options

A

#### National access mechanism

Countries negotiate deals with manufacturers individually (e.g., lock into supply agreements locally)

B

#### Grouped access mechanism

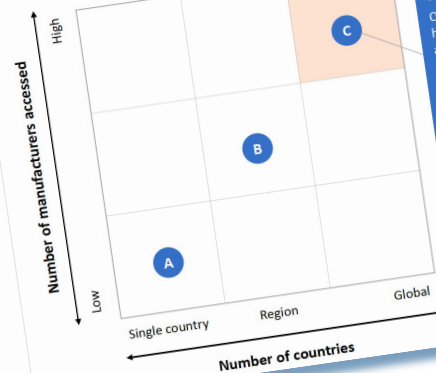
Countries form regional groups or blocks to negotiate supply agreements

C

#### Global access mechanism

Countries participate in a global mechanism to procure and access products

### Implications



### Global access offers:

Opportunity to have fair access and allocation across countries  
Access to a large number of manufacturers, offering 'risk-pooling' (e.g., less risk of having no supply if certain vaccine candidates fail, or do not cover all populations)

Example: WHO advised on global allocation

# WHO Supply & Allocation

## COVAX Allocation

For most of 2021, COVAX and global vaccine equity efforts were weakened by vaccine nationalism, which WHO's Director-General summarized as a "handful of rich countries gobbling up the anticipated supply as manufacturers sell to the highest bidder, while the rest of the world scrambles for the scraps".

COVAX was also undermined by: a lack of the early funding essential to purchasing the first doses available; supply being directed at surges; and manufacturing and regulatory delays.

As a result, COVAX was unable to get the supply it wanted or at best it was unpredictable, delayed and limited visibility, which hindered rollouts and was a factor in undermining confidence in vaccination and specific products.

With supply constraints lifting, COVAX is moving into Phase 2 of its allocation mechanism. Still focused on equity, Phase 2 will move from a push, supply-driven approach to a pull, demand and absorption capacity-driven approach.

Vaccine allocation decisions made from April 2022 fall into Phase 2, with all previous decisions coming under Phase 1 – see the [Independent Allocation of Vaccines Group](#) (IAGV) documents and reports for documents from Phase 1.

### COVAX

#### [Independent Allocation of Vaccines Group](#)

#### [Annex for Phase 2 of COVAX Allocation Framework](#)

#### [Explainer for COVAX Allocation Phase 2](#)

#### [Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility](#)

#### [Allocation Mechanism for COVAX Facility Vaccines](#)

## Goals and Objectives

### Phase 2 goals:

- Support all countries' ambitions to control the disease and "reopen society" in 2022.
- Contribute to countries' vaccination coverage goals, in view of the WHO-UN 2022 Global Vaccine Strategy coverage targets, including **70% of the population in every country**, and in consideration of supply beyond COVAX.

## COVAX Allocation Round 15 (April 2022)

11 April 2022

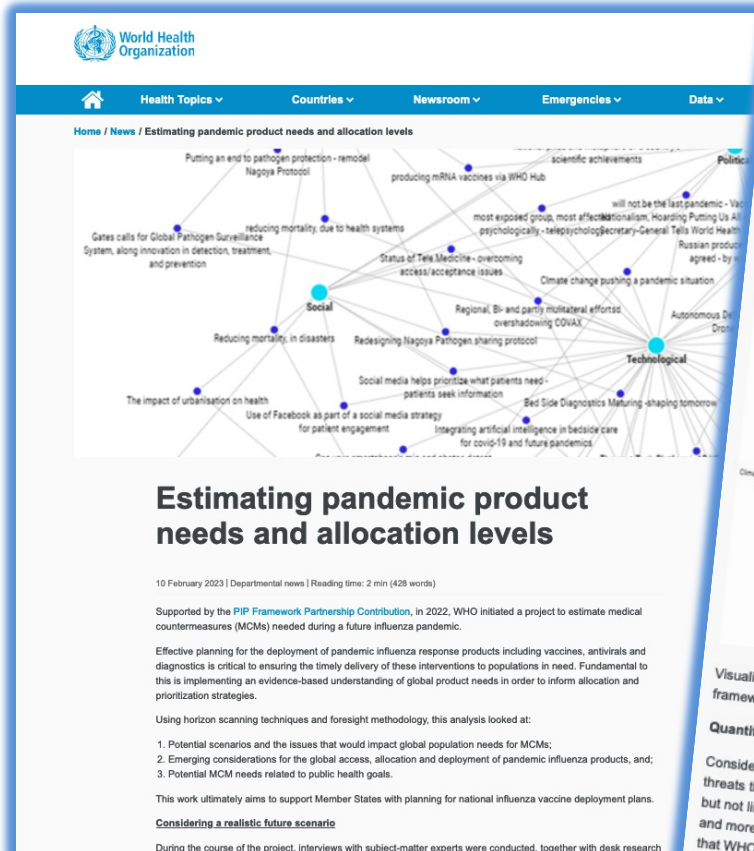
[Report of the Independent Allocation of Vaccines Group on the allocation of COVAX Facility...](#)

11 April 2022

[Vaccine Allocation Decision on the allocation of COVAX Facility secured vaccines: 11 April 2022](#)

Example: Covax allocated Covid-vaccines globally – mechanism transferred to the negotiations (ACT-Acc is stakeholder at negotiations)

# WHO Supply & Allocation



Example:  
Visualizations of  
future needs  
under the PIP  
framework

# WHO Supply & Allocation



## How WHO is re-imagining and fixing the links in the supply chains during COVID-19

7 May 2020

Getting humanitarian supplies where they need to go is a game of precision and meticulous planning under normal circumstances. Try adding a global, rapidly evolving pandemic to the mix, and you've described the current reality of World Health Organization (WHO) Operations Support & Logistics Chief Paul Molinaro. He is WHO's point man for procuring life-saving COVID-19 equipment and supplies destined for countries hit hardest by the virus.

"There are a lot of pieces of a puzzle that have to be put into place at the same time," Molinaro said.

### Scaling Up the Orders

In normal times, WHO fulfills country requests by placing orders through long-term contracts with vendors who ship cargo via freight forwarders. The COVID-19 pandemic turned the process upside down. Disruptions in Chinese manufacturing fractured global supply chains, creating shortages in the face of soaring demand. Market competition increased, trade restrictions were implemented, and commercial flights were grounded. These challenges created a whole new level of complexity.

"We're sort of sailing the ship while building it at the same time," Molinaro said. "Right now we have a ship, and there's a lot of holes in it. But we have a ship."

In early April, the United Nations launched the **UN COVID-19 Supply Chain Task Force** – coordinated by WHO and the World Food Programme (WFP) – to massively scale up the procurement and delivery of personal protective equipment (PPE), testing and diagnostics supplies, and biomedical equipment like ventilators and oxygen concentrators. The Task Force leveraged the capabilities and expertise of each partner into a mega-consortium to identify procurement needs and better negotiate with suppliers. Members include the United Nations Children's Fund (UNICEF), the United Nations Office for Humanitarian Affairs, the World Bank, The Global Fund, the United Nations Office for Project Services (UNOPS), United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA), United Nations High Commissioner for Refugees (UNHCR), NGOs, Red Cross and Federation and other WHO health cluster partners. The goal: to make supplies available to everyone, wherever they are needed.

### Related

Watch this video where Paul Molinaro explains the Supply System



## Dubai forms Vaccine Logistics Alliance to expedite global distribution of COVID-19 vaccines through the emirate to developing countries

31 Jan, 2021

Example: UN Covid-Supply Chain Task force coordinated by WHO

### COVID-19 Supply Chain System

#### Assessment of the COVID-19 Supply Chain System – NOW AVAILABLE

In September 2020, the World Health Organization, with the advice of the CSCS Task Force, commissioned an assessment of the COVID-19 Supply Chain System (CSCS) focused on three main areas: strategy, implementation and moving forward. Incorporating key-stakeholder interviews, a desk review, input from over 100 survey respondents, and a quantitative data review, findings were then pressure-tested with a Joint Steering Group and several stakeholders. The resulting analysis is now available and provides lessons learned and recommendations for the future.

#### Full report

30 April 2021  
Assessment of the COVID-19 Supply Chain System: Full Report

30 April 2021

#### Executive summary

30 April 2021  
Assessment of the Supply Chain System

#### Country snapshots

30 April 2021  
COVID-19 Supply Chain Snapshots

30 April 2021  
COVID-19 Supply Chain Snapshots

WHO Logo

[Bull World Health Organ.](#) 2021 Mar 1; 99(3): 171–171A.  
Published online 2021 Mar 1. doi: [10.2471/BLT.21.285550](#)

Coordinating COVID-19 vaccine deployment through the WHO COVID-19 Partners Platform

M Anne Yu<sup>1,2,3,4</sup>, Angela K Shen,<sup>4</sup> Michael J Ryan,<sup>4</sup> and Linda Lucy Boulanger<sup>4</sup>

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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes the COVID-19 (COVID-19), is having a deep impact across the globe.

PMCID: PMC7941099  
PMID: 33716336



How to build an international legal order  
where human dignity, fundamental freedoms and the  
inviolable human rights are respected  
during times of war and peace and any violation by an  
international organisation or other actor is held to account?

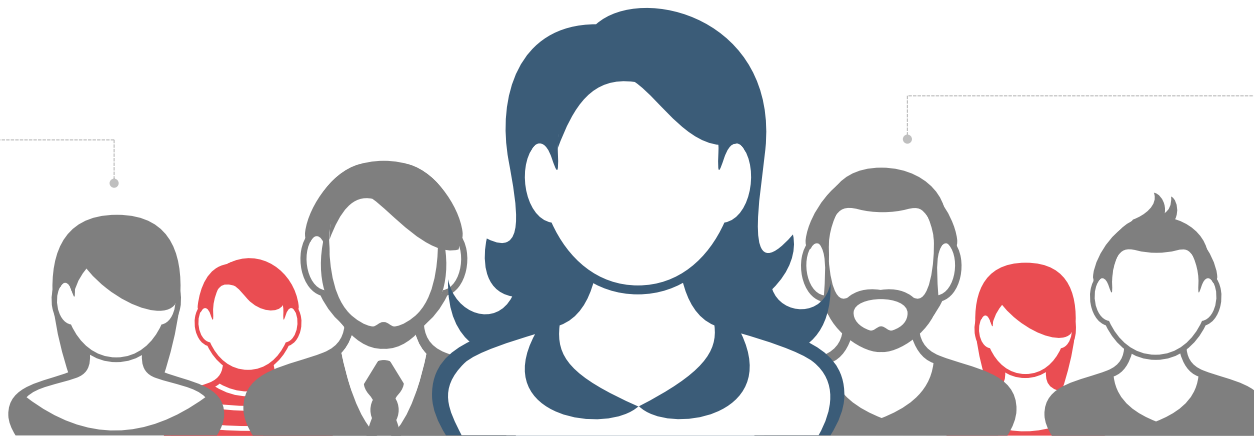
# Civil Society has to take action

## Criminalization

Gain of function  
Pandemic profiteering, etc.

Responsibility  
Accountability  
Transparency  
for all actors

Individuals must  
have the right to hold  
IOs/WHO  
to account



Thanks!