Why this pandemic must be the last

COVID-19 has killed millions and affected the life of almost everyone on this planet. It also has exacerbated inequities in access to vaccines, diagnostics, and therapies. This should be a never-again moment, yet political attention is slipping, inequities continue, and dangerous new variants could emerge at any time. With each new crisis, the world seems to forget the one that came before. The world can, and must end the worst of COVID-19 and ensure such a pandemic does not occur again.

The Independent Panel’s May 2021 report called for urgent immediate actions to end the COVID-19 emergency. In the year since the report was published, 2.8 million more people are reported to have died due to COVID-19. That is a significant undercount, with estimates based on excess mortality ranging from 14 million to 21 million. The pandemic has widespread social and economic impacts touching every facet of life around the world. The effects of the pandemic, combined with those of the invasion of Ukraine and inflation, may put as many as 95 million more people into extreme poverty in 2022 than in pre-pandemic estimates.

Some progress, much process

Some progress has been made to make the world better prepared for the next pandemic threat. However, at the current pace, processes to ensure modern surveillance systems, adequate financing, equity, and better governance will take years to deliver. For now we remain stuck with largely the same tools and the system that existed at the outset of 2020 when the COVID-19 virus first emerged.
A strengthened international legal framework
- Establishment of an Intergovernmental Negotiation Body, with a clear timeline to agree a pandemic accord by May 2024.
- Discussions to amend the International Health Regulations (IHR), which, if amended, could give the World Health Organization (WHO) the authority to alert the world and investigate threats much more quickly, using a precautionary approach.

A more independent and high-performing WHO
- A WHO Working Group recommendation to the World Health Assembly for WHO Member States to provide flexible funding to WHO and to increase assessed contributions to the base program budget to 50% from the most recent 16%.

On new finance
- G20 leadership has secured consensus for a new pandemic fund, and the World Bank has expressed willingness to establish it by June. The fund has secured commitments of almost $1 billion announced at the second Global COVID-19 Summit in May 2022.

On equitable access
- Distribution of 1.5 billion doses of vaccines globally. The Access to COVID-19 Tools Accelerator (ACT-A) has achieved this despite many challenges.
- South Africa’s mRNA hub’s strides in producing an mRNA vaccine. Its know-how and technology will be shared with hubs in countries that have never had manufacturing capacity.
- The U.S. announcement that its National Institutes of Health has licensed technologies for vaccines, therapies, and diagnostics to the Medicines Patent Pool and WHO’s COVID-19 Technology Access Pool.

On political leadership
- Efforts of the five co-chairs of the Second Global COVID-19 Summit, the G7 and G20, the UN General Assembly’s high-level dialogue on vaccine access, and regional leadership at the Africa Centres for Disease Control and Prevention demonstrate what can happen when political leaders commit to change.

There is encouraging progress — though all with caveats.
The impediments to results now boil down to fragmentation, lack of urgency, risky processes, inadequate charity-based approaches, and lack of sustainability.

- The pandemic accord is slated to take two years, and amendments to the IHR may take just as long. Waiting for these to come into force means no change to the international legal regime for potentially three years or more. Within that time, a new threat could emerge.

- Expectations of an accord may be unrealistic, and by including too many areas of concern there is a risk of a watered-down accord—or none at all. Tensions between national sovereignty and global solidarity remain.

- Based on the current recommendation to the World Health Assembly, the increase to WHO’s base budget of 50% assessed contributions would not fully occur until 2030. That’s eight years away—time that could be better spent by WHO than fundraising.

- Many of the other recommendations the Panel made to strengthen WHO—including limiting the tenure of the Director-General and Regional Directors to one seven-year term, improving WHO staff performance, and depoliticising appointments including at senior levels—have no clear plan for implementation.

- The current lens remains far too focused on aid and charity. For the proposed pandemic fund, a shift is required to a formula where each country contributes based on what it can afford to pay, with the secure knowledge that in return, all countries receive the funds necessary to be prepared for a pandemic and to respond in an emergency.

- The gaps in access to vaccines, diagnostics, and therapies are stark. The tools to contain pathogens of pandemic potential, and to protect lives, are required at the same time, everywhere, to everyone who requires them. The market-driven approach has failed to do that and without change, will fail again when the next threat emerges.

- The most urgent issue—that of giving WHO the authority to report and investigate threats rapidly using the precautionary principle as warranted—is currently too reliant on reforms to the IHR. WHO is still operating with the same tools it had before COVID-19 emerged.
Actions needed now to fix a still broken system

For this report, progress was reviewed against the Panel’s May 2021 recommendations to the May 2021 World Health Assembly. We found that should a new threat emerge tomorrow, the world is still not prepared and risks a repeat of a tragedy on the same scale — if not worse — than that of COVID-19.

To derisk the next pandemic threat, the following actions need to be prioritised as a matter of urgency.

Deliver ongoing political leadership and accountability

- UN Member States should hold a High Level Meeting at the UN General Assembly leading to a Political Declaration on pandemic preparedness and response.
- A political leader-level council for pandemic preparedness and response should be established under the UNGA.

Ensure equitable access to tools now and always

- ACT-A should be rapidly fully financed to ensure ongoing access to the tools available to tackle COVID-19 in low- and middle-income countries.
- There needs to be a comprehensive and independent evaluation of ACT-A with the full inclusion of civil society.
- Lessons from the ACT-A evaluation should define a pathway to establish an end-to-end global platform for equitable access to pandemic countermeasures.
- Governments should adopt a comprehensive TRIPS waiver on intellectual property rights immediately.
- Investments in regional capacity must be transparently made and in the public’s interest for different vaccine platforms, together with diagnostics and treatments, with production that can be scaled as needed.
- Governments should transparently report R&D financing and should condition public financing on agreements that guarantee technology transfer and voluntary licencing to ensure equitable distribution.

Deliver financing that involves and serves every country

- The G20 Chair must consult widely on the proposed pandemic fund including with non-G20 countries, civil society, and all relevant entities.
- There should be an agreement on a formula-based funding mechanism based on an ability-to-pay and a prioritisation of funds that are in addition to official development assistance.
- The process should lead to a pandemic fund that prioritises filling gaps in the current systems for preparedness and response and generating global public goods that might otherwise be underproduced instead of establishing its own operating system.
• Arrangements should be in place to finance both long-term preparedness and surge response for pandemic threats, whether through a single fund or complementary mechanism.
• The pandemic fund should be linked to a political leader-level council for pandemic preparedness and response.

We are not ready yet: A stronger WHO needs to be built, as well as a new system for surveillance, detection, and alert

• WHO should exercise authority to rapidly announce a potential pandemic threat should one arise before legal reform processes are concluded.
• Member States and WHO should prioritise creation of a modern surveillance system, as one that mutually protects all countries and the world from pandemic threats. Benefits to the world will supersede national security concerns.
• WHO Member States should treat the recommended reforms with the urgency required and agree pathways to make decisions more rapidly, for later incorporation under a pandemic accord if necessary and practicable.
• Member States should agree a clear plan to implement all recommendations, including limiting the tenure of the Director-General and Regional Directors to one seven-year term apiece.
• Flexible funding, an increase in assessed contributions to 50% of the base programme budget, and the proposal for a replenishment process for WHO should be approved and implemented without delay.
• The WHO Secretariat should report on progress on its resourcing of country offices, and on processes towards depoliticising staff recruitment.

Get prepared!

• National pandemic preparedness coordination should be overseen by Heads of State and Government, with sustained domestic investment in public health and the wider health and social protections systems for preparedness and response.
• Governments should conduct transparent national reviews of their responses to COVID-19 and include all affected sectors including those in civil society.
• The formalisation of a Universal Health Periodic Review should continue, and all governments should engage with the evolving process to develop a clearer overview of national preparedness and response gaps.
• The International Monetary Fund should implement the Panel’s proposal regarding Article IV consultations.
• Governments at every level must continue to invest in, build partnerships with, and listen to the perspectives of civil society and communities for pandemic preparedness and response.