EXECUTIVE SUMMARY | JUNE 2024

No Time to Gamble

Leaders Must Unite to Prevent Pandemics

A report by
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A package only partly opened

In May 2021, the Independent Panel for Pandemic Preparedness and Response presented a comprehensive package of evidence-based recommendations to the World Health Assembly (WHA). The aim was to make COVID-19 the last pandemic of such devastation.[1] Since then, despite much discussion and debate, and some progress, a lack of political leadership and a fraught and fractious multilateral system have hindered full implementation of these recommendations. This latest report evaluates the status of pandemic preparedness and response reforms and charts a path forward towards protecting all people around the world from future pandemic threats.

For the full report: www.TheIndependentPanel.org

Complacency: the enemy of preparedness

The COVID-19 pandemic has left an indelible mark on the world. There is frequent citing of the 7 million deaths reported to the World Health Organization (WHO),[2] but **the true number of excess deaths since the onset of COVID-19 is estimated to exceed 28 million**.[3] The immediate impact of the pandemic was felt differently within and between countries and communities, and so too its legacy continues to take an uneven toll, socially and economically.

Three years after we presented our main recommendations, despite some progress, the world remains unprepared to stop an outbreak from becoming a pandemic. High-level political momentum has waned, and leaders have shifted their focus to more politically pressing issues. Countries, now more indebted and facing higher interest rates than before the pandemic, are not investing the domestic resources required for preparedness and response, while international finance remains insufficient. The World Health Assembly's adoption of amendments to the International Health Regulations (IHR) however, provides some cause for optimism as does the Assembly's support for more unearmarked funding for WHO. There is also notable regional progress on strategies and commitments, systems for surveillance, and efforts towards diversifying manufacturing of countermeasures.

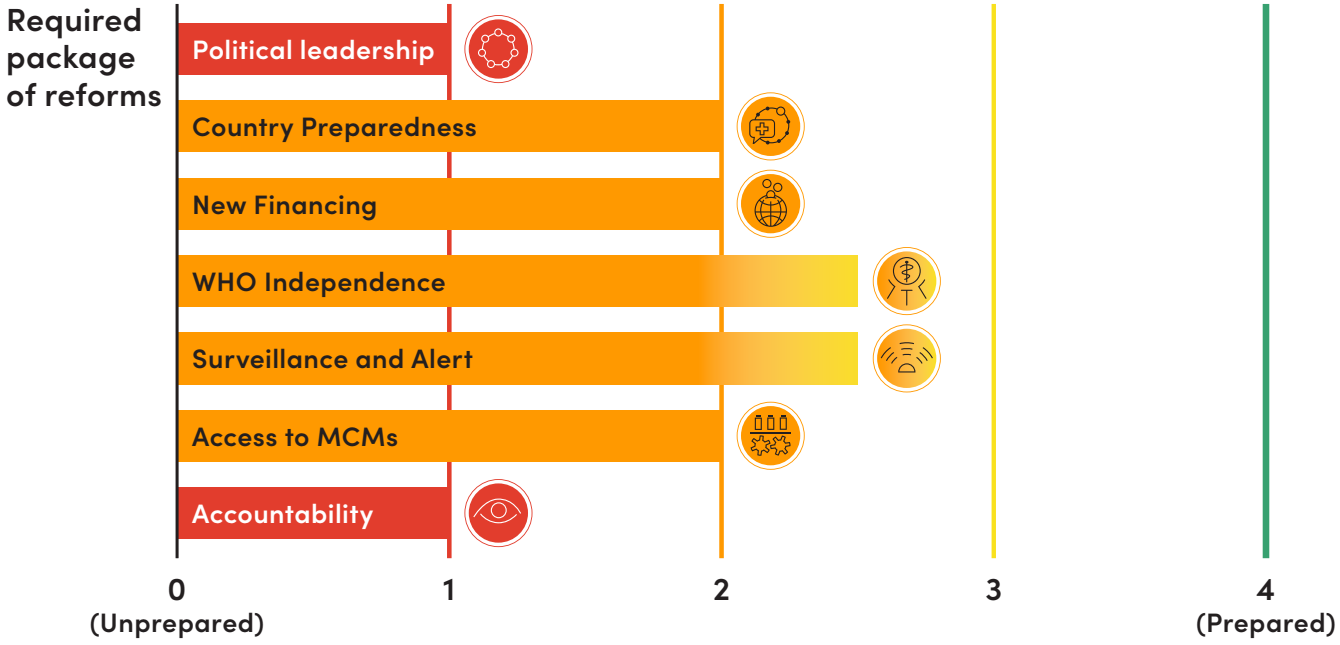
Yet these positive moves are not nearly advanced enough or at the scale required. Nor do they focus sufficiently on research and development to build regional resilience or connect enough to one another and to a global system. Too many dangerous gaps and vulnerabilities remain, and pathogens have ample opportunity to spill over, slip through, and spread fast.

Much time, effort, and money have been spent negotiating a pandemic agreement in Geneva, and this process is now set to continue, possibly until May 2025. A new agreement must be successfully concluded. But the world can't wait for its adoption or for the ratification required from 60 countries—an effort that could take three or more years. There must be action now —to close the gaps that put 8 billion people at risk of a new pandemic. The recent jump of the avian H5N1 virus to more mammals—including new human cases transmitted from cattle in the United States—portends an influenza pandemic the world is nowhere near ready to manage.

In this report we present the progress made in relation to our 2021 recommendations. We do this because the world cannot afford to shelve these recommendations as it has for too many reports that assessed deadly outbreaks of the past, including the 2013–2016 Ebola epidemic that killed more than 11,000 people in West Africa.[4] Most importantly we do this because governments, working with one another, with communities, international and regional organisations, and development banks, can take ambitious but doable actions that can detect outbreaks in animals and in people, alert the world, and stop the outbreaks before they spread across borders and around the globe once again.

For leaders, the overriding lesson must be this: the cost of responding to a pandemic is enormously greater than the cost of preparing for and preventing one.

2024: The world is not ready for a new pandemic threat



Charting the path forward

There is no substitute for political commitment from Presidents and Prime Ministers. The global health threats council recommended by the Independent Panel for Pandemic Preparedness and Response to ensure sustained political commitment has not materialised. More and more however, we hear that sustained political commitment at the highest level is the missing ingredient. If a formal council is not created, we believe that an active group of champion leaders should come together to advocate for pandemic preparedness and response to be prioritised. These leaders can help to build trust and support the finalising of a strong pandemic agreement and its ratification, advocate for sustained preparedness and surge funding, and push for regional capacities in research, development, manufacturing, and distribution. Incorporating pandemic preparedness within the UN Secretary-General's proposed emergency platform for complex shocks also presents a near-term opportunity. A Conference of the Parties (COP), if established through an eventual pandemic agreement, should mandate the regular engagement of Heads of State and Government as a means of cementing sustained multisectoral and multilateral commitment to stop outbreaks before they become pandemics.

Pandemic preparedness starts with strong country leadership, investment, and systems. In an interconnected world where 100,000 commercial flights land every day, we are only as safe as the weakest link in the chain. National policies and investments in communities, systems, and capacities are the

Collective vision and political will can prevent devastating pandemics.

first line of defence. Based on existing tools and assessments, it is not clear how many countries have integrated the lessons from COVID-19 into their national plans.

Through the States Parties Self-Assessment Annual Reporting tool (SPAR), WHO tracks the existence and degree of implementation of all-hazard health emergency plans, but not National Action Plans for Health Security (NAPHS). The shortcoming of country self-reporting, coupled with the limited number of Joint External Evaluations (JEEs) and simulation exercises and lack of a global peer-review mechanism implemented at scale, leaves large uncertainties over country-level preparedness. The world needs to be able to urgently and transparently see which countries are ready and which need more support. WHO's new preparedness metrics also require independent validation.

Connected global, regional, and national mechanisms for managing mis- and disinformation are essential and must be far better resourced than the purposeful well-funded campaigns currently feeding skeptics and conspiracy theorists. For pandemics, and for overall social cohesion to face any emergency, governments must invest in evidence-based, meaningful community and civil society engagement in outbreak and pandemic planning. One place to start is to ensure the inclusion of civil society organisations (CSOs) in the governance of the national authority now recommended in the amended International Health Regulations.[5]

Without financial investment in public goods, there is no pandemic preparedness or response. Domestic and international investments in pandemic preparedness have been difficult to track. However, in 2019, after the West Africa Ebola outbreak and before COVID-19, just $374 million of official development assistance (ODA) for health—less than 1% of ODA—was spent on pandemic preparedness.[6] It was nowhere near enough.

Assessments, including our own, show that in addition to much greater domestic investment, $10–15 billion more in international financing is needed annually to fill the gaps in pandemic preparedness in low and middle-income countries. This does not include investments in One Health, which would require an added $10.3–11.5 billion annually to raise public veterinary standards, improve farm biosecurity and decrease deforestation in high-risk countries.[7] Ministries of Finance should consider these investments as a global public good to enhance national and global stability, and they must not siphon funds from existing ODA. To avoid further fragmentation of the pandemic preparedness and response funding landscape, we recommend transforming The Pandemic Fund into a non-ODA finance modality where all governments contribute based on a formula according to their ability to pay, supporting both preparedness efforts and immediate response needs including to pay for the countermeasures countries will need to stop outbreaks and mitigate the impact of pandemics.

An authoritative and independent WHO is essential to the global health and international ecosystem. To strengthen WHO's authority, integrity, and

independence, its focus should be on high-quality normative and technical work, not just during emergencies but also for preparedness purposes. Member States must make progress on reforming WHO finances as per the 2023 WHA resolution,[8] make definitive steps towards non-earmarked funding, and fulfil the needs of the Investment Round so that WHO can predictably plan staffing and programming as per the 14th General Programme of Work.[9] In return, WHO must enhance the provision of high-quality technical advice and support to countries and regions and improve accountability for spending and results.

We note with concern that operational spending on emergencies is now eclipsing WHO's normative and technical work, including for the distribution of supplies. Other organisations better equipped should be charged to pursue those tasks, or Member States might consider splitting WHO into two entities and creating a new operational 'World Health Emergencies Programme.' Finally, though WHO is a partner within the international system, it cannot always be the sole leader. Multisectoral actions to plan for and prevent the many potential impacts of outbreaks—in education, employment, trade, transport, and many more areas—are essential and not a job for WHO alone.

There should be no delays to early warning. Governments and WHO should immediately plan to adhere to the amendments to the IHR to improve detection, validation, and global alert and response, and they should contribute to a more equitable system backed by reliable finance. In 2020, many government officials did not respond to the COVID-19 public health emergency of international concern, or PHEIC, which they misinterpreted as a bureaucratic acronym rather than a call to action. WHO should therefore implement a communications strategy to educate stakeholders and the public about the actions required when the Director-General determines a PHEIC or a pandemic emergency.

The ideal situation is that if the surveillance and alert jobs are properly resourced and done well, the WHO Director-General will rarely have to determine another PHEIC or a pandemic emergency in the future. Countries should equip communities to be full partners in disease surveillance and should supply and sustain the handheld tools that can speed up reporting by several days. Disease surveillance extends beyond people and a One Health approach, while more expensive, is essential. Veterinarians, farmers, forestry and wildlife professionals, hunters, and market managers and sellers need to be equipped with training and tools. Surveillance reporting and data systems must be linked up, and measures must be in place to cover loss of income.

Medical countermeasures are a global common good. The inequities in access to medical countermeasures (MCMs) during COVID-19 have left a lasting painful moral stain, and the resulting mistrust has affected negotiation of a pandemic agreement. All countries need a system they can rely on to provide vaccines, tests, or treatments at speed when needed. MCMs are often developed with significant public funding, are essential public health tools to stop outbreaks from becoming pandemics and must be managed as part of the global health commons during emergency outbreaks and pandemics. **Public benefits should be tied to public funding and to technology and knowledge sharing, and they should ensure equitable access for public health outcomes**. Work must be accelerated now, and an eventual pandemic agreement should codify support

for a pre-negotiated, end-to-end ecosystem for MCMs. This ecosystem should include regional R&D hubs that are linked to clinical trial platforms and local manufacturing and are capable of developing and distributing products tailored to stop new outbreaks. Fit-for-purpose regional financing must support this ecosystem, with public finance stipulating the need for collaboration and knowledge sharing for public benefit. Moreover, vaccines are one of several tools required to contain a public health emergency, and investment in diagnostics and treatments must also be commensurate.

Accountability should be strengthened in the international system, between countries, citizens, and neighbours. In a fractious, polarised and less trusting world, accountability is not a popular concept. Yet the only way to help ensure that the world is prepared to face pandemic threats is for the international system, and for countries, to deliver on and be accountable for their commitments. This requires independent monitoring.

Accountability measures are weak to nonexistent in the text proposed so far for the pandemic agreement and in the IHR amendments. To strengthen accountability to preparedness, a wholly independent monitoring mechanism is needed. This mechanism could be a fully independent and well-resourced Global Preparedness Monitoring Board (GPMB) or a new entity modelled on the Intergovernmental Panel on Climate Change (IPCC). This mechanism could eventually become the implementation and compliance committee reporting to the Conference of the Parties of a potential pandemic agreement. The implementation committee to be formed according to the IHR amendments should also expand the mandate to include compliance. These mechanisms require sustained political support, robust procedures, an independent secretariat, and adequate financing. In addition, looking ahead to the 2026 High-Level Meeting on Pandemic Prevention, Preparedness and Response, a multisectoral civil society engagement mechanism should be established now to help ensure accountability to the world's citizens.

No time to gamble

People are exhausted from COVID-19, and national finances are stretched—the world cannot afford another pandemic. In fact, the next threat may bring something much worse. The good news is that we can be ready for it. While pandemic threats are inevitable, pandemics are not.

We continue to believe that with collective vision, political will to overcome deficits in trust, leadership, accountability, and investment, COVID-19 can be the last pandemic of such devastation. The question for governments today is: why gamble with your children's and grandchildren's health and wellbeing? What kind of choice is that?

In a world beset by complex problems, averting another pandemic is one challenge that can be solved. Why would leaders make any other choice?

Pandemic preparedness and response must remain on the political agendas of Heads of States and Governments.

Over the next 12 months, we believe that the following priority actions can strengthen pandemic preparedness and response, as well as help to transform a system that remains largely stuck in a pre-2020 status quo:

- **July 2024: The pandemic agreement INB process resumes with new ways of working, and inclusion of independent experts including civil society.**
- **September 2024 UNGA: A Champions Group to Prevent Pandemics is formed** and declares their commitment to continued advocacy, including to a successful pandemic agreement, to finance and equitable access to countermeasures; and to rally a strong response in times of health crises.
- **September 2024 UNGA**: **The Summit of the Future agrees a new Emergency Platform for complex global shocks** as part of the Pact for the Future. The Emergency Platform should expand to include emergency preparedness.
- **October 2024: The Global Preparedness Monitoring Board is made fully independent** and de-linked from WHO; or a **new independent pandemic preparedness and response monitoring panel** like the IPCC should be established.
- November 2024 G20: **Full replenishment of The Pandemic Fund of non-ODA funds; and South Africa G20 2025 prioritises converting The Pandemic Fund** into a preparedness and surge mechanism with a global public investment model.
- November 2024 G20: **Brazil, South Africa and other middle-income countries use opportunities such as the G20 to negotiate to move away from a charity model for medical countermeasures access,** and towards one of regional innovation centred on resilience, knowledge and technology sharing.
- November G20: **Member States must meet milestones for WHO's Investment Round** and repledge to meet targets for unearmarked funding.
- January 2025 WHO Executive Board: **WHO Members States to initiate a one-term approach for the Director-General and Regional Directors**, and WHO to actively work with Member States to depoliticize senior appointments.
- June 2025: **The amended International Health Regulations come into force and are fully implemented**, including new multisectoral National Authorities with CSO engagement. WHO to begin publishing annual reports on country preparedness against its new benchmarks.

Endnotes

1 COVID-19: Make it the Last Pandemic
2 World Health Organization. Number of COVID-19 deaths reported to WHO. 2024. https://data.who.int/dashboards/covid19/deaths?n=o (accessed 5 June 2024).
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9 World Health Organization. Draft fourteenth general programme of work, 2025–2028. Geneva, 2024.