?nternational (ealth *e!ulations ,2007/, access to health services and medicines, functionin! health systems and stron! health workforces.

1. "he "ask 5orce identified the followin! nine priority areas of work on preparin! for, preventin! and respondin! to health crises@

a. $trate!ic support for national health systems
b. ?nte!ratin! communities and civil society or!ani;ations
c. $upportin! re!ional arran!ements
d. $tren!thenin! 8 9 system capacity
e. "estin! capacities and processes throu!h simulations
f. +atalysin! focused research and innovation
!. $securin! sustainable financin! for health security
h. 5ocusin! attention on the !ender dimensions of health crises
i. Ensurin! health security remains prioritised on national and !lobal political a!endas

4. $i!nificant developments from 6anuary 2013 to Aay 2011 in these areas are hi!hli!hted below.

S!ra!egic su##or! $or na!iona hea !h s"s!e%s

B. "he)anel recommended that $tates achieve full compliance with the core capacity re=uirements in the ?nternational (ealth *e!ulations ,?(*/ and that W(# stren!then its periodic review of such compliance.[4]

10. #ne key achievement has been the development by W(# of a new ?(* monitorin! and evaluation framework. "his framework consists of four components@ annual reportin! to the World (ealth Assembly; after action review; simulation e ercises; and voluntary Doint e ternal evaluations.

11. "he Doint e ternal evaluations have introduced more obDectivity, depth and transparency in the assessment of national core capacities. As of B 6une 2011, 44 countries have completed a Doint e ternal evaluation, 2B countries are scheduled for the evaluations, and another 22 countries have e pressed an interest in the Doint e ternal evaluations. "he Doint e ternal evaluation teams > composed of e perts from Aember $tates, W(# and other international or!ani;ations > conduct the evaluations in close collaboration with national authorities across ministries. "he full reports are posted online. ?mportantly, the Doint e ternal evaluations are linked with the evaluations by the World #r!anisation for Animal (ealth ,#?E/ of animal health systems and the !aps identified are addressed in costed national action plans for health security ,-national health action plans./.

12. "hrou!h the composition of the Doint e ternal evaluation teams and the conduct of the evaluations, multi%sectoral collaboration has been embedded as a standard way of workin!. "he "ask 5orce welcomes this new framework and appreciates its application. "he "ask 5orce encoura!es the systematic inte!ration of animal health e perts and civil society or!ani;ations in the ?(* monitorin! and evaluation framework, to promote the -#ne (ealth. approach and to hi!hli!ht the critical importance of community en!a!ement.

[4] A0100122, *ecommendations 1 and 3.

12. "he "ask 5orce welcomes the substantial pro!ress with the introduction of the voluntary Doint e ternal evaluations. (owever, it is not enou!h Dust to dia!nose the problemsC

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a. "he +ommunication and +ommunity En!a!ement ?nitiative was formally established in early 2011, with a secretariat hosted by 8 9?+E5. "he ?nitiative will develop mechanisms to provide affected communities with information, to establish channels for communities to provide feedback on humanitarian actions and to ensure that decision%makin! processes are informed by constructive en!a!ement with communities. "he ?nitiative is participatin! in the development of trainin! modules for Emer!ency Aedical "eams.

b. "he 8 9?+E5 and the ?nstitute for : evelopment $tudies at the 8niversity of $usse in the 8nited Hin!dom established a secretariat for a !lobal partnership to carry out research on effective community en!a!ement and risk communication needs. "he partnership will aim to !enerate knowled!e and summarise research on community en!a!ement and buildin! resilience in humanitarian conte ts, includin! public health emer!encies. ?t will also synthesise research on cultural practices and communities to !uide response and recovery efforts, and develop a network of social science researchers who can be deployed durin! an emer!ency. "he "ask 5orce considers that learnin! from the work of the !lobal partnership should inform the Doint e ternal evaluations and country action plans.

c. "he W(# * I : <lueprint published !uidance on &ood +ommunity En!a!ement)ractices for conductin! clinical research in emer!encies.[12]

Su##or!ing regiona arrange%en!s

23. "he)anel recommended that re!ional and sub%re!ional or!ani;ations develop or stren!then standin! capacities to monitor, prevent and respond to health crises, supported by W(#.[12] "he "ask 5orce supports re!ional initiatives, while encoura!in! country%centred approaches with !ood re!ional coordination.

21. "o support re!ional capacities, the W(# Emer!ency Aedical "eams initiative has been partnerin! with re!ional arran!ements, such as the European 8nion, the Association of $outheast Asian 9ations ,A$EA9/ and the African 8nion. W(# is trainin! re!ional e perts on coordinatin! arrivin! Emer!ency Aedical "eams and)ublic (ealth "eams. &#A*9 has held re!ional meetin!s in Europe and the Aiddle East, and implemented international trainin! courses for re!ional response capacity in the Americas and Aiddle East. ?n Africa, W(# co%hosted a West African *e!ional +onference on #ne (ealth in 9ovember 2013, in collaboration with the Economic +ommunity of West African $tates and others to brin! to!ether ministers from various sectors to address ;oonotic diseases. "he Africa +entres for : isease +ontrol and)revention ,Africa + : +/ was formally launched in 6anuary 2011, with : r. 6ohn 9ken!ason! named as its first director. W(# si!ned a framework for collaboration with the African 8nion on the Africa + : + to improve health security and Africa + : + is now a partner in &#A*9.

24. ?n Aarch 2011, the sub%re!ional action plan to implement the recommendations of the (i!h%Eevel +ommission on (ealth Employment and Economic &rowth was adopted at a health and labour ministerial meetin! of the West African Aonetary and Economic 8nion ,WAAE8/. "he action plan includes the revision of macroeconomic policy constraints on

[12] http@00www.who.int0blueprint0what0norms%standards0&))%E))%:ecember2013.pdfJuaK1
[12] A0100122, *ecommendation 7.

24.

shares the concern of the ?#A+ that inade=uate financin! threatens to undermine the pro!ress made by the)ro!ramme. ?t will be important to monitor the implementation of the)ro!ramme and see whether the financin! enables the)ro!ramme to be sustainable for the lon! term. "he "ask 5orce stresses that collaboration between the a!encies addressin! human health ,W(#/ and animal health ,#?E and the 5ood and A!riculture #r!ani;ation ,5A#// is particularly important in view of the number of emer!in! threats that are of ;oonotic ori!in. "he "ask 5orce cautions a!ainst stren!thenin! capacity only durin! emer!encies. "he 8 9 system needs to build capacities for preparation and demons

42. "he W(# Emer!ency *esponse 5ramework provides !uidance on how W(# mana!es the assessment, !radin! and response to public health events and emer!encies. When conductin! a risk assessment, W(# en!a!es a ran!e of partners, includin! 5A#, the #?E and ?A$+ members. "he results of a risk assessment are communicated throu!h the W(# *e!ional Emer!ency :irector to the E ecutive :irector of the W(# (ealth Emer!encies)ro!ramme. All hi!h%risk events are referred for !radin! within 24 hours. "he :irector%&eneral promptly notifies the $ecretary%&eneral of health events !raded at levels 2 and 2. "his notification is also sent to the Emer!ency *elief +oordinator and the *esident +oordinator of the affected country.

44. 8pon receipt of these notifications, the 8 9 $ecretariat further circulates the

role in convenin! and coordinatin! partners to ali!n with common priorities, to ensure that efforts are not duplicated, and to fla! areas where increased * I : efforts are needed for particular patho!ens or products. "he "ask 5orce reco!ni;es t

e=ual partners in the desi!n, conduct, and analyses in clinical studies are vital to fosterin! the trust needed to conduct clinical trials and other research activities.

34. "he)anel recommended that W(# convene its Aember $tates to -rene!otiate the)andemic ?nfluen;a)reparedness 5ramework with a view to includin! other novel patho!ens..[24]

37. A)?) 5ramework *eview &roup ,-*eview &roup./ was established in :ecember 2017 to conduct the first review of the)?) 5ramework after it had been implemented for five years. ?n its report to the W(# E ecutive <oard, the *eview &roup noted that it had declined to proceed as recommended by the)anel. "he *eview &roup e plained that the success of the)?) 5ramework had

development of a !lobal policy !uidance and the acceleration of re!ional and national initiatives to address !ender biases and ine=ualities in education and health labour markets. "he "ask 5orce a!rees that !reater attention must be paid to the disproportionate burden on women durin! health crises both in the health sector ,as informal and formal care!ivers/ and with re!ard to economic and social impacts on women and !irls.

1B. "he "ask 5orce supports the chapter in W(#'s -&uidance for Aana!in! Ethical ?ssues in ?nfectious :isease #utbreaks. on addressin! differences based on se and !ender, notin! that these differences have been associated with differences in susceptibility to infection, levels of health care received, and the course and outcome of illness. ?nformation collected by public health surveillance pro!rammes should disa!!re!ate information by se , !ender and pre!nancy status to monitor variations in risks, modes of transmission, impact of disease and efficacy of interventions.)olicy%makers and outbreak responders need to pay attention to !ender%related roles and social and cultural practices, includin! vulnerability to interpersonal violence, when developin! health intervention and communication strate!ies.

40. An additional positive development is the establishment of a maternal and child health workin! !roup by the W(# Emer!ency Aedical "eams ,EA"s/ initiative to develop principles and standards of care for EA"s deliverin! maternal and child health services. "his will complement the important work already bein! done on maternal and child health coordinated throu!h the health cluster.

41. 8 9 Women, the ?nternational 5ederation of *ed +ross and *ed +rescent $ocieties ,?5*+/ and 8 9 #ffice for :isaster *isk *eduction ,8 9?$:*/ have ⊃ointly developed a &lobal)ro!ramme in $upport of a &ender *esponsive $endai 5ramework ?mplementation ,&?*)ro!ramme/. 9otin! the hi!her fatality rates of women and !irls in natural disasters such as the 2004 cyclone in Ayanmar and the 2014 $olomon ?sland floods, the &?*)ro!ramme emphasi;es the need to focus on the hi!h and une=ual risk e posure of women and !irls to the impact of climate related natural disasters and its detrimental effect on individual, household and community resilience. "he "ask 5orce encoura!es 8 9 Women,

III. Future actions

4B. Over the past year, the Task Force has seen significant progress in many areas highlighted in the Panel's report. Key achievements include the introduction of the Joint External Evaluations and other components of the IHR monitoring and evaluation framework, the establishment of the WHO Health Emerg enci

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the e tent to which people en▯oy health security. En!a!in! with political processes is essential to maintain health security as a priority on national and !lobal political a!endas. (i!h%level political en!a!ement on health issues is needed to ensure that health security is reco!ni;ed as a !lobal public !ood and that effective financin! policies are in place to make best use of available funds. "here should be multi% sectoral outreach to !overnment ministries, beyond the ministry of health. "o secure the financin! they need, health pro!rammes and initiatives must be ready to be held accountable for results in order to build confidence and trust. Effective advocacy for health cannot only rely on the utili;ation of the 8 9 system and inter!overnmental processes, and focus on international or!ani;ations and Aember $tates as the primary actors and a!ents of chan!e. Advancin! health security in its fullest sense means en!a!in! all relevant stakeholders, and creatin! an inclusive space in which all non% 8 9 stakeholders and non%!overnmental actors can come to!ether, contribute and be heard.

B1. "he "ask 5orce reflected on ne t steps followin! the conclusion of its mandate on 20 6une 2011. "he "ask 5orce recalled that the &eneral Assembly re=uested W(# to submit reports on the state of health security in 2013 and 2011, and considered the possibility of continuin! this reportin! process beyond 2011. A ma▯ority of "ask 5orce members recommended that the $ecretary%&eneral develop and implement a new time%limited independent mechanism for reportin! on the status of the world's preparedness throu!h ,i/ monitorin! system%wide pro!ress towards increased health crises preparedness and response, ,ii/ helpin! to ensure political visibility and accountability for efforts at country, re!ional and !lobal levels, and ,iii/ providin! an alert to the $ecretary%&eneral and other key stakeholders if the system is not functionin! ade=uately.