The Pandemic Accord

A pivotal opportunity to build resilient health systems and realise children's right to health

Save the Children

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Cover photo: Born and raised in Turkana, staff member Miriam Atonia is serving her people in the middle of a pandemic

Typeset by compoundEye

Sharmin, midwife, Primary Health Care Centre, Cox's Bazar

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A pivotal opportunity to build resilient health systems and realise children's right to health

HEALTH SYSTEMS RESILIENCE AND CAPACITIES

- Primary health care is our first and most crucial line of defence.
- Weak health systems have hindered our ability to tackle health emergencies while maintaining lifesaving essential services.
- We must build resilient health systems with a primary health care at the core to reach every child with essential services and achieve global health security.

HEALTH WORKFORCE

- The health workforce is essential to responding effectively to health emergencies and to the realisation of children's right to health.
- Health care workers have not received the recognition and adequate support needed during the COVID-19 pandemic.
- Healthcare workers, including community health workers, must be adequately resourced, equipped and protected to deliver essential child health services at all times.

COMMUNITY ENGAGEMENT AND GOVERNANCE

- Pandemics start and end in communities.
- Participation of communities and civil society is central to building trust, contributing knowledge and expertise and ensuring that no child is left behind.
- For a truly effective and rights-based approach to health emergency prevention, preparedness and response architecture, it is vital to leverage the full expertise of communities and civil society.

FINANCING WITHIN THE PANDEMIC ACCORD

- Predictable and sustainable financing is key to prevent and mitigate impacts of health emergencies.
- The lack of financing has been the achilles heel of health emergency prevention, preparedness and response efforts.
- It is critical to leverage all financing sources and modalities to achieve twin goals of universal health coverage and global health security.

Community icon adapted from SAM Designs from Noun Project

Summary of Recommended Provisions and Measures for the Pandemic Accord

HEALTH SYSTEMS RESILIENCE AND CAPACITIES

CONTINUITY OF ESSENTIAL HEALTH SERVICES

Prioritise the protection of all services pertaining to child health, at all levels, to the extent that during a health emergency they can deliver quality essential health and nutrition services:

- Systematically include the continuity (including monitoring) of essential services, including child services, in national health emergency prevention, preparedness and response strategies;
- Ringfence human and financial resources for child health services so that they cannot be diverted towards pandemic response in any scenario.

Strengthen the resilience of primary healthcare services and immunisation systems;

- Prioritise community-based primary healthcare to reduce inequities and facilitate the delivery of child health services during health emergencies in the delivery of child health services;
- Increase capacity within Member States to deliver existing and new vaccines to their populations at scale through investment in vaccination infrastructure including cold chain systems and tackling vaccine misinformation and hesitancy.

SURVEILLANCE AND EARLY WARNING SYSTEMS

Strengthen community-based surveillance and information management systems to identify early warnings and ensure early case identification and immediate action

- Invest in digital tools which support and bolster health management and information systems
- Involve and resource communities, including community health workers in surveillance operations as the primary interface between families and the wider health system

HEALTH WORKFORCE

Address community health workforce and capacity constraints by prioritising the recruitment, support and retention of community healthcare workers:

- Recruit, remunerate and retain community health workers as part of the formal health workforce, so they can play their role as the first line of prevention, preparedness and response in the health system;
- Regularly train the community health workforce on outbreak detection and response to strengthen their role of sentinels within communities;
- Invest in the health and care workforce, including nurses, midwives and community health workers, to allow them to deliver their work safely at all times;
- Protect the health and well-being of health workers, including through readying a strong supply chain for fit-for-purpose personal protective equipment and essential supplies;
- Create a pooled system of global personal protective equipment supply which can move as needed.

COMMUNITY ENGAGEMENT AND GOVERNANCE

COMMUNITIES AT THE CENTER

Prioritise community engagement in health emergency prevention, preparedness and response efforts and sustain care seeking during an outbreak

- Establish relationships and two-way communication channels with communities as part of preparedness efforts to build trust;

Enhance investment and cooperation in social science research and the dissemination of findings.

Left: Elise attends an Ebola awareness session in North Kivu, the Democratic Republic of Congo

Opposite page: Enciani Radja holds her 4-month-old daughter Fayra after she received the polio vaccine at the Kamboja IVc Health Post in Kupang, East Nusa Tenggara Province, Indonesia. Photo by Fauzan Ijazah.

Create, maintain and sustain participatory mechanisms to ensure meaningful engagement of communities and civil society in decision-making:

- Provide spaces for communities and civil society to participate in prevention, preparedness and response planning processes and contribute to designing and delivering solutions.

Safeguard communities most affected by inequality and discrimination in the context of a health emergency and/or pandemic response:

- Systematise and standardise data collection disaggregated by age, gender and disability at minimum so that inclusive plans and strategies can be developed and delivered;
- Invest in social protection measures to mitigate the impacts of health emergencies on the most vulnerable populations.

WHOLE OF GOVERNMENT AND RIGHTS-BASED APPROACH

Embed pandemic prevention, preparedness and response efforts within broader health system strengthening strategies and plans to ensure alignment with wider national development priorities:

- Ensure that policy-making and planning processes are inclusive of all relevant sectors, including education and protection services, to mitigate the impacts of pandemics on all parts of society

Uphold human rights in all aspects of pandemic prevention, preparedness and response

- Evidence the use of public health and social measures that may temporarily limit the rights of populations (such as school closures) and apply the principles of necessity and proportionality.

FINANCING WITHIN THE PANDEMIC ACCORD

Develop an explicit plan for financing PPR capacity development and resilient health systems, with clear expectations of donors, national governments and multilateral institutions. This should cover:

- Ensuring health systems are well financed, with well-functioning financing systems at its core, for more sustainable financing for health emergency PPR in the long term;
- Ensuring relationships, communication channels and other enablers are in place;– including direct financial assistance — to support national governments in sustainably financing health emergency PPR investments through domestic resources;
- Providing for technical assistance programmes and expertise-sharing in domestic resource mobilisation and public financial management.

Explore all financing modalities to ensure adequate investments in health emergency prevention, preparedness and response, including non-official development assistance for novel emergency response and preparedness mechanisms - such as the Pandemic Fund

Clarify the relationship between financing efforts for the Pandemic Accord and other health emergency PPR-related financing instruments.

1. Background

Almost three years since the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern in January 2020, COVID-19 cases and deaths remain high overall[1] and countries continue to experience recurring waves. Despite a vast global effort, the pandemic is not over. Its impact has been a stark reminder of the importance of preparing for, preventing and responding to pandemics and other global health emergencies, Yet, this impact has not been felt equally and the pandemic persists in part because of the inequity of the response: as of November 2022, only 27% of people in low-income countries have been fully vaccinated, compared to 73% in high-income countries.[2]

The COVID-19 pandemic has exposed the stark inequalities that exist in and between countries as well as the absolute necessity of building resilient health systems. Disruptions caused by the pandemic, as well as ongoing and emerging conflicts and the climate crisis, have disproportionately affected women, children and adolescents, halting or even reversing progress made towards the Sustainable Development Goals.[3]

Even though children have so far been mostly spared the direct health impacts of COVID-19, they suffer the most from its socioeconomic impacts, which for some will have lifelong consequences. Millions of children have lost at least a year of schooling,[4] putting them at increased risk of falling into poverty. Millions more women and girls have been exposed to, or experienced, violence[5] particularly in fragile contexts already affected by conflict, disasters, the climate crisis and displacement. Almost 8 million children lost a parent or primary caregiver to a COVID-19-related cause between January 2020 and May 2022.[6]

Children have also been directly affected by the disruptions to health and nutrition services, which have led to a rise in preventable infant mortality and childhood illnesses. The largest sustained decline in childhood vaccinations in approximately 30 years has been recorded,[7] resulting in 18 million children not receiving any vaccines at all in 2021.[8] This, coupled with rising rates of malnutrition, has created conditions for an unprecedented child survival crisis.

In Bangladesh, health workers set up mobile vaccination sessions in communities that need to be reached by boat and foot, in order to make immunizations more accessible. Photo by Fabeha Monir.

The pandemic has demonstrated the inequities of access to essential health services and shone a light on the urgent need to strengthen health systems and bolster efforts to achieve universal health coverage. Equity must be addressed as a central element of the global health architecture to prepare for future emergencies, mitigate further disruption to essential child health services, and accelerate progress towards the realisation of the right to health for every child.

Pandemics begin and end in communities. Investing in primary healthcare is critical for detecting and containing outbreaks at their earliest stages. During a health emergency, it is primary healthcare systems again which must deliver services equitably, under tremendous pressure, while building and maintaining trust from their communities. These crucial tasks cannot be done without greater support.

World Health Organization Member States are negotiating an international agreement on pandemic preparedness, prevention and response, referred to as the 'Pandemic Accord'. This is an opportunity to set a clear framework for international cooperation on the issue. COVID-19 has shown us that clear arrangements are needed for all stages from identification and surveillance through to the response to a pandemic, but also renewed prevention efforts are urgently needed. A new legal instrument must enable access to the sustained and targeted financing needed to put adequate mitigations in place, with the oversight and engagement mechanisms that can build and maintain trust.

The global health community must deliver on a Pandemic Accord which can "protect present and future generations from the devastating consequences of pandemics, on the basis of equity, human rights and solidarity with all people and countries" the vision set out in the conceptual zero draft. It is therefore disappointing that the current conceptual zero draft only makes two references to children, when protecting the next generation should be a recurring theme. Governments and civil society must call for a Pandemic Accord which has equity and prevention at its core.

We have a historic opportunity now to learn from the COVID-19 pandemic and forever strengthen the global health architecture as well as countries' ability to prevent, prepare for and respond to health emergencies. If more synergies are created between elements of the global health architecture and target interventions to support the most vulnerable, then this could be a landmark moment in global health, one in which the global community can deliver equity, strengthened health systems and bring into being a safer and more resilient world.

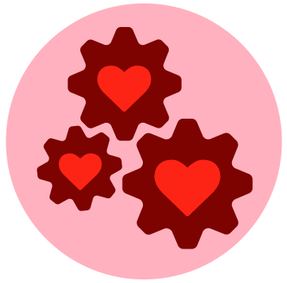
This paper draws on WHO document A/INB/2/3, *Working draft [of the Pandemic Accord], presented on the basis of progress achieved, for the consideration of the Intergovernmental Negotiating Body at its second meeting* as well as *the conceptual zero draft for consideration of the International Governing Body at its third meeting*.[9] The authors have identified the areas considered most pertinent to the opportunity for change and progress in the attainment of child health and grouped them into four categories for the purpose of this paper:

1. Health systems resilience and capacities
2. Health workforce
3. Community engagement and governance
4. Financing within the Pandemic Accord

The paper explores what the adoption of a Pandemic Accord could mean for children. In each section the authors suggest provisions and measures the Accord should include. These recommendations — and the rationale that supports them — are intended to be helpful for WHO Member States in the negotiation process and lead to a legal instrument which reaches its potential to be the foundation of change. The provisions and measures the authors propose have been informed by dialogue with experts working on health systems strengthening and PRR.

The authors recognise that other elements, such as equity, are also important. However as such elements are regarded to be so all-encompassing that these have addressed them throughout, rather than in a specific section.

In our concluding section the authors make broader recommendations, to complement the proposed provisions and measures. This has been done with recognition that the Pandemic Accord negotiations are just one of many intersecting processes currently taking place to help shape health emergency preparedness, prevention and response (PPR).



2. Health Systems Resilience and Capacities

2.1 CONTINUITY OF ESSENTIAL HEALTH SERVICES

Strengthening primary healthcare systems will be essential for both the prevention and mitigation of impacts of future health emergencies and to speed up progress towards attaining child health related targets within the Sustainable Development Goals.

Approaches to health emergency PPR must be based on the development of resilient systems able to deliver the full range of essential services through integrated primary healthcare. Essential services for children, such as access to routine immunisation, adequate nutrition, and preventive services (for sexual and reproductive health and mental health, for example), must be resilient enough to withstand future pandemics and health emergencies. By strengthening primary healthcare, pandemic preparedness efforts could make essential child health services more resilient to future global health threats and also overcome barriers to accessing services that existed before the COVID-19 pandemic.

Primary healthcare systems play an integral role in the response to health emergencies, including generating community trust and demand for essential medical products such as vaccines, treatments and diagnostics, and sustaining access to the essential child health services. As an example, immunisation systems played a pivotal role in the COVID-19 response and will continue to be central for the integration of COVID-19 vaccine delivery into routine immunisation services.

Maintaining essential health services must be an integral part of the preparedness and response frameworks at global, regional and country levels. The continuity of services should be addressed in technical guidance, operational and monitoring plans to ensure that the necessary adjustments or adaptations to service delivery are adequately anticipated and planned for.

RECOMMENDED PROVISIONS AND MEASURES

Prioritise the protection of all services pertaining to child health, at all levels, to the extent that during a health emergency they can deliver quality essential health and nutrition services:

- Systematically include the continuity (including monitoring) of essential services, such as child services, in national health emergency prevention, preparedness and response strategies;
- Ringfence human and financial resources for child health services so that they cannot be diverted towards pandemic response in any scenario.

Strengthen the resilience of primary healthcare services and immunisation systems;

- Prioritise community-based primary healthcare to reduce inequities and facilitate the delivery of child health services during health emergencies in the delivery of child health services;
- Increase capacity within Member States to deliver existing and new vaccines to their populations at scale through investment in vaccination infrastructure including cold chain systems and tackling vaccine misinformation and hesitancy.

THE IMPORTANCE OF IMMUNISATION SYSTEM STRENGTHENING

To respond effectively to future health emergencies and safeguard routine immunisation services against disruptions and shocks, strengthening of immunisation systems and enhancing vaccination capacity must be prioritised.

Immunisation reaches more children globally than any other health or social service, therefore playing a foundational role in PHC services. However, even before the COVID-19 pandemic, nearly 20 million children did not have access to vaccination each year.[10] Disparities in immunisation systems significantly impeded the rollout of COVID-19 vaccines, which relies on existing immunisation capacity.

In 2021, coverage of diptheria tetanus pertussis (DTP3) and measles-containing-vaccine first-dose (MVC1) decreased to their lowest levels since 2008.[11] Diversion of resources away from immunisation services contributed to this declining coverage in many countries. The stretching of immunisation resources, infrastructure, logistics and workforce capacity has created a trade-off in many countries, such as the Philippines and Ethiopia, which has led to declining routine immunisation services.[12]

Strengthening of immunisation systems will require a series of interventions requiring financial and technical support from donors and implementing governments alongside global health institutions, including expanding logistics and supply chains for vaccination and leveraging the use of new digital tools, innovations, and infrastructure to maximise efficiencies. The opportunities provided by investment and political will in vaccine research, should be harnessed to support the creation of new vaccines and improve effectiveness of existing ones. Strengthening immunisation systems globally and increasing uptake of immunisation services must go hand in hand with targeted and context-specific communication strategies to counter misinformation and improve community trust in vaccination.

2.2 SURVEILLANCE AND EARLY RESPONSE SYSTEMS

The COVID-19 pandemic highlighted the limited capacity for disease surveillance in many countries and the critical role of testing in managing disease outbreaks and monitoring the evolution of pathogens. Only one in seven COVID-19 cases in Africa were believed to have been detected as of 10 October 2021.[13] Deficiencies in surveillance and testing capacities impeded the global response to COVID-19, and allowed other diseases to spread undetected while most of the resources were diverted to the COVID-19 response.

Surveillance systems and testing capacity must be strengthened at community levels in low- and middle-income countries to ensure disease outbreaks can be detected and acted on quickly. This will be imperative not only for improving child health outcomes but also mitigating against the risk of diseases and variants developing undetected in future pandemics and health emergencies.

Establishing and developing community-based surveillance systems will improve the efficiency and effectiveness of early warning systems, helping countries to identify 'blind spots' in relation to disease outbreaks. Active participation of communities and community health workers will be imperative for establishing an interface between families and wider health systems.

Strengthening health management and digital information systems will also be essential components for effective response and surveillance. Existing digital tools and information management systems should be leveraged to enable health data to be used in public health decision-making. Digital tools can also be used to enhance the efficiency of the delivery of essential services. For example, digital information systems for immunisation have been largely utilized for COVID-19 vaccination delivery but can also be used for immunisation catch-up efforts and the targeting of zero-dose children and missed communities.[14]

RECOMMENDED PROVISIONS AND MEASURES

Strengthen community-based surveillance and information management systems to identify early warnings and ensure early case identification and immediate action:

- Invest in digital tools which support and bolster health management and information systems;
- Involve and resource communities, including community health workers in surveillance

3. Health Workforce

The strengthening of primary healthcare services will require attention to recruitment, adequate training and protection of the health workforce. Health workforce capacity is essential to responding effectively to health emergencies, catching up on essential child health services facing disruption amid crises, and accelerating progress towards the attainment of Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages. Yet despite the pivotal role played by health workers in primary healthcare systems, emergency response, building community trust and delivery of essential services, the WHO has estimated that by 2030 there will be a shortfall of 15 million health workers, mostly in low- and middle-income countries.[15]

It is therefore imperative to recruit and train a considerable number of healthcare workers to address this shortfall. WHO Member States must ensure that the profession is appealing enough to attract and maintain a significant workforce. Currently health workers, 70% of whom are women, are significantly under supported and many do not receive sufficient, or any, remuneration for their work. A recent analysis of 24 sub-Saharan African countries found only 14% of community health workers are paid.[16] Integration into national health systems, provision of full salaries and financial support are essential to enable community health workers to deliver their demanding and vital roles.

Lessons must be learned from the COVID-19 pandemic about protection for the health workforce. Health workers at community level, including community health workers, play a pivotal role in early detection of disease outbreaks and the response to them as well as in the provision of essential and routine health services. Yet during the COVID-19 pandemic, they were not provided with adequate personal protective equipment to perform their roles safely. In many places, considerable shortages put lives at risk and led to the suspension of essential child health services. Additionally,

This spread, clockwise from top left: A healthcare worker at a Save the Children-supported health facility during the Ebola outbreak; Save the Children supports health facilities in DRC to identify Ebola cases; Luisa, one of two 6-month-old twins smiles up at Save the Children nutrition worker Leonilde after being checked for malnutrition

despite being cited as priority group for vaccination during the acute phase of the pandemic, there were significant delays in ensuring health workers received COVID-19 vaccinations; as of November 2021 only one in four healthcare workers in Africa had been fully vaccinated.[17]

Integration of community health workers in national health systems is a prerequisite for fostering effective two-way communication and enhanced meaningful participation of communities and health workers in public health decision-making. Optimising the role of community health workers in reducing health inequalities requires moving beyond using them as a 'sticking plaster' and instead building meaningful partnerships between communities, community health workers and policy-makers.[18]

Community health workers can act as a critical entry point to countries' health systems. Enhancing uptake of essential services and developing community trust and demand for primary healthcare services will rely heavily on their presence. As trusted members of the community, community health workers have and will continue to play a critical role enhancing trust in public health services.[19]

RECOMMENDED PROVISIONS AND MEASURES

Address community health workforce and capacity constraints by prioritising the recruitment, support and retention of community healthcare workers:

- Recruit, remunerate and retain community health workers as part of the formal health workforce, so they can play their role as the first line of prevention, preparedness and response in the health system;
- Regularly train the community health workforce on outbreak detection and response to strengthen their role of sentinels within communities;
- Invest in the health and care workforce, including nurses, midwives and community health workers, to allow them to deliver their work safely at all times;
- Protect the health and well-being of health workers, including through readying a strong supply chain for fit-for-purpose personal protective equipment and essential supplies;
- Create a pooled system of global personal protective equipment supply which can move as needed.

4. Community Engagement and Governance

4.1 COMMUNITIES AT THE CENTER

The full participation of individuals and families is a central pillar of primary healthcare. The 1978 Alma Ata Declaration established that *"The people have the right and duty to participate individually and collectively in the planning and implementation of their health care"*.[20] Although the importance of community engagement is often acknowledged in the context of health emergency preparedness, the mechanisms to facilitate this engagement are often not in place when a public health event occurs, limiting the impact of risk communication and community engagement activities.

Vaccination is one of the most cost-effective ways of avoiding disease outbreaks, yet vaccine hesitancy is a global problem, affecting routine immunisation. The fact that it varies between socioeconomic groups and is associated with a lack of confidence in vaccines[21] shows that there is a need to communicate more effectively with communities to build mutual trust. It takes time to develop a profound understanding of community perceptions and cultural beliefs and it is necessary to work hand in hand in with research and policy development in order to mount an appropriate strategy when an emergency occurs. Policy-makers should work together with communities, civil society and health professionals to plan, research, deliver, and evaluate the best possible health promotion and health-care services, social measures and communication strategies. This co-production of public health will help to build trust, lead to greater adherence, and ultimately, to better health outcomes.[22]

Building social participation spaces is perceived as a challenging task but it is a prerequisite for meaningful engagement of communities and civil society in policy-making and planning.[23] These spaces should be open to all of society, including the most vulnerable and marginalised groups whose health needs are often unmet. Specific efforts should be made to ensure the participation of those left behind and to take into account the multiple factors that prevent them from accessing the services they need.

Children show soap foam on their palms near a community toilet in Mumbai, India. Photo by Dhiraj Singh.

Individuals and communities affected by inequality and discrimination suffer the most from the socioeconomic impacts of health emergencies. Efforts should be made to systematically collect information and disaggregate data to understand these inequalities and address them, notably through additional social protection measures, in preparedness and response strategies.

RECOMMENDED PROVISIONS AND MEASURES

Prioritise community engagement in health emergency prevention, preparedness and response efforts and sustain care seeking during an outbreak

- Establish relationships and two-way communication channels with communities as part of preparedness efforts to build trust;

Enhance investment and cooperation in social science research and the dissemination of findings.

Create, maintain and sustain participatory mechanisms to ensure meaningful engagement of communities and civil society in decision-making:

- Provide spaces for communities and civil society to participate in prevention, preparedness and response planning processes and contribute to designing and delivering solutions.

Safeguard communities most affected by inequality and discrimination in the context of a health emergency and/or pandemic response:

- Systematise and standardise data collection disaggregated by age, gender and disability at minimum so that inclusive plans and strategies can be developed and delivered;
- Invest in social protection measures to mitigate the impacts of health emergencies and pandemics on the most vulnerable populations.

4.2 WHOLE OF GOVERNMENT AND RIGHTS-BASED APPROACH

All relevant sectors and actors across governments and societies need to be involved in health emergency preparedness, prevention and response efforts. The devastating impacts of COVID-19 on people's livelihoods has reinforced the need for a whole of government approach to health and well-being. Many sectors still lack plans to mitigate impacts such as school closures, loss of earning or food shortages on children and their families. Concerted and holistic strategies across sectors and line ministries are necessary to improve the resilience of systems — such as education and protection — to prepare for and respond to health emergencies and ensure that children's rights are upheld.

During the COVID-19 pandemic, governments have implemented measures that restricted human rights, such as lockdowns, which for some children led to a deterioration of their physical and mental health.[24] Across countries, response measures have affected groups of people differently, with children, women, people with disabilities, migrants and refugees being among the most affected, resulting in a widening of inequalities. It is of foremost importance that actions taken in response to a public health emergency follow the principles of necessity and proportionality. Measures that restrict human rights should always be temporary and duly justified.

The pandemic prevention, preparedness and response agenda offers an opportunity to develop measures and systems that will better protect the rights of populations during public health emergencies.

RECOMMENDED PROVISIONS AND MEASURES

Embed health emergency prevention, preparedness and response efforts within broader health system strengthening strategies and plans to ensure alignment with wider national development priorities:

- Ensure that policy-making and planning processes are inclusive of all relevant sectors, including education and protection services, to mitigate the impacts of health emergencies and pandemics on all parts of society

Uphold human rights in all aspects of health emergency prevention, preparedness and response

- Evidence the use of public health and social measures that may temporarily limit the rights of populations (such as school closures) and apply the principles of necessity and proportionality.

5. Financing Within the Pandemic Accord

Previous efforts to fund preparedness have proven insufficient, both at national and global levels. The International Health Regulations oblige countries to build and maintain capacities for preparedness and response, yet many countries are still to reach this objective, in part due to the absence of additional financial resources required for the increased scope of their health obligations.

National action plans for health security have been developed but, in most countries, the plans have not been costed and translated into additional budgetary requirements. Neither national governments nor donors have stepped up to take the necessary actions. The World Health Organization remains chronically underfunded and unable to adequately support countries in developing core preparedness capacities such as disease surveillance, laboratory capacities, infection prevention and control, risk communication and community engagement.

As it stands, financing appears to be a low priority of the Pandemic Accord. Developing a legal instrument which binds countries to additional obligations without a clearer plan on how the additional finances will be raised would be problematic. Moving forward, a clear and explicit focus is needed on how additional financing — both at domestic and international level - will be raised.

Governments, and all actors, need to go beyond a vertical focus on financing for health emergency PPR to a holistic approach to financing the health system equitably and sustainably. A well-financed health system means more resources are available both for health emergency PPR and for the wider health infrastructure.

The Pandemic Accord must make explicit the expectation on donors, international financing institutions and the multilateral system. This will support national governments in sustainably financing health emergency PPR investments through domestic resources. It should naturally include direct financial assistance, as well as technical assistance, and should ensure countries are well equipped to avail more resources for health and for PPR. Collectively, through renewed ambition in the Accord, expertise can be harnessed among Member States to improve domestic resource mobilisation and spending efficiency and effectiveness, such as through improved public financial management. This will ensure more sustainable financing and results in the longer term.

Investing in global health security abroad would also be investing in donor countries' own national security. For this reason, many investments in health emergency PPR should be considered in addition to official development assistance (ODA) and donors should interrogate each investment to determine its nature. Striving for the majority of PPR funding to be accounted for as additional to ODA will stop it displacing funding of other key ODA-eligible areas. The Accord must also provide clear expectations to improve accountability; including on countries' roles in public domestic resource mobilisation, donors' roles in supporting financing for health emergency PPR, and the support expected from WHO and/or other multilateral organisations.

Finally, the relationships between the Pandemic Accord and the Pandemic Fund have not yet been established. If the Pandemic Fund has a role to play in the implementation of the Accord, synergies must be identified early on. Moreover, if the Fund fails to attract the resources required, then the WHO and Member States must have a clear contingency plan on how to mobilise the additional resources that resource-constrained countries may require.

Above: Layla was vaccinated for cholera in Sudan; below: Joseph, 2, holds a branch and plays outside his home, Bungoma

RECOMMENDED PROVISIONS AND MEASURES

Develop an explicit plan for financing PPR capacity development and resilient health systems, with clear expectations of donors, national governments and multilateral institutions. This should cover:

- Ensuring health systems are well financed, with well-functioning financing systems at its core, for more sustainable financing for health emergency PPR in the long term;
- Ensuring relationships, communication channels and other enablers are in place — including direct financial assistance — to support national governments in sustainably financing health emergency PPR investments through domestic resources;
- Providing for technical assistance programmes and expertise-sharing in domestic resource mobilisation and public financial management.

Explore all financing modalities to ensure adequate investme nts in health emergency prevention, preparedness and response, including non-official development assistance for novel emergency response and preparedness mechanisms - such as the Pandemic Fund

Clarify the relationship between financing efforts for the Pandemic Accord and other health emergency PPR-related financing instruments.

6. Conclusion

Over the course of the COVID-19 pandemic and response, it has become increasingly clear that a failure to prioritise children's rights and invest in resilient health systems through a primary healthcare approach has dire consequences. Prioritising systems strengthening, ensuring adequate financing, and including communities and civil society are essential elements of a pandemic response, and can also be integral to prevention and preparedness efforts.

This briefing sets out clear provisions and measures which, if supported by Member States and adopted in the new Pandemic Accord, could lead to seminal change in the global health architecture and mean that the world is both less likely to experience a future pandemic and better able to respond if the global community does face such a tragedy again. These provisions and measures will not only be transformative for children and their ability to attain their highest possible state of health, they will also have mutual benefits for all of society.

In addition to these provisions and measures, the authors offer the broader recommendations to WHO Member States and all actors involved in health emergency PPR over the coming years and months, recognizing that the Pandemic Accord negotiations are just one of many intersecting processes currently taking place to help shape pandemic preparedness, prevention and response. The challenge is great but, if these recommendations are followed and the provisions and measures are adopted, the opportunity is greater.

Salma plays with her siblings, five months after she was treated for severe acute malnutrition, at her home in Ethiopia

SYSTEMS STRENGTHENING

1. Prioritise strong and resilient health systems with robust primary healthcare and immunisation services at its core to achieve universal health coverage and global health security, and invest in countries' readiness to prepare for and respond to global health crises.
2. Prioritise the recruitment, retention, support and remuneration of health workers, including community health workers, to enable the presence of a trained and motivated health workforce capable of delivering healthcare at all times.
3. Remove barriers for community health workers to function as part of the health system in order to maintain equitable access to health and nutrition services even during health emergencies.

FINANCING

4. Ensure long-term and sustainable financing to strengthen health systems as well as to prepare for and respond to global health crises. Governments must break the cycle of panic and neglect by building the foundations of resilient systems.
5. Maintain and prioritise Official Development Assistance for health alongside and separate from investment in pandemic preparedness funds and mechanisms

PARTICIPATION

6. Ensure that communities and civil society are integrated into global health governance processes. It is critical to hear the voices of those most affected by health emergencies — especially children — to understand their needs. This should frame the priorities of pandemic preparedness.
7. Provide for transparent information-sharing and inclusive processes that will allow for the meaningful engagement and integration of civil society.
8. Request the formal participation of low- and middle-income country governments and civil society in the governance of all pandemic preparedness institutions and mechanisms.

Endnotes

1 WHO Coronavirus (COVID-19) Dashboard. covid19.who.int

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