



No more pandemics!

Bearing witness to COVID-19 and
committing to a more secure future



The
Independent
Panel

FOR PANDEMIC
PREPAREDNESS
& RESPONSE





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Page 3 (from left top corner, zig-zag to bottom right): Watsamon Tri-yasakda, Miriam Watsemba, Rosem Morton, Katya Rezvaya, Angela Ponce, Angela Ponce, Mindy Tan, Watsamon Tri-yasakda, Miriam Watsemba, Mindy Tan, Angela Ponce.

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Preface

As COVID-19 has swept the globe, there are times when it has appeared to be a force of nature that people are powerless to resist. Yet millions of people did take actions that changed the course of the pandemic, protecting their loved ones and communities, and providing essential health and response services often at enormous personal cost. From the laboratory bench to the Cabinet table, from the triage ward to the food distribution centre, they are continuing to make hard decisions under emergency conditions, knowing they will directly affect people's lives. In seeking to understand why SARS-CoV-2 resulted in a catastrophic pandemic, the Independent Panel met with hundreds of people at the front lines of the response and heard their advice as to what needs to change to make sure it never happens again. This report presents just a brief selection of the testimony we received and how it shaped our recommendations.

*Her Excellency Ellen Johnson Sirleaf
Co-Chair*

*The Right Honourable Helen Clark
Co-Chair*



Introduction

Seized by the gravity of the COVID-19 crisis, the World Health Assembly in May 2020 requested the WHO Director-General to review lessons learned from the WHO-coordinated international health response to COVID-19. The Director-General asked Her Excellency, Ellen Johnson Sirleaf and the Right Honorable Helen Clark to convene an Independent Panel for this purpose. They in turn invited a diverse group of eleven highly experienced and skilled people to form the Panel, including other former heads of government, senior ministers, health care experts and members of civil society.

In the course of its eight-month inquiry the Panel received more than 100 submissions through its website, held six webinars concerning frontline responses, convened fifteen expert roundtables, and conducted dozens of interviews and more than 50 briefings. The Panel's main report [COVID-19: Make it the Last Pandemic](#) was released globally on 12 May 2021 and presented to the 74th World Health Assembly on 25 May. A companion narrative, [How an Outbreak Became a Pandemic](#), describes the evidence around thirteen defining moments which shaped the course of the pandemic. An [authoritative chronology](#) of the early events in the pandemic has been published by the Panel together with a series of background papers.



The Panel's recommendations⁽¹⁾

The COVID-19 pandemic is far from over and continues to cause death and disruption around the world. The Panel has recommended that every country urgently apply proven non-pharmaceutical measures rigorously at the scale required to control the epidemic, and that high-income countries with a vaccine pipeline for adequate coverage provide at least one billion vaccine doses to low- and middle-income countries by September 2021 and more than two billion by mid-2022. The Panel has called for voluntary licensing and knowledge and technology transfer to enable vaccines and essential supplies to be produced and distributed equitably, with a TRIPS waiver of intellectual property rights if voluntary agreement is not reached within three months.

The Panel presented a package of recommendations to transform the international system for pandemic preparedness and response to ensure that a future outbreak does not become a pandemic. This package includes the following:



1. Elevate pandemic preparedness and response to the highest level of political leadership by convening a United Nations General Assembly Special Session for Heads of State and Government to agree on a political declaration to transform the system. This transformation includes:

- establishment of a Global Health Threats Council
- negotiation of a Pandemic Framework Convention



2. Establishment of a dedicated Pandemic Financing Facility to raise additional reliable funding for pandemic preparedness and for rapid surge financing for response.



3. Strengthen the independence, authority, and financing of WHO.



4. Act on preparedness now to prevent the next crisis, including through universal periodic peer reviews and other regular assessments.



5. Establish a new agile and rapid surveillance, information and alert system, based on full transparency.



6. Transform the current ACT-A into a truly global end-to-end platform to deliver the global public goods of vaccines, therapeutics, diagnostics, and essential supplies and as well support technology transfer and regional capacity to manufacture and procure essential supplies.



7. Strengthen national pandemic preparedness and response capacity on a multi-disciplinary and whole-of-government basis.

¹ For full wording of the Panel's recommendations see Independent Panel for Pandemic Preparedness and Response. COVID-19: make it the last pandemic. May 2021. <https://theindependentpanel.org/mainreport>.

The demand for change

The Panel “heard loud and clear that citizens are demanding an end to this pandemic, and that is what they deserve. It is the responsibility of leaders of all countries, as duty bearers, to respond to these demands.”⁽²⁾ The Panel’s comparative analysis of national responses found that they were most effective where decision-making authority was clear, was co-ordinated across levels of government, and heeded timely scientific advice. High-performing countries communicated consistently and transparently and developed partnerships not only with sub-national levels of government but also with actors beyond government, engaging with community health workers and community leaders as well as the private sector.

Central to the Panel’s findings and recommendations has been the wealth of evidence that the impact of the pandemic has been uneven, and that disadvantage has been exacerbated. Preparedness planning needs to be more inclusive and incorporate whole-of-society responses. Platforms for the development and distribution of essential supplies and diagnostics, treatments, and vaccines need to incorporate equity considerations from the outset. Surge financing injected early can ensure that as response products are developed, they can be made available according to need, not according to purchasing power. The depletion

² Ibid. p5.

Watch Mildred’s story
as she describes the lockdown,
and her access to COVID-19
vaccines.

“We were not prepared for the lockdown. The day it was announced, I only had 150 shillings in my pocket. I didn’t know how I was going to survive.”

Mildred Nakahima, Uganda



of stockpiles and the scramble to obtain essential supplies such as personal protective equipment (PPE) or oxygen was a marked failure when COVID-19 became a pandemic, and some of these shortages, for example in oxygen supplies, continue into June 2021, as countries experience successive waves of cases and resulting deaths. Establishing response platforms with clear strategies for allocation of supplies is core to the end-to-end solutions the Panel has recommended.



© Kevin Van Paassen / Sunnybrook Health Sciences Centre

Rights-based and people-centred solutions are essential to preventing the next outbreak from turning into a devastating pandemic. That begins with addressing the social and environmental factors which drive the emergence of zoonotic diseases. It requires attending to the investment in universal health coverage and social protection floors that are integral to resilience in the face of a pandemic. The series of measures the Panel has recommended, including monitoring and accountability supported by a Global Health Threats Council, a declaration of the United Nations General Assembly, and a new Pandemic Framework Convention, are designed to equip the international system to deliver more effectively the practical realization of the right to health.

Lived resilience

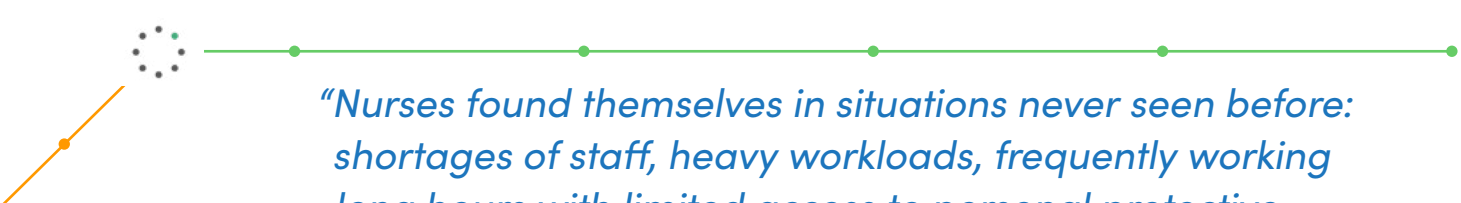
Resilience is a fundamental lens through which the Panel has examined the impact of and response to COVID-19.⁽³⁾ Resilience is the measure of the capacity of institutions and other actors in a system to prepare for, recover from and absorb shocks, while maintaining core functions and meeting the needs of their communities. The Panel has recommended that countries increase the health and social investments needed to build resilience.

Watch Jimvelle Cac and Mali Johnson as they share their nursing experiences during the pandemic.

In many places, health systems were grossly unprepared when the COVID-19 pandemic hit, and those who bore the brunt of the impact were essential workers on the frontlines. In the Panel's [Exchange](#) with midwives, the International Confederation of Midwives expressed its concern about the risks midwives were exposed to in the pandemic, including the lack of PPE requiring them to purchase their own supply, reuse single-use stock, or improvise. It is hardly surprising then that high levels of burnout are being experienced by midwives, exacerbated by the deep disruptions to midwifery training with fifty per cent of students lacking access to clinical practice. These workforce issues have had a direct flow-on impact in service provision, with research by the International Confederation of Midwives showing attendance for care has dropped by 75%.

In the exchange with nurses, the President of the International Council of Nurses, Annette Kennedy, said that "COVID-19 revealed overstretched, under-resourced, weakened health systems that were unable to meet

3 See the paper based on the analysis of 28 country responses to COVID-19 prepared for the Panel: Haldane, V., De Foo, C., Abdalla, S.M. *et al.* Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nat Med* (2021). <https://doi.org/10.1038/s41591-021-01381-y>.




“Nurses found themselves in situations never seen before: shortages of staff, heavy workloads, frequently working long hours with limited access to personal protective equipment and sporadic guidance on how to care for patients with this virus.”

*Annette Kennedy, President, International Council of Nurses
to an Independent Panel Exchange with nurses*

demand. Nurses found themselves in situations never seen before: shortages of staff, heavy workloads, frequently working long hours with limited access to personal protective equipment and sporadic guidance on how to care for patients with this virus.”

Seventy per cent of the health workforce is female, but women are clustered at the lower status end, and have often been last in the queue to access to supplies such as PPE.

Other essential services have also put women at risk. Isabel Cortez Aguirre is a street sweeper who is Secretary of the Women's Commission of the Public Cleaning Workers' Union (SITOBUR) in Lima, Peru. Public cleaning services “have always been high-risk work”, she says, but this



Midwives had to purchase their own PPE, reuse single-stock, or improvise.

"We had a great deal of fear, but had to get on with it, we had no choice."

Isabel Cortez Aguirre



Watch Lucimar explain her battle first with COVID-19, and then with a nodule on her lung that requires medical attention.

pandemic has made it "doubly high risk. We had a great deal of fear, but had to get on with it. We had no choice". These workers have taken extra precautions and followed government guidelines, but many have become infected with COVID-19 and suffered the impacts of the pandemic directly.

Health service impacts also had a disproportionate impact on sexual and reproductive health. The Panel's Exchange on '[Delivering Sexual and Reproductive Health Rights in Crises Settings](#)' heard that services for sexual and reproductive health and rights were severely disrupted by the pandemic. The most recent results shows disruption in more than 40 per cent of the countries surveyed⁽⁴⁾. The consequences have been unintended pregnancy, unsafe abortion, and preventable morbidity and mortality among untold numbers of women and children.

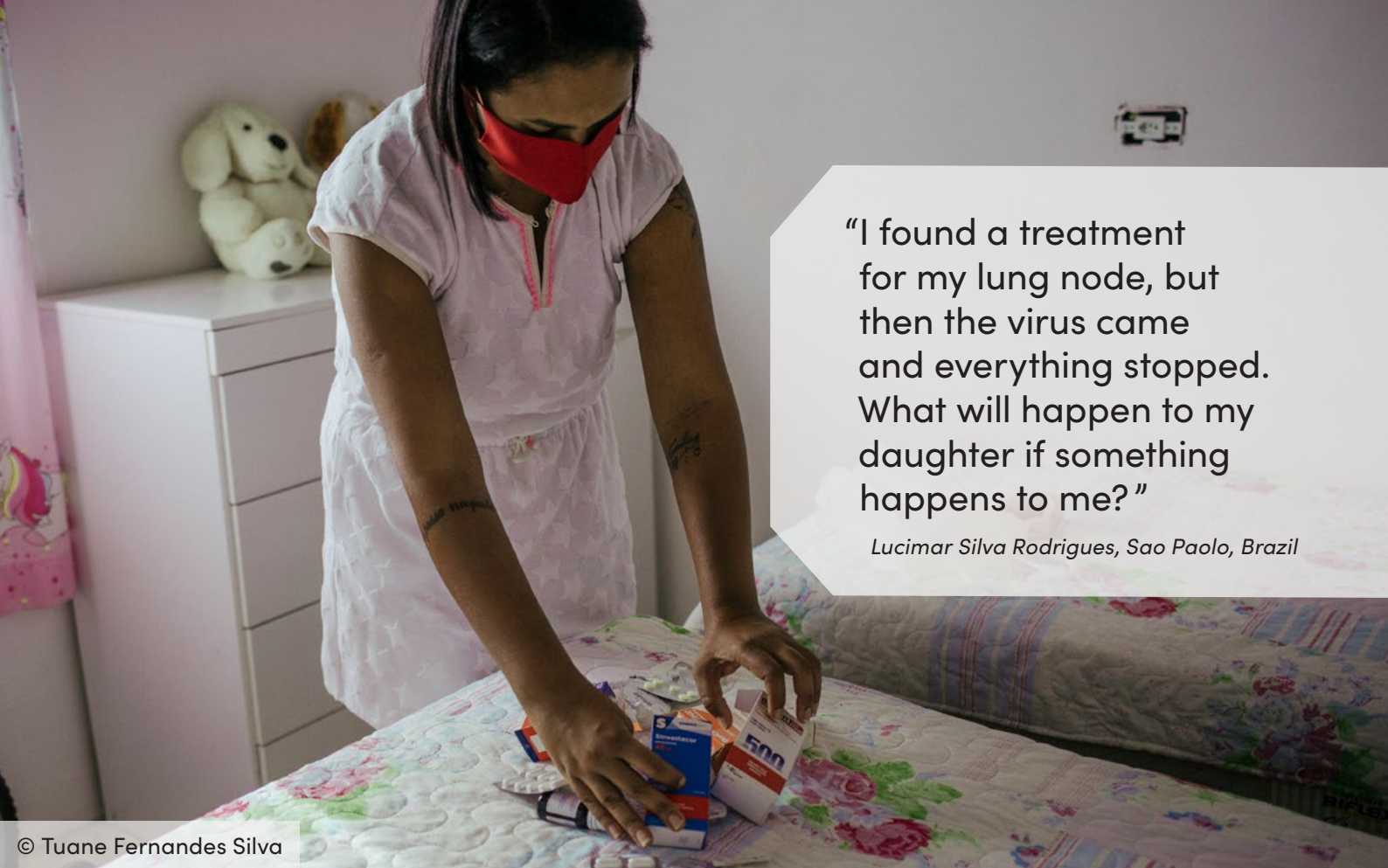
This pandemic also disrupted access to mental health services, and also caused increased mental health stress. Young people in particular have reported that mental health challenges have resulted from isolation from peers, friends, family members, and community, the stress of unemployment and loss of economic and educational opportunities, and high levels of uncertainty and insecurity.

There are 1.7 billion people worldwide living with one or multiple noncommunicable diseases (NCDs). They have borne the brunt of COVID-19 sickness and deaths. Katie Dain, CEO of the NCD Alliance, [told the Panel](#) that "a year into COVID-19, it's really clear that what we're dealing with here are two pandemics in one. COVID, an acute pandemic, on top of a chronic pandemic: noncommunicable diseases. What we've seen over the past year is that when you mix the two, the results are really deadly." The Alliance has suggested some of the ways in which resilience can be strengthened; for example, NCD action and investment must no longer be seen by governments and the international community as secondary to infectious diseases, but rather as fundamental to building resilience, preparedness, security, and economic stability.

⁴ See this [WHO Pulse survey](#), published April 23, 2021.

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*Katie Dain, CEO of the NCD Alliance
to an Independent Panel Exchange on noncommunicable diseases*



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“I found a treatment for my lung node, but then the virus came and everything stopped. What will happen to my daughter if something happens to me?”

Lucimar Silva Rodrigues, Sao Paulo, Brazil

Listen to Dr. Juliia Zhirnova describe the stresses of patient care during COVID-19.

COVID-19 has brought in its wake innovation that has bolstered resilience. Telehealth solutions have been adopted widely. Midwifery, which has face-to-face, hands-on elements that technology can never replace, has seen midwives using virtual means for antenatal and postnatal consultations to maintain some of the closeness that is essential to the profession’s work. Medical students have been at the forefront of efforts to combat misinformation about COVID-19. In the Panel’s youth [Exchange](#), systems approaches were advocated, recasting resilience not as an outcome but as an ability.

Watch Father Julio Lancellotti in Brazil, as he explains why community solidarity is so important in times of crisis.

The most successful national responses to COVID-19 have been those which have engaged with local communities to build resilient health systems and inform service delivery, decision-making, and governance to meet the needs of communities. Partnerships with local leaders and working alongside community members have been critical to the tailoring of messages and campaigns required during public health emergencies. Similarly, shared values and a sense of social responsibility within communities is fundamental to the successful deployment of non-pharmaceutical public health interventions in response to COVID-19, such as mask wearing and physical distancing.⁽⁵⁾

5 Haldane, V., De Foo, C., Abdalla, S.M. et al. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nat Med* (2021). <https://doi.org/10.1038/s41591-021-01381-y>.

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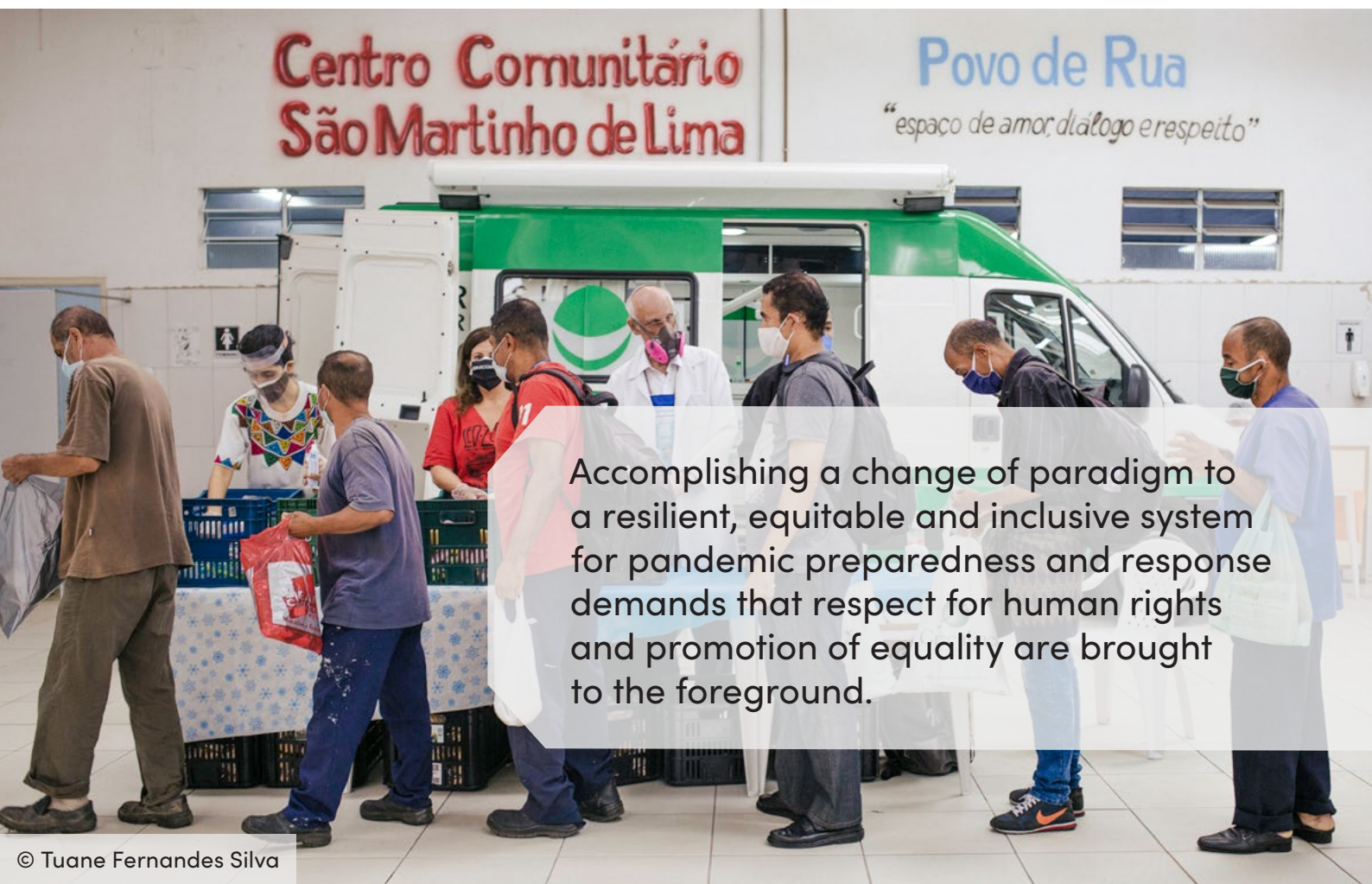
Overcoming inequality

Watch Peruvian indigenous leader Olinda Silvano Inuma describe how her community is managing the threat of COVID-19.

Testimony before the Panel showed irrefutable evidence of the inequity which has shaped the pandemic and its impacts. Overcoming inequities in pandemic preparedness and response is central to the Panel's recommendations, beginning with immediate measures to secure equitable vaccine access together with changes for the future – ensuring diagnostics, treatments, vaccines and essential supplies are treated as global public goods, incorporating equity considerations in national responses, creating a transparent system of universal periodic peer review, and establishing a new pandemic financing facility based on an ability-to-pay formula. The Panel has also recommended a Pandemic Framework Convention which, among other features, could give legally binding force to the commitment to equity.

COVID-19 has laid bare the ways in which a health shock can spiral into a massive social and economic crisis, multiplying disadvantage. The Panel noted that “accomplishing a change of paradigm to a resilient, equitable and inclusive system for pandemic preparedness and response is inevitably a political exercise because it demands that respect for human rights and promotion of equality are brought to the foreground. Health and well-being require the intersectional nature of disadvantage and exclusion to be tackled.”⁽⁶⁾

6 Independent Panel for Pandemic Preparedness and Response. COVID-19: make it the last pandemic. May 2021. <https://theindependentpanel.org/mainreport>, p58.



Accomplishing a change of paradigm to a resilient, equitable and inclusive system for pandemic preparedness and response demands that respect for human rights and promotion of equality are brought to the foreground.

Listen to Siri Ninlapruek describe the injustice she's witnessed during this pandemic.

Gender has been a pivotal axis on which disadvantage has deepened in the pandemic. Maintaining services for sexual and reproductive health and rights was not given priority in the early months of pandemic. The impacts become worse in conflict and other emergency situations – up to one third of adolescent girls living in humanitarian settings have reported that their first sexual encounter was forced.⁽⁷⁾ The pandemic has seen the opportunistic denial of women's rights and served as cover for an escalation of discrimination and violence against LGBTQI+ communities. A groundbreaking set of [guidelines](#) to help States fulfill their obligations to prevent and mitigate the impact of COVID-19 on LGBT persons has been developed by the United Nations Independent Expert on Sexual Orientation and Gender Identity.

"You can't understand gender inequality in the labour market without acknowledging inequality in caregiving within the home. This has been blazingly obvious in the pandemic."

*Professor Abi Adams-Prassl, University of Oxford
to an Independent Panel Exchange on the gendered impact of COVID-19*

The gendered impact of COVID-19 reflects inequalities in the labour market.



The gendered impact of COVID-19 reflects inequalities in the labour market. Women in informal employment have been particularly vulnerable, with additional care needs added to income insecurity and health risks. As University of Oxford economics professor Abi Adams-Prassl told the [gender Exchange](#) "you can't understand gender inequality in the labour market without acknowledging inequality in caregiving within the home. This has been blazingly obvious in the pandemic." The lack of any meaningful gender consideration in the International Health Regulations (2005) comes therefore as a glaring gap, and something that could be rectified in a new Framework Convention providing an over-arching set of principles to govern State and international organization obligations in pandemic preparedness and response.

Labour market inequality has contributed to the precarious situation of young people worldwide during the pandemic. As the youth Exchange noted, tourism and services are the economic sectors which have been most hit by the pandemic, and they are also the sectors where youth employment is highest. The impacts of the pandemic on young people, including the disruptions to education which have been greatest for those least advantaged, will persist for years.

7 Stark L, Seff I, Reis C. Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence. *Lancet Child Adolesc Health*. 2021 Mar;5(3):210–222. doi: 10.1016/S2352-4642(20)30245-5. Epub 2020 Nov 19.



"It's inequality, bias and social class. COVID-19 has brought this out."

Siri Ninlapruek, Community Worker





The Panel's Exchange with midwives drew attention to the expansive, robust and growing body of evidence to support the central role of midwives and midwifery in upholding and protecting women's rights.

Watch Singapore Minister of State, Alvin Tan describe how he's effectively worked with community during the pandemic.

Young people including international students have also been deeply affected by increases in stigma during the pandemic with marked rises in attacks on people of Asian backgrounds in many countries.⁽⁸⁾ Inequity has also extended to geographic considerations with the disadvantage of rural and remote communities in access to health services having devastating impact when COVID-19 has spread in those communities. The lack of internet access in remote areas is a further instance of the digital divide which has left the digitally disconnected prey to misinformation and unable to benefit from any of the digitally-based mitigation measures in the pandemic such as remote work or telehealth.

While the pandemic has deepened inequalities, it has also spurred efforts to combat them. Intersectoral approaches to tackling disadvantage have received increasing attention, with many positive [examples](#) of successful multistakeholder, intersectional and intergenerational approaches. The Panel's Exchange with midwives drew attention to the expansive, robust, and growing body of evidence to support the central role of midwives and midwifery in upholding and protecting women's rights. Women's participation in peace movements and against violence have also been pivotal to COVID-19 response, [notably](#) in the negotiation of ceasefires to facilitate distribution of PPE, food packages and beyond.

As the tier of government which is closest to communities, local government has been confronted directly by many of the starkest inequalities of the pandemic, but it has also been the font of many of the most innovative and effective responses. The Panel's Exchange with Mayors heard of interlinked efforts to tackle affordable housing, bridge the digital divide critical to the delivery of health and education, and seize the opportunity to confront systemic racism.

People-centred and rights-based approaches to NCDs have come to the fore in COVID-19 responses, and provide a template for health service reform, to build forward better. Among the fundamental infrastructure needed to advance this effort are more human rights staff in WHO, as [recommended](#) in the background paper on human rights prepared for the Panel.



⁸ See for example documented increases in the number of attacks on people of Asian background in the [US](#), [Canada](#), and [Australia](#), among other countries.

A seat at the table

As the Panel reviewed the evidence concerning the response to the pandemic and the state of preparedness it became clear that decision-making bodies at all levels failed to be inclusive. The Panel noted that “the potential for communities to shape the response at the decision-making table has been severely neglected”⁽⁹⁾, and accordingly recommended that civil society participation be mandated in the proposed Global Health Threats Council, the governance of an expanded ACT-A platform for global public goods, and in co-ordination bodies to strengthen national responses.

A repeated refrain in the testimony presented to the Panel was the failure of coordinating authorities to include those most affected and at the frontlines of the response. Nurses pointed out that they are “at every step of the care chain but not at the policy table”. Eya Mwenifumbo-Gondwe of the White Ribbon Alliance in Malawi summed up the feelings of the Exchange with midwives: “why were women not asked from the beginning what they needed for quality, respectful, reproductive and maternal health care during Covid?”. The humanitarian community should transfer power and resources to local actors, especially in humanitarian settings, so that these actors are able to respond more immediately and effectively to the sexual and reproductive health and rights needs of women and girls. Young people face multiple barriers to participating in decision-making bodies.

Watch how ICU nurse Juan Vargas adapted to treat COVID-19 patients in the early days of the pandemic.

“Why were women not asked from the beginning what they needed for quality, respectful, reproductive and maternal health care during Covid?”

Eya Mwenifumbo-Gondwe, White Ribbon Alliance to an Independent Panel Exchange with midwives

“...you are first in the response, but often last in the policy-making queue”

Yvonne Aki-Sawyer, Mayor of Freetown

Mayors noted that while their responses have been key to addressing the pandemic, only rarely were they invited to national decision-making bodies. The Panel found that one of the characteristics of countries that had the worst results in tackling COVID-19 was that they “lacked the capacity to mobilize quickly and coordinate between national and subnational responses”⁽¹⁰⁾. The Mayor of Freetown in Sierra Leone, Yvonne Aki-Sawyer, captured the feeling of local governments: “you are first in the response, but often last in the policy-making queue”.

There is a clear need for pandemic preparedness and response decision-making bodies to include those closest to the response and those most

9 Independent Panel for Pandemic Preparedness and Response. COVID-19: make it the last pandemic. May 2021. <https://theindependentpanel.org/mainreport>, p40.

10 Ibid. p33.

“You do not need the permission of my generation to build the world that you want to build, and people like us will stand behind you.”

*Graça Machel, Former First Lady of South Africa
to an Independent Panel intergenerational dialogue*

affected – including those infected and directly affected. Based on their analysis of successful experience in responses to health threats, the Communication Initiative in its [submission](#) to the Panel proposed a general rule: “in any new national pandemic taskforces that are established or in existing national pandemic planning and coordination bodies, 25 per cent of the membership in the core policy and budgeting processes are people from local communities as well as communication and community engagement practitioners”.

Perhaps the most forthright advice on representation was presented in the Panel’s intergenerational dialogue when Graça Machel said to young activists “you do not need the permission of my generation to build the world that you want to build, and people like us will stand behind you.”



Conclusion

The Independent Panel has been fortified in its determination to make bold, sweeping and urgent recommendations by the testimony it received from people in the frontlines of the response. The failures of the international system of pandemic preparedness and response are manifest, and the voices raised to say 'never again' are compelling. Those heard by the Panel in turn represent the demands of millions more in expressing the conviction that the world can do better in confronting the threat of pandemics.

The experience of past health emergencies has been that as soon as the immediate threat fades away, so too does any determination to make changes. COVID-19 tells us loud and clear that we simply cannot afford to let that pattern repeat itself. The urgent determination for change that the Panel has witnessed must become an unstoppable movement. Never has the interconnectedness of the world been more evident, nor its fragilities.

The opportunities for change and to build forward better have been identified over the course of the past painful months. Turning them from opportunity to reality is a challenge that will require a massive, sustained and community-built effort. The passionate voices heard by the Panel as we performed our task give us confidence that the challenge will be accepted by many.

*Listen to Maria's story,
reminding us why COVID-19
must be the last pandemic.*

For More Information

Visit www.TheIndependentPanel.org.

[Watch](#) the Independent Panel Exchange meetings.

Read the Exchange Reports [on the website](#).