

commitments of 2 member States to increase their own voluntary contributions even if the World Health Organization does not adopt the proposal for increased assessed contributions"

2. Focusing attention on "tse ge" (emergency response crises)

The Task Force members recalled the Bangkok Principles which call for the promotion of the systematic integration of health into disaster risk reduction policies and plans. They encouraged WHO and UNICEF to ensure that health dimensions are fully integrated into the new Global Programme of Action for the Health of the People. The Task Force members agreed that access to sexual and reproductive health services is important and that

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Introduction

1. The Global Health Crises Task Force was established by the Secretary-General for a one year period beginning on 1 July 2017. The purpose of the Task Force is to monitor, coordinate and support the follow-up and implementation of the recommendations of the High-level Panel of Experts on the Global Response to Health Crises (the Panel) issued in its report on "Protecting Humanity from Future Health Crises" (A/72/49). Through its work, the Task Force seeks to catalyse action on the Panel's recommendations, enhance the preparedness of the United Nations system, maintain the profile of global health issues, and make substantive contributions to the strengthening of the global capability for responding to health emergencies.

2. The Task Force meets on a quarterly basis and provides quarterly reports to the Secretary-General on the progress of the Panel's recommendations. During its first meeting, the Task Force identified nine priority areas:

3" The &anel reco # # ended that go%ern # ents should)Fi0ncorporate planning for health crisis responses into national disaster risk-reduction prepar



affected countries" Funding needs to develop incorporate and roll out training of the
country engagement components remains to be discussed with key partners"

Supporting regional arrangements to prevent a crisis

Task Force membership (a vice

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platform currently being developed by the WHO Health Emergencies Programme which will be launched in June 2013

Testing capacities and processes for global health crises response through simulation

Task Force members' views on a

- The Task Force members emphasised the critical importance of bringing together all stakeholders in country-level simulations, including as part of the WHO monitoring and evaluation framework involving the private sector, civil

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> " /n January 2 13\$ a pande# ic si# ulation was held at the 9 orld 6cono# ic Foru# #eeting in <a%os" The si# ulation\$ which engaged > C6 : s fro# the pri%ate sector\$ was co-chaired by <r" Ji# Ji#\$ the 9 orld ?ank Group &resident and 2 r" 9 illia# H" Gates\$ the co-chair of the ?ill and 2 elinda Gates Foundation" The si# ulation e7ercise e7a#ined the i# plications of an outbreak for four areas4 (i+ touris# and tra%elC (ii+ infor#ation and co# #unicationC (iii+ in-country operations\$ logistics and supply chainC and (i%+ training\$ education and workforce #anage#ent" The C6 : s acknowledged that de%eloping preparedness and response capacity re0quires global collaboration across different pri%ate sector partners" These si# ulations will feed into a si# ulation for the G2 health #inisters in 2 ay 2 13" ' esults fro# these e7ercises will be considered by the G2 leaders in July 2 13"

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Tas1 F rce %servati "s a"(a(vice

- The Task Force #e#bers co# #ended 9 H : for its clarity in setting out the re%ised #ethodology for prioritising e#erging diseases" The Task Force #e#bers agreed that it was i#portant for the #ethodology to allow for the e7a#ination of a pathogen or disease that #ight need to be prioritised between annual e7ercises"
- The Task Force welco#ed the collaboration between C6&/ and 9 H : \$ and the align#ent of C6&/,s acti%ities with the 9 H : list of priority diseases"
- The Task Force #e#bers noted that the broader de%elop#ent and support of translatable platfor# technologies for diagnostics\$ %accines\$ and therapeutics is i#portant to ha%e in place and ready to respond prior to future outbreaks"
- The Task Force #e#bers encouraged 9 H : to continue to ser%e in a role of con%ening organi5ation and pro#ote coordination\$ but not create its own research capabilities" They endorsed the role of funding agencies and organi5ations with e7tensi%e e7perience in supporting and #anaging research acti%ities to continue to fulfil this responsibility"

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>1" The fra#ework for 9 H : ,s work in research and de%elop#ent is set out in its) ' R < ?lueprint for ; ction to &re%ent 6pide#ics4 &lan of ; ction* () ' R < ?lueprint+ issued in 2 ay 2 1! and was welco#ed by the 9 orld Health ; sse#bly in the sa#e #onth"11 The ' R < ?lueprint focuses on three clusters of acti%ities4 (i+ assessing epide#ic threat and defining priority pathogensC (ii+ de%eloping ' R < road#aps to accelerate e%aluation of diagnostics\$ therapeutics and %accinesC and (iii+ outlining appropriate regulatory and ethical pathways"

Assessing epidemic threat and defining priority pathogens

On February 23, 2017, WHO issued a revised methodology for prioritising severe

should agree the timing of the next review of the Framework which should be before the end of 2021.

11. The Panel recommended that WHO member States increase their assessed contributions to the WHO budget by at least 1 per cent^{11E}

12. The draft proposed programme budget for 2016-2017 (67.1 billion USD) submitted by the WHO Secretariat to the Executive Board in January 2013 contained an increase of 1.5 billion USD. The proposed increase related mainly to increases in the budgets for the WHO Health Emergencies Programme (1.1 billion USD) and for combating antimicrobial resistance (0.4 billion USD). Citing the recommendation of the Panel, the Director-General proposed a 1.5 billion USD increase in assessed contributions. The amount of assessed contributions has remained at 1.5 billion USD since the approval of the 2010-2011 budget in May 2010.

13. The range of reactions by member States to the proposal is reflected in the report of the Programme Budget and Administration Committee to the Executive Board¹⁴

14. While several member States supported the proposed 1.5% increase in assessed contributions, others were not in a position to support that proposal. Some member States called on those countries that would experience decreases in contributions to maintain payments at existing levels. One member State supported the proposed increase and indicated its readiness to implement the increase in 2016; another member State also agreed to the increase on a one-off basis and under the conditions that it did not set a precedent, that country-level support was a priority, and the efforts to

encouraged - . 9 o#en\$ /F ' C and - . /S< ' to ensure that health di#ensions are fully integrated into the new Global &rogra# #e to address the Gender /ne0uality of ' isk and &ro#ote 9 o#en,s ' esilience and Meadership" The Task Force #e#bers agreed that access to se7ual and reproducti%e health ser%ices is i#portant and that se7ual and gender based %iolence pose particular risks for wo#en and girls" They noted that wo#en and girls #ay also be e7posed to une0ually high health risks due to other factors\$ such as their role as caregi%ers\$ une0ual access to education\$ and i#plicit gender biases that #ay influence diagnoses or treat#ent decisions"

@!" - . 9 o#en\$ /F ' C and - . : fface for <isaster ' isk ' eduction (- . /S< ' + ha%e Dointly de%eloped a Global &rogra# #e in Support of a Gender ' esponsi%e Sendai Fra#ework /#ple#entation (G/ ' &rogra# #e+" . oting the higher fatality rates of wo#en and girls in natural disasters such as the 2 E cyclone in 2 yan#ar and the 2 1B earth0uake in . epal\$ the G/ ' &rogra# #e e#phasi5es the need to focus on the high and une0ual risk e7posure of wo#en and girls to the i#pact of cli#ate related natural disasters and its detri#ental effect on indi%idual\$ household and co# #unity resilience" The &rogra# #e

Emerging infectious diseases crises are a priority "global public health agenda" (as

Task Force members' statement) (vice

- The Task Force members welcomed the very first G20 health ministers meeting and observed that it would give a strong political message for the G20 to affirm their commitment to a coordinated global response to health crises, to financing preparedness for health emergencies at the national, regional and global levels, as well as their support for the new WHO monitoring and evaluation framework

WHO / on 2 March 2013, health experts from G20 countries met in Germany to prepare the Joint declaration of the G20 health ministers when they meet in Berlin from 18-22 May 2013. During the health experts meeting, the Health Working Group discussed G20 positions on antimicrobial resistance, strengthening health care systems and global health crises management