



Elevating political leadership for Pandemic Preparedness and Response

Briefing to the UN General Assembly – Remarks from the Former Co-Chairs

Ellen Johnson Sirleaf

We thank the President of the General Assembly for enabling this briefing session to be held, and we thank all representatives of Member States who are joining us today. We are very grateful for your time.

We have come to you today because the Independent Panel for Pandemic Preparedness and Response has recommended that the UN General Assembly play a key role in ensuring that the international system is better able to act against future pandemic threats. But, first, let me comment on the context in which we meet, and then on the findings of the Panel and how they led to its recommendations.

The daily news continues to bring us scenes of hospitals and health workers overwhelmed, and health systems stretched to breaking point, reminding us of the continuing socio-economic and human tragedy of this pandemic. As ever, where resources are least, people suffer most, but the impact of this pandemic also continues everywhere. In some places, vaccines are blunting the worst of the impact, but for too many countries, supplies are so limited and prospects for access are pushed so far into the future that hope is turning to despair.

Globally, there have been nearly 190 million confirmed cases of COVID-19 and more than 4 million deaths reported to WHO, but these shocking figures are almost certainly an underestimate of the real toll of the disease.

This pandemic is an ongoing disaster which the Independent Panel for Pandemic Preparedness and Response believes could have been averted if the countries of the world had heeded the many warnings and prepared their health and surveillance systems – and then, when the outbreak began, if they had moved together in mutual transparency and solidarity.

In May 2020, the World Health Assembly passed a consensus resolution requesting that the WHO Director-General initiate an impartial, independent,

and comprehensive review of the international health response to COVID-19. Dr Tedros then asked Prime Minister Clark and me to convene an Independent Panel for that purpose. Prime Minister Clark is with me today from Auckland, New Zealand.

Our main report was presented to the 74th World Health Assembly in May of this year. The wide attention paid to it suggests that the world may be prepared to change course and agree to take steps to prevent a future pandemic catastrophe. Our Panel believes that it is essential that it does.

The Panel concluded that COVID-19 went from being a localised outbreak to a pandemic because of a myriad of failures and gaps in pandemic preparedness and response. At the outset, there was a failure to learn from the past.

There are reviews of previous health disasters that have gathered dust in basements of agencies and governments – this despite leaders in global health and development frequently warning of the risk of a global pandemic.

I know all too well that after Ebola struck Liberia and our neighbours, sincere promises of ‘never again’ were made but it took years an effective prevention response leaving us vulnerable to the next devastating pandemic.

So today there is a choice – to carry on with business as usual with the inevitability of a future pandemic catastrophe, or to make real and lasting change.

That choice is clear: now we must act - this must be the last pandemic to cause devastation on the scale we are witnessing today. We need a stronger international system for pandemic preparedness and response that understands the threats, is alert, and is poised to take collective action. The job can't be done by any single country working alone. It can't even be done by a group of countries, no matter how willing, because we are only as strong as our weakest link. Therefore, the UN General Assembly has a decisive role to play in strengthening the multilateral infrastructure so that it can identify and respond more quickly to the next virus with pandemic potential.

Helen Clark

Greetings from New Zealand. I join President Sirleaf in thanking you all for joining us today.

In today's audience, there will be those representing countries with rapidly increasing vaccine coverage. Yet, many others will be representing countries where COVID-19-related illnesses and deaths continue to be on the rise. Alas, the end of the pandemic is not in sight as we speak.

Back in December 2019, clinicians in Wuhan recognised a cluster of pneumonia cases of unknown origin. They collected samples and had them tested. When the results showed that this was potentially a new virus, the Wuhan health system issued local alerts. These in turn were quickly picked up by media, global epidemic surveillance networks, some countries, and by WHO.

But, then, the systems designed to validate and respond to such an event were too slow to respond to a fast-moving respiratory pathogen. Our Panel concluded that WHO was constrained, not helped, by the International Health Regulations (IHR). The procedures under which it and the Emergency Committee of the IHR operate are not conducive to taking a precautionary approach. We believe, however, that even with the current systems, a Public Health Emergency of International Concern could have been declared by at least 22 January.

Even so, following the declaration on the 30th of January, the month of February 2020 was wasted by many countries. Far too few recognised that this health emergency could directly affect them. Many adopted, in effect, a wait and see approach, rather than activating preparedness and response systems.

Then as the disease spread rapidly, many health systems began to become overwhelmed. By then, time had run out for many to avert the full impact of COVID-19. The global, "winner takes all" scramble to secure personal protective equipment, therapeutics, and other supplies left many of those in the front lines unprotected.

Too many countries, including some of the wealthiest, devalued science, denied the disease's severity, and delayed responding. As a result, distrust was sowed amongst their citizens with deadly consequences. Global leadership and co-ordination were lacking, as was the capacity to help fill gaps in country responses. Geopolitical tensions and nationalism had weakened the multilateral system which was designed to keep the world safe.

Ellen Johnson Sirleaf

There has long been underinvestment in pandemic preparedness. That failure to prepare, and then to use those preparations to respond in a timely manner, has resulted in a runaway pandemic which not only has taken millions of lives, but also is forecast to have a \$22 trillion impact on the world economy by 2025.

The lack of adequate social protection in many countries, which is especially needed in times of crisis, has served to widen inequalities. The most vulnerable in our societies are suffering the most from the pandemic. Tens of millions more people have been pushed into extreme poverty. Those in the informal sector have often had little choice over whether to risk infection - their families must be fed.

Women and girls have suffered a disproportionate impact - the effects of the pandemic have been highly gendered. Sexual and reproductive health services have been disrupted, millions of girls whose education has been terminated were put at risk of early forced marriage; and there have been sharp increases in reported domestic violence around the world.

Despite the bleakness of the world's current predicament, the Panel did find reasons for hope.

Frontline health workers have been magnificent during the pandemic, consistently going above and beyond the call of duty for their communities. The Panel listened to nurses, midwives, and community health workers who have taken on extra risk to try to save lives. At least 17,000 health workers were known to have died by March this year. All governments have a moral duty to keep the health workforce safe - now and in the future.

Then, the speed at which the virus genome was sequenced, and vaccines were developed was unprecedented in human history. Science delivered when the world needed it most, but that science depended on the open sharing of data and knowledge. The benefits must now also be shared freely and openly.

Across income levels and political systems, we have found example of countries that responded well in the first 90 days of the pandemic. The defining factor was competence, and not wealth. Those that heeded the January 30 2020

PHEIC declaration, as well as the lessons of the past, prepared well, were guided by evidence, and engaged communities in the response through transparent communication tended to be more successful.

The Panel's recommendations flow directly from the findings of our review. If fully implemented, they can accelerate the end of the current pandemic, and they can put the world on course to ensure that this will be the last pandemic to cause devastation on the scale we are experiencing now.

The package of recommendations is ambitious, and requires resolute action, but nothing less is needed if we are to make this the last pandemic crisis of this kind.

The Panel's recommendations are in two sets – one set is focused on preventing a future pandemic and global crisis; the other focuses on the urgent need to act decisively to end the current pandemic. The two-tier response which has developed to pandemic control - where high-income countries have the means to vaccinate all citizens and many low- and middle-income countries have been able to vaccinate few - is both ethically unacceptable and insufficient to end the pandemic. We are all in this together. No one is safe until everyone is safe.

Prime Minister Clark will now outline our recommendations.

Helen Clark

Our Panel called on high-income countries with a vaccine pipeline for adequate coverage of their populations to commit immediately to providing vaccines to the 92 low- and middle-income countries covered by COVAX. The Panel set the target of at least one billion doses redistributed in that way no later than 1 September, and another one billion doses by mid next year. The world is far from meeting those targets. Some commitments have been made, but much more needs to be done, and it can be done urgently.

Our Panel also called for ACT-A – the Access to COVID Tools Accelerator -- to be fully funded. Right now, vaccine demand outstrips supply. Even if all the existing vaccines were redistributed, the total amount available would be grossly insufficient. Clearly manufacturing of vaccines needs to be scaled up rapidly and WHO and partners have worked for the better part of a year to make this happen. We recommended that WHO and WTO together

immediately convene manufacturing countries and manufacturers to push forward on that and are delighted that such a meeting has taken place recently.

Vaccine inequity is a key factor in the wave of death we're seeing across Africa, Asia and Latin America. It's astonishing and self-defeating that pharmaceutical manufacturers continue not to share the technology or know-how which could help quickly scale manufacturing. Because of that, we see the temporary waiver of patents under the WTO's TRIPS agreement as a key tool which should be at countries' disposal and urge a swift resolution to the protracted discussion on that.

We have called on all countries to utilise **all** the public health tools available to them to curb COVID-19 transmission - masking, physical distancing, testing and contact tracing, and isolation, to name but a few.

Unfortunately, another dangerous pathogen could emerge at any time. The world was not prepared for this one. It must be ready for the next. That will require stronger international and national systems for pandemic preparedness and response.

This pandemic has shown the importance of multilateralism, global leadership, and whole-of-society and whole-of-government approaches.

The international system needs to work as a coherent and effective system – and it must also work across sectors and silos. The pandemic is not only a health crisis; it is also a social economic, political, and peace and security crisis. That is why we have come to you – the UN General Assembly. Our Panel believes that the General Assembly has a crucial role to play in ensuring that the international system is co-ordinated and empowered to identify and act against future diseases with pandemic potential

We said earlier that our recommendations are a package. We propose that a negotiated political declaration be adopted by the UN General Assembly later this year, setting out the road map for a stronger international system for the future.

That roadmap should set out the architecture required and the steps to be taken to create it. It should encompass support for a new high-level oversight council, a dedicated financing mechanism, a new pandemic convention, and a

redesigned, permanent mechanism replacing ACT-A based on a global public goods model.

At the top of that system, our Panel recommends the creation of a Global Health Threats Council at the level of Heads of State and Government and including private sector and civil society representation. Pandemic preparedness must be led from the top, and it must be multisectoral.

Indeed, that Council would be tasked with maintaining political commitment to pandemic preparedness and response. It would not be an operational body, but rather a body that monitors progress, draws attention to gaps, and holds actors accountable – all key functions that the Panel found were missing in the international system.

WHO has an indispensable role in responding to global health emergencies and ensuring longer-term public health and health security through the strengthening of primary health systems in all countries. WHO is and should remain the lead agency for health in the international system. The quality, timing, and clarity of the technical advice and direction WHO provides to the world are of the utmost importance and Member States must adequately resource, empower, and further strengthen it. We welcome the initiative taken by the World Health Assembly to establish a Working Group on strengthening WHO.

The Panel backs the calls for a new pandemic framework convention which should, among other things, fill gaps in the current legal system and clarify the responsibilities between States and international actors. This pandemic treaty or framework convention would give state parties the opportunity to commit to the principles of pandemic preparedness and response in the spirit of mutual obligation, and give a framework for the institutional architecture needed to prevent future pandemics. The Panel recommended that it be adopted using the powers under Article 19 of the WHO Constitution, and be complementary to the International Health Regulations.

We propose the creation of an international pandemic financing facility. It must be able distribute up to ten billion dollars a year for preparedness and disburse up to one hundred billion in the event of a crisis. Ultimately, investing billions in preparedness now will save trillions in the future, as the current pandemic has so clearly illustrated. Funding for response to this pandemic generally was too little and came too late.

The facility should raise resources on an ability-to-pay formula with all countries contributing and allocations being made to those requiring solidarity funding. This should be a sustainable core commitment - not subtracted from an already stretched development assistance envelope. The facility could be hosted by an existing institution which is representative of countries big and small, rich and poor – we have proposed that the Global Health Threats Council be the allocator of funds.

The Panel considered that the current model of development and delivery of vaccines, diagnostics, and therapeutics for pandemics is not fit for purpose. We believe there is a need to shift away from a market-based model to one based on global public goods. This can be achieved through a transformation of ACT-A.

The Panel has recommended increasing the authority and independence of WHO, including by it having adequate, predictable, flexible and sustainable funding, and having its Director General and Regional Directors in future each serving a single term of seven years.

A greatly improved system for disease surveillance and alert is needed. WHO must have the authority to investigate outbreaks of concern rapidly, and publish information rapidly on its own authority. Future declarations of a Public Health Emergency of International Concern by the WHO Director-General should be based on the precautionary principle where warranted, as in the case of respiratory infections. PHEIC declarations should be based on clear, objective, and published criteria.

The Panel recommended that WHO set measurable benchmarks for country preparedness and response capacities, and for countries to invest accordingly, with support coming from the dedicated financing mechanism for those with limited resources. WHO should formalise universal periodic peer reviews of country progress against the benchmarks it sets. We also brought the IMF into the picture – proposing that it incorporate assessments of preparedness as part of its Article Four consultations.

Ultimately preparedness rests on national governments setting up the right structures, developing the needed capacities, and investing in vital assets such as health and other system resilience and social protection. Governments can listen and learn from the best practices we illustrate in our report.

Ellen Johnson Sirleaf

Thank you, once again, for joining us today. We believe that our report is clear on both its diagnosis of how the world ended up in its present predicament, and its recommendations on how to curb the current pandemic and prevent a future one.

As President of my country, Liberia, it fell on me to lead our population through the devastating experience of the Ebola epidemic and the hard-won recovery from it. I speak with conviction when I say that this current pandemic must be the last to cause devastation to human life, societies, and economies. As a world, we must do better.

This time we must act and not bury this analysis and these recommendations in the vault as has happen many times before.

To implement a package of reforms like that which our Panel has developed will require the engagement of Heads of State and Government. Every Head of State and Government is currently focused on the problems created by the pandemic.

It is vital now to mobilise the political will to make the changes required for a more effective and timely global response next time a pandemic threat emerges. We owe this to future generations.

The General Assembly has the authority to convene at the highest level to endorse a negotiated political declaration which will drive reform. That is what our Panel has requested the General Assembly to do, and we hope that you will give this your most serious consideration.