The Independent Panel FOR PANDEMIC PREPAREDNESS & RESPONSE

The power to lead for a safer world

The 2026 High-level Meeting on Pandemic Prevention, Preparedness, and Response

September 2025

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The Right Honourable Helen Clark

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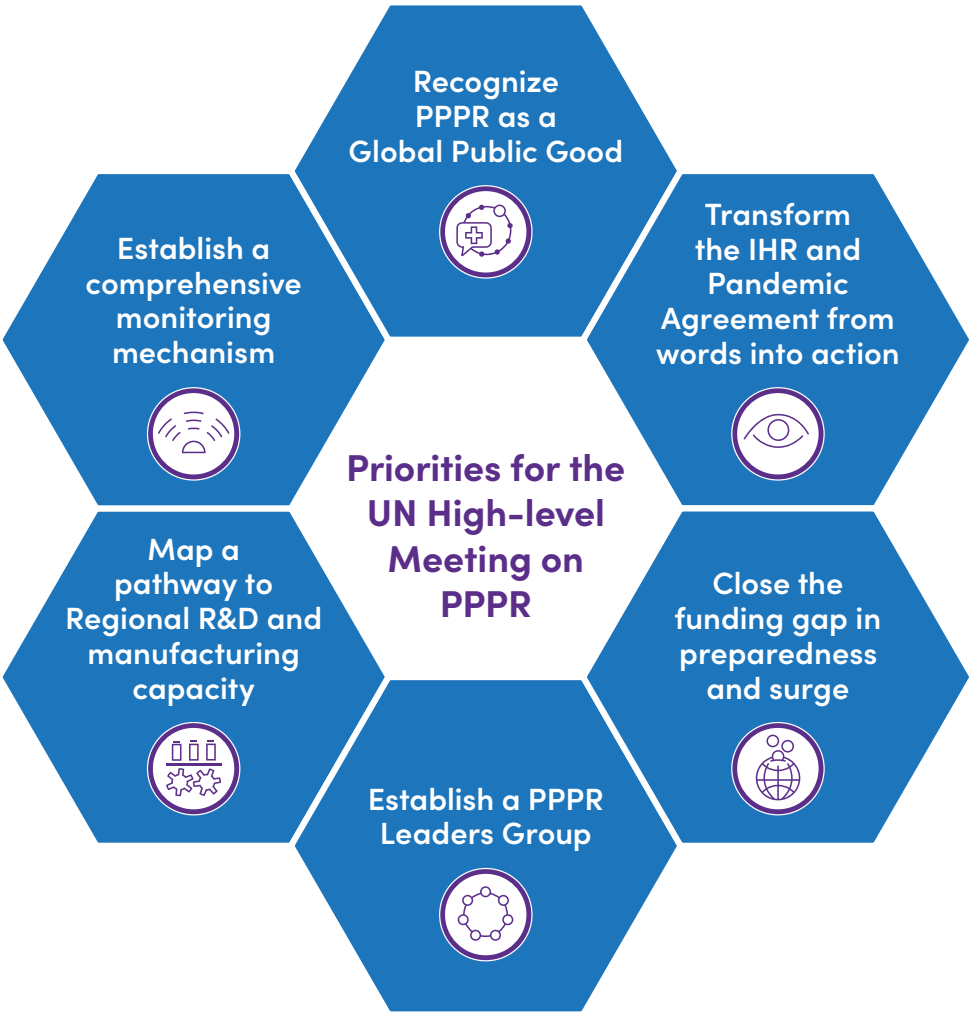

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Abbreviations

100DM	100 Days Mission
CEPI	Coalition for Epidemic Preparedness Innovations
CSOs	civil society organisations
GPMB	Global Preparedness Monitoring Board
HLM	High-level Meeting
IHR	International Health Regulations
IMF	International Monetary Fund
IPPS	International Pandemic Preparedness Secretariat
IVI	International Vaccine Institute
LMICs	low- and middle-income countries
MCMs	medical countermeasures
mRNA	messenger RNA
ODA	official development assistance
OECD	Organization for Economic Cooperation and Development
PABS	pathogen access and benefit sharing
PPPR	pandemic prevention, preparedness and response
R&D	research and development
RVMC	Regionalized Vaccine Manufacturing Collaborative
UNGA	United Nations General Assembly
WHO	World Health Organization

Foreword by Her Excellency Ellen Johnson Sirleaf and the Right Honourable Helen Clark

"How prepared is my country to prevent and respond to potential threats?" It's a question every president and prime minister should ponder.

In an era of growing, interwoven crises, from climate change and military conflict to economic tensions, a single microbe still has the ability to ignite global chaos in a matter of days.

Epidemics and pandemics have changed the course of history. They have weakened empires and toppled leaders. Plagues, the Black Death, the 1918 influenza pandemic, HIV, Ebola, and most recently COVID-19 have all altered our stories and our shared future. Nearly six years after SARS-CoV-2 was first detected, its cascading consequences continue to reverberate.

The COVID-19 crisis also taught us that if we are smart, work together, and use the tools and knowledge at our disposal, the world can stop outbreaks and prevent another devastating pandemic. We must speed up the work to meet this challenge, as at any time, from anywhere, a new deadly pathogen will emerge to test us.

The world is wrestling now at an inflection point in international cooperation. What is needed is for leaders to overcome differences and unite around the collective responsibility and benefits of acting together, even when uniting seems impossible.

The decisions leaders make today will shape the world we want to have. As we reset collaboration for the future, there is a chance to make long-term investments in global goods that keep everyone safer.

In 2023, with the shadow of the COVID-19 emergency still looming, countries came together at the UN General Assembly for the first-ever High-level Meeting on Pandemic Prevention, Preparedness and Response. The resulting political declaration sought to articulate the types of commitments needed to make COVID-19 the last pandemic of such consequence—though the declaration fell short of the bold targets the moment required.

Since then, the Pandemic Agreement reached at the 78th World Health Assembly has refined those commitments into roles and responsibilities, and the International Health Regulations have been strengthened.

These legal instruments can sound bureaucratic and far removed from the everyday lives of people around the world. But their words are important. The 80th session of the UN General Assembly presents an opportunity to give fulsome meaning to those words and convert them to targeted actions.

The second UNGA High-level Meeting on Pandemic Prevention, Preparedness and Response, to take place in September 2026, is a time for leaders to use their power and make measurable commitments. These include on leadership, sustainable financing, equity and accountability. Member States can focus the energy required to bring the Pandemic Agreement into force as soon as possible. They can fill the gaps that still allow a microscopic pathogen to cause global chaos.

Complacency will cost lives and devastate economies. Presidents and prime ministers have the power to invest in actions today that will consign deadly pandemics to history. Our urgent question to them: "Will you be ready when the next deadly pathogen emerges?"

H.E. Ellen Johnson Sirleaf **Rt Hon. Helen Clark**

Co-Chairs of The Independent Panel for Pandemic Preparedness and Response

UN Photo/Evan Schneider

UN Photo/Loey Felipe

The foundations are set: now to deliver a powerful outcome

The United Nations General Assembly (UNGA) has adopted the Modalities Resolution for the Second High-level Meeting on Pandemic Prevention, Preparedness and Response (HLM on PPPR). This sets the foundation for the HLM process and provides a full year for preparation.

Member States, under the leadership of the co-facilitators—the Permanent Representatives of Chile and Viet Nam—have charted the direction from which the negotiations will proceed. The theme *Fostering a multilateral and intergenerational approach to prevent, prepare for and respond to pandemics and public health emergencies, through the principles of equity and solidarity* should now set the stage for an ambitious political declaration.

The modalities recognise important developments, including the adoption of the Pandemic Agreement and amendments to the International Health Regulations (IHR), while noting shortcomings, gaps, and the enduring need to strengthen systems for prevention, preparedness, and response. Member States should start deliberations with a sense of urgency to fill these gaps with concrete, ambitious commitments.

We caution that the modalities do not explicitly call out the importance of Head of State and Government leadership. We believe this to be essential and is the very reason the Independent Panel for Pandemic Preparedness and Response (the Independent Panel) recommended that the UN General Assembly make pandemic readiness a lasting part of its agenda. Political leaders are best placed to make specific and multisectoral commitments that will materially improve the safety of people everywhere.

COVID-19 made clear that health ministries alone do not have the mandate, resources, or breadth of knowledge to tackle pandemic threats. The HLM process must engage diverse sectors—emergency preparedness, biosecurity and defence, finance, commerce, agriculture, environment, education, travel, and trade—with roles in preventing and responding to pandemic threats. One Health, including the Quadripartite organisations, is a vital inclusion.[1] Global and regional development banks should be central stakeholders in these deliberations. Other regional and international organisations with a stake in pandemic preparedness must bring their expertise. Experts from academia and the private sector can contribute essential insights.

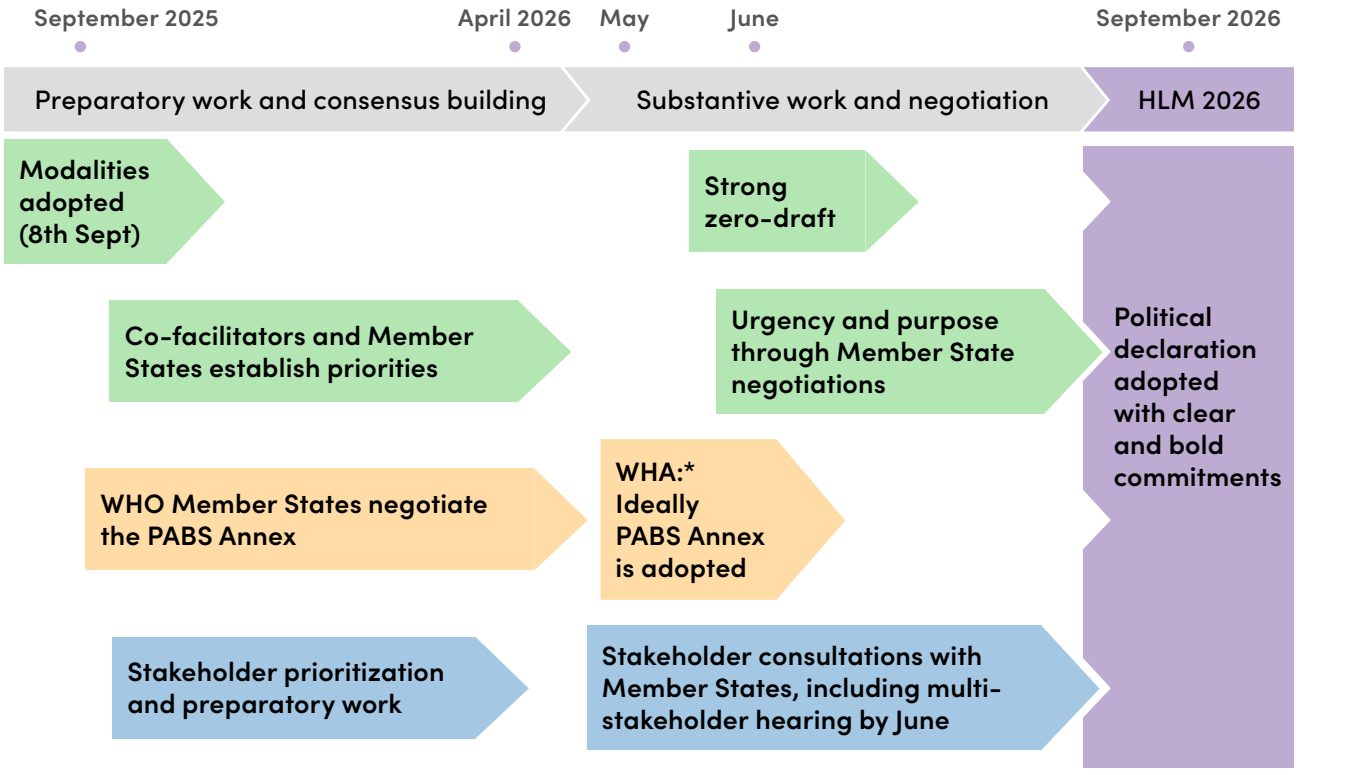
Civil society engagement is also essential to help inform Member State positions and add a crucial layer of accountability to the process. Civil society—from the Global South and the Global North—will provide critical insights and play a bridging role on the most pressing challenges and solutions. Civil society organisations (CSOs) will also bring understanding of how processes in Geneva, including the negotiation of the PABS (pathogen access and benefit sharing) annex and subsequent ratification of the Pandemic Agreement, can best be aligned with and supported by the New York political process. The interactive, multi-stakeholder hearing—to take place no later than June 2026—will be a key moment. It should be just one of many occasions inviting CSO expertise.

1 The One Health Quadripartite organisations are the Food and Agriculture Organization, United Nations Environment Programme, World Health Organization and the World Organisation for Animal Health.

What is required to deliver on the potential of this political opportunity

- **Member States must approach the HLM with urgency and purpose**, setting aside geopolitical divisions to establish ambitious yet achievable targets that will make the world immediately safer from pandemics.
- **Member States should work together and in consultation with experts** including CSOs to establish the HLM's priorities. The process should be laser focused on addressing the most critical challenges.
- **Member State capitals should remain engaged throughout the process** to help align the HLM negotiations with other relevant processes, including the PABS annex negotiations and Pandemic Agreement ratification, and to help unblock contentious issues within the negotiations.
- **The co-facilitators should consult broadly**, consider the progress and enduring gaps since the 2023 HLM on PPPPR, and deliver an ambitious zero draft.
- **The World Health Organization (WHO), other relevant UN organisations, development banks, and experts including CSOs and the private sector** must identify and begin preparatory work to provide Member States with the necessary information and evidence.
- **CSOs, scientists, and academia should work together to align around priorities** and contribute constructively to the process.
- **A broad range of organisations and institutions across sectors should actively engage**, as PPPR is a whole-of-society endeavour. While the WHO leads on health, collective action across multiple organisations is essential.

Timeline and key milestones on the road to the HLM



*World Health Assembly, May 2026

The 2023 Political Declaration: important words, not enough material progress

The 2023 Political Declaration on Pandemic Prevention, Preparedness and Response recognises COVID-19 as "one of the greatest global challenges in the history of the United Nations." It sets out calls to action on political commitment, the international legal framework, financing, equity, monitoring, and other key issues.

How has the world delivered since 2023? Ambiguous commitments and the lack of targets in the Political Declaration make it difficult to measure progress. Given that accountability is core to PPPR, here we offer a brief assessment in the areas of leadership, a legal framework, financing, equitable access, and monitoring. We expand upon this and include references in a deeper dive at the end of this report.

Leadership from the highest political level: sporadic, not sustained

The 2023 Political Declaration called for strengthened cooperation, coordination, governance, and solidarity "at the highest political levels." Despite welcome moments, including leaders' support for the Pandemic Agreement, sustained global leadership across regions remains absent, not least from Heads of State and Government. Without engagement from the most senior leadership, governments are gambling with pandemic readiness. Faced with multiple competing challenges, the world lacks an ongoing council of leaders to maintain focus on pandemic readiness, as called for by the Independent Panel in 2021.

International legal framework: achieving major milestones

The landmark Pandemic Agreement was adopted in May 2025 under article 19 of the WHO constitution, grounding prevention through a One Health approach and establishing equity as a goal, principle, and outcome. However, successful negotiation of the PABS annex remains essential for the Pandemic Agreement to be ratified and come into force. The amended International Health Regulations, in force in September 2025, represent another milestone for outbreak preparedness identification, notification, and response.

In order to realise the potential of these agreements to protect the public from pandemic threats, they must be implemented in full. This is possible only through political leadership, multisectoral and multilateral collaboration, coordination, governance, solidarity, and sustained financing.

Financing: fragmented, insufficient, and ODA-dependent

Across the gamut of prevention, preparedness, and response, financing remains too small and too fragmented with little progress to move beyond development assistance. This leaves all countries across the world vulnerable.

The 2023 declaration called for sustainable financing for WHO and strengthened domestic and international investment for health. It acknowledged the need for an additional US$10 billion annually in international preparedness financing for low- and middle-income countries (LMICs). The declaration recognised the imperative to identify sources of funding that could rapidly surge in times of emergency, but

For more on the state of financing, equitable access and monitoring, see the May 2025 policy briefs: Pandemic readiness in an uncertain world - actions for leadership, finance, access, and insight.

it did not quantify the amount of funding required. In 2021, the Independent Panel recommended that US$50–100 billion be readily available to respond to a pandemic crisis. In the face of cutbacks in development assistance for health that currently underpin the backbone of PPPR, these gaps are likely widening.

Today available finance falls well short of the need. The Pandemic Fund has received only US$2.25 billion since 2022, with country demand far exceeding available grant envelopes. The announced US withdrawal from WHO has contributed to a 21% budget cut for 2026–2027. Traditional development partners are projected to have reduced official development assistance (ODA) by up to 17% in 2025, disproportionately affecting the least developed countries. The new Coordinating Financial Mechanism, to be established under the IHR and Pandemic Agreement, offers coordination potential but commits no additional funds.

Equitable access and the R&D ecosystem: not close to ready

If a new pathogen emerged today, the highest bidder would likely secure countermeasures the fastest. Despite commitments to "sustainable, affordable, fair, equitable" access, the system remains market-focused rather than public health–driven and is not ready to scale up to serve every region in case of crisis. Research and development remain largely concentrated in high-income countries. For example, CEPI, a global public-private partnership focused on outbreak vaccines, currently funds researchers who are primarily based in high-income countries. Technology and knowledge transfer is limited so far. Manufacturing capacity for outbreak response remains predominantly in wealthy nations.

Monitoring and accountability: we don't know the risks, or whether we're ready

The declaration's commitment to accountability was perhaps the weakest element by merely acknowledging the "need for governments to strengthen monitoring systems."

While organisations are undertaking important efforts around monitoring across the PPPR spectrum, critical gaps remain around financing, access to countermeasures, organisational readiness, and other key areas. Equally, no scientific body exists to synthesise evidence around evolving pandemic risks such as zoonoses, biodiversity loss, and climate change impacts. Two of the current global monitoring bodies—the Global Preparedness Monitoring Board (GPMB) and International Pandemic Preparedness Secretariat (IPPS)—are due to be phased out by early 2027.

The bottom line

Important words have been agreed and some progress has been made, but the world remains dangerously underprepared for another pandemic threat. Without accelerated multisectoral action on sustainable financing, equitable access systems, and comprehensive monitoring and accountability mechanisms, pandemic threats continue to put us all at risk.

The 2026 political declaration: priorities for targeted commitments

This decade, COVID-19 has been responsible for an estimated 28 million deaths worldwide. It is incumbent on leaders to do everything in their power to prepare for the next pandemic threat. The Independent Panel offers six concrete suggestions leaders should commit to in the political declaration of the 2026 High-level Meeting.

I. Recognise that PPPR is a global public good

COVID-19 demonstrated that a pathogen emerging anywhere can wreak devastation everywhere. Lives, markets, and national security were all put in jeopardy. But just as an emerging pathogen presents a risk to all countries, the collective readiness of countries, regions, and global institutions to respond quickly and effectively represents a shared benefit for all.

Recognising PPPR as a global public good fundamentally shifts the financing equation from charity to collective investment. It underscores the need for sustained, predictable funding for surveillance systems in low-income countries not as aid, but as essential infrastructure protecting everyone. It legitimises technology transfer, local and regional investments in science and technology innovation, knowledge sharing, and equitable access to vaccines, treatments, and diagnostics not as generosity, but as a strategic necessity. It creates the political and economic foundation to prevent the next pandemic and to provide rapid, coordinated responses when threats do emerge.

- **The 2026 political declaration should formally recognise PPPR as a global public good, establishing the foundation for sustained international cooperation, financing, and governance that transcends national boundaries and political cycles and is not dependent on aid.**

UN Photo/Loey Felipe

II. Champion the Pandemic Agreement and accelerate implementation of global rules

For a safer world, the provisions of the WHO Pandemic Agreement and the amended IHR must be transformed into actions that protect lives and livelihoods.

WHO Member States have set an ambitious, yet achievable deadline of May 2026 to adopt the PABS annex, essential for the Pandemic Agreement to come into force. The HLM should set a target for securing at least 60 ratifications within two years of adoption of the PABS annex, to enable the Agreement to come into force as rapidly as possible. It should urge relevant international organisations, including WHO, to support national ratification through provision of legal and technical assistance as requested by Member States.

Ahead of this, the amended International Health Regulations entered into force on 19 September 2025, creating new responsibilities and mechanisms that demand immediate implementation. New structures—national IHR authorities, a States Parties Committee on Implementation, and the Coordinating Financial Mechanism—urgently require establishment and funding.

- **The political declaration should commit to implementation of the amended IHR and the Pandemic Agreement, as implementation of these instruments cannot wait for perfect conditions. The declaration must make concrete, timebound commitments that accelerate the ratification and coming into force of the Pandemic Agreement and full implementation and financing of the amended IHR.**

III. Close the financing gap to move from fragmentation to collective investment

Current progress on financing falls well short of the need. Lagging domestic investments alongside insufficient scale, speed, and efficiency of international financing continue to make us all vulnerable. As the financing landscape shifts, PPPR must be incorporated into conversations and decisions. The 2026 HLM can and should act decisively across several fronts to deliver new, sufficient, sustained, and accessible financing for preparedness and response.

Unlock domestic financing capacity. The Accra Compact and other ongoing regional efforts to shift towards self-reliance hold great promise. To realise the full potential, these shifts need to be supported by the wider international community. The HLM should endorse concrete measures that promote debt relief, reduce the cost of capital, and reform tax systems to enable countries to invest in their own preparedness.

Identify new international financing sources. International financing for PPPR—a public good—will remain essential, especially for low-income and conflict-affected settings and for R&D efforts. Given declines in development spending, the HLM should explore the potential of new financing models for PPPR. This can draw on the work of various initiatives, including the Sevilla Platform for Action and South Africa's G20 presidency. Proposals to explore include the global public investment model; determining how defence spending can include human health security; dedicating a small proportion of annual GDP to PPPR; and raising funds through new tax levies in shipping, travel, and other areas.

Coordinate, streamline, and simplify financing sources and access. Countries cannot navigate multiple funding streams with competing requirements, especially during crises when delays cost lives. Every country must have clear visibility of available financing, terms, and access procedures. The Coordinating Financial Mechanism of the IHR and eventually the Pandemic Agreement can serve as a catalyst to guide necessary reform. This work must be anchored in the principle of ensuring clarity on available funding, facilitating timely access and deployment of funds, and reducing transaction costs. The HLM should support rapid operationalisation of this mechanism with adequate resources and clear mandates to help deliver coordinated, efficient, and equitable financing for pandemic preparedness and response.

Establish a time-limited finance action group. The political declaration should create a Member State–led finance action group. Commencing its work in September 2026, the action group should perform a stocktake on financing reforms to outline the material differences they are making for PPPR financing, their potential for delivering long-term impact, and gaps that remain to be solved. The action group should deliver its findings to the Secretary-General within 12 months. These findings should inform the work of the Coordinating Financial Mechanism.

- **Based on a public goods approach, the political declaration should commit to sufficient PPPR funding by unlocking domestic capacity, identifying new international sources, and streamlining access mechanisms.**

IV. Establish sustained and powerful political leadership

The Independent Panel has long underscored the need for a cross-regional group of political leaders to shepherd the PPPR agenda. This remains essential given that PPPR requires multisectoral, multilateral action to protect human security everywhere. Until a Conference of the Parties for the Pandemic Agreement is established, and even after, we see highest level political leadership as essential to building a PPPR ecosystem that benefits all.

- **The HLM and political declaration should immediately establish a PPPR leaders group of political champions. This group shall be tasked with driving and supporting a multisectoral approach, sufficient and sustained financing for preparedness and emergencies, equitable access and, access to countermeasures. It should also champion the coming into force and implementation of the Pandemic Agreement together with adherence to the International Health Regulations.**

V. Enable and support a shift towards greater regional self-reliance

Regardless of where an outbreak occurs, it is in every country's interest for it to be stopped before becoming a cross-border emergency or pandemic. As agreed in the 2023 Political Declaration and the Pandemic Agreement, all regions need capacity for innovation and production of medical countermeasures (MCMs) for the safety of their own citizens and those in the rest of the world.

Building regional and subregional ecosystems for pandemic tools—where regions are equipped for research and development, manufacturing, and delivery—demands coordinated action across the global, regional, and national levels. This entails technology transfer, skilled workforce development, regulatory harmonisation, and sustainable financing mechanisms.

Regional self-reliance enhances global pandemic response and ensures that outbreaks can be contained quickly. When every region has the tools to respond, the whole world is safer. This will require a targeted plan and will take time to establish.

- **The 2026 HLM should catalyse this regional self-reliance transformation. The political declaration should commit to a road map with milestones for regional R&D and manufacturing hubs, including on financing, knowledge, and technology transfer initiatives as well as on capacity-building programs.**

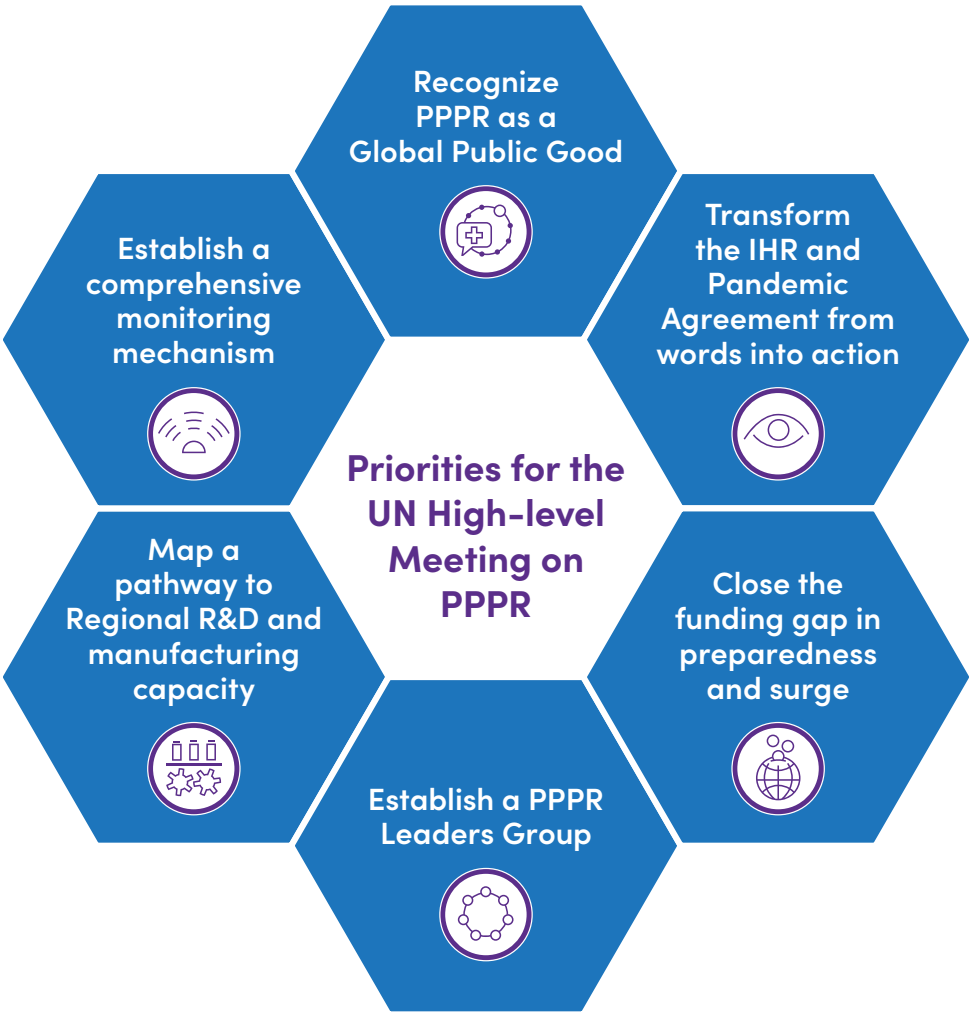
VI. Strengthen monitoring from fragmented oversight to clear-eyed assessment

Despite a decade of proliferating monitoring initiatives, many of which perform critical work, we still cannot fully answer the most basic question: how ready is the world to prevent and respond to the next pandemic threat?

The lack of a consolidated mechanism that brings together data and insights from existing frameworks and initiatives leaves the world without full sight on the true state of national, regional, or global readiness. Critical monitoring gaps also persist on upstream pandemic risk assessment, domestic and international finance, and organisational readiness.

Regions and countries need clear, honest appraisals of their capabilities to guide action and investment. The HLM should make meaningful commitments to address these shortcomings.

- **The political declaration should establish a comprehensive monitoring mechanism to address fragmentation and gaps in the monitoring ecosystem, and to provide authoritative guidance to Member States. The gaps to address include pandemic risk assessment, equitable access to MCMs, organisational readiness, and financing. Any mechanism created through this HLM should have a mandate to produce assessments that directly inform both investment decisions and financing priorities.**



A final word: now is a decisive opportunity for powerful leadership

Whatever the state of geopolitics, the collective readiness to face down and respond to the next pandemic threat is in the interest of every country.

The question now is whether leaders learn from and act on the lessons of past outbreaks and pandemics, so recently, and so painfully, acquired.

Leaders, most importantly presidents and prime ministers, have the power to make decisions that create a safer world where pandemic threats are a challenge faced down by the global community acting together.

The 2026 HLM offers a decisive opportunity to do just this. The words in the final political declaration will matter most when they become measurable, financed commitments that can be witnessed and embraced in every country, region, and global centre.

We challenge leaders to demonstrate their power and seize this opportunity for the good of their own people and the world.

A deeper dive: accountability for the 2023 Political Declaration

The 2023 Political Declaration on Pandemic Prevention, Preparedness and Response recognised COVID-19 as "one of the greatest global challenges in the history of the United Nations" (*paragraph 6*).(1) With fresh lessons from the pandemic and weakened intergovernmental trust because of it, UNGA Member States negotiated a declaration intended to strengthen collaboration and national capacities to face down future pandemic threats.

Since 2023, Member States have made progress particularly on agreeing a new international legal framework intended to keep the world safer. However, a lack of targets and unambiguous commitments in the 2023 declaration weaken accountability. Our brief analysis below examines calls to action in the declaration versus the state of play today. It demonstrates that many of the right words have been agreed to put an end to pandemics and that there has been progress, but that the necessary, measurable shifts in the system are lacking.

For the purposes of this analysis, we focus on thematic areas included in the Political Declaration we deem as essential for a strengthened PPPR system: political leadership; international rules for PPPR; sustainable financing for preparedness and emergency surge; equitable access to countermeasures; and monitoring and accountability. Italics citations refer to the relevant paragraph of the 2023 Political Declaration.

Leadership from the highest political levels: bright moments but not sustained

Adoption of the Pandemic Agreement under article 19 of the WHO constitution was encouraged in the political declaration (*paragraph 44*) and was achieved in May 2025 at the World Health Assembly.(2) This unprecedented agreement sets equity as a goal, principle, and outcome of PPPR. It grounds prevention through a One Health approach (*as recognised in paragraph 58*) and includes a comprehensive set of provisions which, if implemented in the full spirit of the agreement, will result in a world better protected from large outbreak and pandemic risks.

The adoption of the agreement text was a milestone, but what will matter most is full implementation.

Central now for the Pandemic Agreement to come into force is successful negotiation of the pathogen access and benefit sharing annex, noting that PABS was a feature of the 2023 political declaration (*paragraph 43*). We appreciate the complexity of negotiating this annex and underscore the centrality of equity for public health outcomes. We also warn that the process must not unduly prolong implementation of pandemic readiness.

If Member States wait to implement the agreement until it comes into force, the world will remain at risk, possibly for years, of more devastating multicountry outbreaks or another pandemic.

Encouraged in the political declaration (*paragraph 45*) the amended International Health Regulations represent another milestone in agreed international rules to identify, report, and stop outbreaks.(3) Implementation and adherence to the

amended IHR requires political commitment, and capacities from the ground to the capital and the national authority. This requires sustained financing.

Financing PPPR: fragmented, insufficient, and overreliance on aid

The political declaration recognised that preparedness and surge financing were essential for PPPR, recalled the annual US$10 billion preparedness gap for LMICs and the need for sustainable financing for WHO, and strengthened domestic and international investment for health (*paragraphs 28, 29, 56, 73–76*).

A Coordinating Financial Mechanism is to be established under the amended IHR, which should also serve the Pandemic Agreement once it comes into force. This offers a vessel in which to coordinate preparedness and response funding but does not commit to additional funds. Should a pandemic threat emerge today, many countries would be scrambling for funds. LMICs in particular would be uncertain which institutions to approach for the substantial financial support needed to fund the people and tools required to provide emergency health responses, purchase medical countermeasures, and maintain economic stability.

While there have been specific financing commitments for PPPR (*paragraph 75*) particularly through the Pandemic Fund, the world continues to fall well short of the US$10 to 15 billion in annual additional funds deemed essential to build sustained pandemic preparedness and response capacities in LMICs. Since the creation of the Pandemic Fund in 2022, just US$2.25 billion has been contributed so far.(4) Demand is high, and the Pandemic Fund has received applications for larger total sums than it can grant.(5)

The International Monetary Fund (IMF), World Bank, and World Health Organization are working together to support countries to apply for long-term, low-interest Resilience and Sustainability Trust loans, but uptake is limited so far in an environment where LMIC debt servicing is increasingly unsustainable.(6, 7) A Development Finance Corporation surge facility for medical countermeasures for LMICs was announced in 2024, but as of time of writing, few details are publicly available.(8)

Critical to the PPPR ecosystem is an independent, sustainably funded WHO (*paragraph 56*) that can perform its obligations under the IHR and the Pandemic Agreement. The vast majority of Member States have delivered on the commitment to provide predictable funding to WHO through an agreement to increase the proportion of assessed contributions to WHO's base budget.(9) At the same time, the announced US withdrawal from WHO has contributed to the need to cut 21% from its planned 2026–2027 budget, and WHO has had to rapidly undertake destabilising reform, re-prioritisation, and staff downsizing.(10)

Finally, counter to the spirit of the declaration, several Member States have announced decreases to official development assistance. The Organization for Economic Cooperation and Development (OECD) reports a 9% drop in 2024 over 2023, and up to a further 9–17% decrease in 2025, with least developed countries disproportionately affected.(11) The sudden cuts in particular are resulting in preventable deaths.(12) These announcements have also spurred new domestic health investments in some LMICs, with plans now through the Accra Compact initiative to play a lead role in setting national priorities and shaping the future of domestic financing and international development cooperation.(13)

The bottom line is that financing for PPPR remains insufficient. Member States must work to redress this, through more domestic investment, streamlining the system and by exploring new financing options including models such as global public investment and taxation. Global health security also relies on an effective World Health Organization, which has multiple responsibilities including under the International Health Regulations and the Pandemic Agreement.

Public health needs–driven R&D and equitable access: the system is not ready to prevent outbreaks from becoming pandemics

If a new pathogen emerged today, each nation would again be compelled to protect its own citizens. Wealthy countries would subsidise their own domestic R&D and private sector manufacturing. The countries that could afford to pay the most for vaccines and other tools would likely continue being the first to benefit.

Our panel has recommended a decisive move towards pandemic medical countermeasures, or MCMs, approached as common goods and not proprietary assets. This requires building a public health needs-based ecosystem grounded in regional self-reliance, with regional and subregional R&D and manufacturing hubs supported by the requisite transfer of knowledge, technology, and financing.

The political declaration urges sustainable, affordable, fair, equitable, effective, efficient and timely access to MCMs, including vaccines, therapeutics, and diagnostics (*paragraph 31*). Provisions in the IHR and Pandemic Agreement support this in principle, but they largely lack binding commitments, and the current system remains focused on market solutions over public health needs. Despite efforts to expand technical manufacturing capability in all regions, it is not yet shifting to the regional self-reliance required for equity.

The political declaration references the need to support R&D capacities in developing countries (*paragraph 75*). A mapping of some 20,000 research projects related to COVID-19 from April 2020 to December 2022 showed that just over 15% were taking place in low- and middle-income countries, and that of those, half took place in just three middle-income countries. Also notable is that more than half of the research projects (11,835) took place in just three high-income countries: the United Kingdom, the United States, and Canada.(14) The Coalition for Epidemic Preparedness Innovations (CEPI), a global public-private partnership that was specifically created to support preparedness through the development of outbreak vaccines, primarily finances developers in high-income countries. Excluding COVID-19–related funding, just 3% of CEPI's current portfolio funding goes to LMIC-based vaccine developers, while another 3% supports joint ventures comprising an LMIC partner.(15)

Together with R&D, actions on technology transfer (*paragraph 41*) remain essential to ensure regional self-reliance. However, no binding commitments could be agreed in the Pandemic Agreement, and voluntary initiatives remain scarce. The WHO/Medicines Patent Pool–coordinated mRNA (messenger RNA) technology transfer program involving 15 countries has been a promising model of technology sharing amongst middle-income countries but continues to be threatened by insufficient sustainable funding. A WHO Health Technology Access Programme reports some progress on research collaborations for diagnostics.(16) Bavarian Nordic and the

Serum Institute of India entered into a technology transfer and manufacturing agreement for mpox vaccines, but it is unclear whether and how it will contribute to mitigating the ongoing mpox epidemic in Africa. (17)

There was also a commitment to make a collective effort to strengthen developing countries' capacity for increased local and regional manufacturing (*paragraph 42*). CEPI is fostering a network of manufacturers, including through the Regionalized Vaccine Manufacturing Collaborative (RVMC) it hosts, while the International Vaccine Institute (IVI) and others support technological capacity strengthening and workforce development. (18, 19) The Africa CDC is leading efforts to strengthen regional manufacturing capacity with support from international donors. (20) Brazil is spearheading a G20 Global Coalition for Local and Regional Production, Innovation and Equitable Access, while the Pan American Health Organization (PAHO) is advancing strategies to support regional innovation and manufacturing. (21, 22)

As of today, it would remain challenging to rapidly scale vaccine, diagnostics, or treatment manufacturing in developing countries to stop an outbreak or to mitigate a pandemic threat. Achieving increased resilience and self-reliance, including through R&D and manufacturing, is a more distant goal, but one that must continue to be pursued.

Our May 2025 policy brief, *Regional self-reliance for innovation and manufacturing of pandemic tools: now more urgent than ever*, offers an in-depth examination of the ecosystem. (23)

Monitoring and accountability: lacking a sustainable body for both risk and readiness

The reference to accountability in the political declaration is amongst the weakest of the calls to action, namely to "acknowledge the need for governments, at all levels, to strengthen systems, science- and evidence-based and multisectoral monitoring and accountability, as appropriate" (*paragraph 62*).

Currently, the Global Preparedness Monitoring Board (GPMB) undertakes monitoring primarily at the global level and since 2019 has issued regular reports on the state of pandemic preparedness. (24) From 2021, the International Pandemic Preparedness Secretariat (IPPS) has issued detailed annual reports on the status of the 100 Days Mission, or 100DM, for readiness of vaccines, diagnostics, and therapeutics. (25) Other groups undertaking monitoring include the Independent Panel for Pandemic Preparedness and Response, those leading the Global Health Security Index, and GloPID-R on the state of pandemic and outbreak research financing. There are also gaps in monitoring around financing, access to countermeasures, organisational readiness, and other issues. (26)

Upstream from monitoring, no organization is synthesising the science around pandemic risk, including evolving risks due to zoonoses, loss of biodiversity, and climate change, but there is growing consensus that this type of body also is required. (27)

Notably, the GPMB and IPPS will be phased out by early 2027. A new, sustained, and comprehensive pandemic readiness monitoring body is required.

Endnotes

1 Document Viewer [Internet]. [cited 2025 Sept 12]. Available from: https://documents.un.org/doc/undoc/gen/n23/306/78/pdf/n2330678.pdf

2 WHO Pandemic Agreement. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf

3 Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005). Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R17-en.pdf

4 World Bank [Internet]. [cited 2025 Aug 25]. The Pandemic Fund. Available from: https://fiftrustee.worldbank.org/en/about/unit/dfi/fiftrustee/fund-detail/pppr

5 World Bank [Internet]. [cited 2025 Sept 2]. The Pandemic Fund Announces Second Round of Funding with Half-a-Billion-Dollar Envelope. Available from: https://www.worldbank.org/en/news/press-release/2023/12/22/the-pandemic-fund-announces-second-round-of-funding-with-half-a-billion-dollar-envelope

6 The International Monetary Fund, the World Bank Group, and the World Health Organization step up cooperation on pandemic preparedness [Internet]. [cited 2025 Aug 28]. Available from: https://www.who.int/news/item/02-10-2024-the-international-monetary-fund-the-world-bank-group-and-the-world-health-organization-step-up-cooperation-on-pandemic-preparedness

7 World Bank Blogs [Internet]. [cited 2025 Sept 2]. Navigating debt and trade: Data show persistent debt challenges for developing countries. Available from: https://blogs.worldbank.org/en/opendata/navigating-debt-and-trade--data-show-persistent-debt-challenges-

8 DFC Announces Surge Financing Initiative and Strategic Investments to Bolster Global Health Security [Internet]. [cited 2025 Aug 25]. Available from: https://www.dfc.gov/media/press-releases/dfc-announces-surge-financing-initiative-and-strategic-investments-bolster

9 In historic move, WHO Member States approve 20% funding increase and 2026–27 budget [Internet]. [cited 2025 Aug 27]. Available from: https://www.who.int/news/item/20-05-2025-in-historic-move--who-member-states-approve-20--funding-increase-and-2026-27-budget

10 Fletcher ER. WHO Junior Staff At Risk As Pressure Mounts To Protect Top Jobs In Budget Cuts - Health Policy Watch [Internet]. 2025 [cited 2025 Aug 27]. Available from: https://healthpolicy-watch.news/whos-low-and-mid-rank-staff-at-risk-in-face-of-pressures-to-preserve-costly-jobs-at-top/

11 OECD (2025), "Cuts in official development assistance: OECD projections for 2025 and the near term", OECD Policy Briefs, OECD Publishing, Paris, https://www.oecd.org/en/publications/2025/06/cuts-in-official-development-assistance_e161f0c5/full-report.html

12 Cavalcanti DM, Sales L de OF de, Silva AF da, Basterra EL, Pena D, Monti C, et al. Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. The Lancet [Internet]. 2025 July 19 [cited 2025 Sept 2];406(10500):283–94. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01186-9/fulltext

13 admin_Ck6r3D. Mahama Challenges African Leaders: Health is Economic Engine, Not Drain [Internet]. The Presidency, Republic of Ghana. 2025 [cited 2025 Aug 28]. Available from: https://presidency.gov.gh/mahama-challenges-african-leaders-health-is-economic-engine-not-drain/

14 Wellcome Open Research | Open Access Publishing Platform [Internet]. 2020 [cited 2025 Aug 25]. A living mapping review for COVID-19 funded research projects: ... Available from: https://wellcomeopenresearch.org/articles/5-209

15 Our portfolio | CEPI [Internet]. [cited 2025 Sept 2]. Available from: https://cepi.net/our-portfolio

16 Health Technology Access Programme [Internet]. [cited 2025 Aug 28]. Available from: https://www.who.int/initiatives/who-health-technology-access-programme

17 Serum Institute Of India. Press Release - 16 December 2024 [Internet]. [cited 2025 Sept 2]. Available from: https://www.seruminstitute.com/press_release_sii_161224.php

18 Creating sustainable pathways to regional vaccine manufacturing | CEPI [Internet]. [cited 2025 Sept 2]. Available from: https://cepi.net//creating-sustainable-pathways-regional-vaccine-manufacturing

19 International Vaccine Institute overview [Internet]. IVI. [cited 2025 Sept 12]. Available from: https://www.ivi.int/what-we-do/overview/

20 Africa's Progress Towards Sustainable Local Manufacturing Health Products [Internet]. Africa CDC. [cited 2025 Sept 2]. Available from: https://africacdc.org/news-item/africas-progress-towards-sustainable-local-manufacturing-health-products/

21 Cullinan K. G20 Health Ministers Launch Coalition To Promote Local Medicine Production - Health Policy Watch [Internet]. 2024 [cited 2025 Sept 2]. Available from: https://healthpolicy-watch.news/g20-health-ministers-launch-coalition-to-promote-local-medicine-production/

22 PAHO Advances Discussion on Regional Strategies for Innovation and Production of Health Technologies at the 2025 World Local Production Forum - PAHO/WHO | Pan American Health Organization [Internet]. 2025 [cited 2025 Sept 2]. Available from: https://www.paho.org/en/news/19-5-2025-paho-advances-discussion-regional-strategies-innovation-and-production-health

23 Regional self-reliance for innovation and manufacturing of pandemic tools: Now more urgent than ever [Internet]. The Independent Panel for Pandemic Preparedness and Response. [cited 2025 Aug 28]. Available from: https://theindependentpanel.org/documents/regional_self-reliance_pandemic-readiness-27-may-2025/

24 GPMB [Internet]. [cited 2025 Sept 2]. Available from: https://www.gpmb.org

25 Publications – IPPS [Internet]. [cited 2025 Sept 2]. Available from: https://ippsecretariat.org/publications/

26 Pandemic PACT Tracker [Internet]. [cited 2025 Sept 2]. Outbreaks. Available from: https://www.pandemicpact.org/outbreaks

27 The Imperative of a Global Pandemic Risk Assessment Framework - NAM [Internet]. [cited 2025 Sept 2]. Available from: https://nam.edu/perspectives/the-imperative-of-a-global-pandemic-risk-assessment-framework/

“Our question to leaders:
Will you be ready
when the next deadly
pathogen emerges?”