

The current state of Pandemic Prevention, Preparedness and Response monitoring and ideas for future efforts

An Analysis of Survey Results

Background

In September 2025, the Independent Panel for Pandemic Preparedness and Response, The Global Preparedness Monitoring Board (GPMB), the International Pandemic Preparedness Secretariat (IPPS) and the National Academies of Medicine (NAM) developed and shared a survey with pandemic prevention, preparedness and response (PPPR) stakeholders. The objective was to gather and analyse stakeholder views on the status of and future ideas for pandemic risk and readiness monitoring. The findings are intended to help shape proposals for future PPPR monitoring, at a time when key monitoring bodies are scheduled to sunset.

Proposals will be further developed and discussed with stakeholders in the lead-up to the High-Level Meeting on PPPR scheduled for September 2026.

This report outlines the key ideas and themes that emerged from the survey, which will inform proposals for risk and readiness monitoring.

Survey summary

The survey was administered through SurveyMonkey and sent to hundreds of potential respondents through contact lists of the co-organizers. There were 107 respondents working across government, public health agencies, multilateral and regional organisations, academia, civil society, donors, and the private sector. Respondents reported working at global, regional, and national levels, on all continents though most respondents were based in Europe and North America.

The survey sought respondent views on the following:

- Effectiveness of current mechanisms and critical gaps
- Strengthening pandemic readiness monitoring
- Strengthening pandemic risk assessment

Substantive questions mainly required qualitative answers, and most responses were optional. As many respondents skipped the substantive questions, total response numbers varied by section. A range of 35-45 responses contained meaningful data, with these respondents providing thoughtful answers reflecting their interest and expertise.

A full analysis follows; in summary:

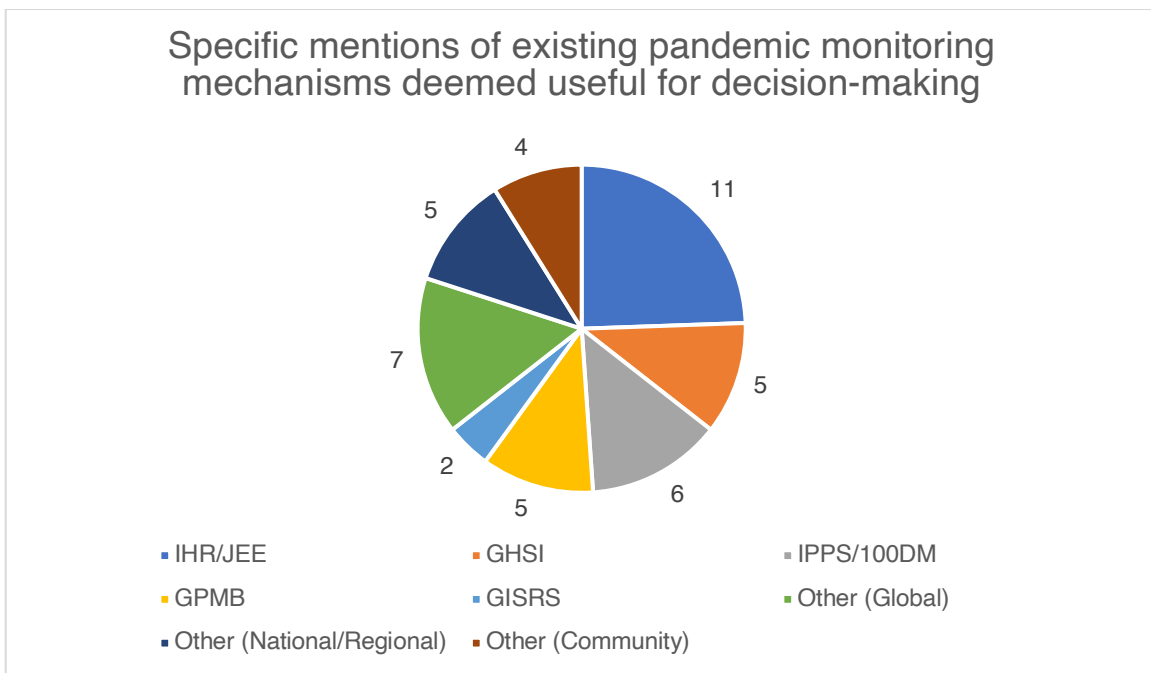
- Respondents broadly favoured a more comprehensive pandemic monitoring system – either through new mechanisms/bodies or a consolidated mechanism – that addresses gaps and fragmentation in the current monitoring architecture.

- Most respondents favoured establishing a pandemic risk monitoring mechanism
- While respondents shared different views and approaches to improved monitoring a set of shared principles for PPPR monitoring emerged:
 - Independent governance
 - Sustainable funding
 - System integration, building on existing frameworks (incl. the JEE)
 - Transparent, evidence-based methodologies
 - Equity-focused design
 - Action-oriented outputs translating monitoring into policy and investment
 - Multi-stakeholder participation
 - Accountability
 - A non-punitive approach

Survey: Emerging Themes

1. Effectiveness of current monitoring mechanisms

Respondents highlighted numerous existing monitoring mechanisms and the valuable insights these provide to understand present-day global, regional and national preparedness and response capacity. Respondents find several existing mechanisms useful including the International Health Regulations Monitoring and Evaluation Framework, particularly the Joint External Evaluations (JEE); the Global Health Security Index; the IPPS/the 100 Days Mission Scorecard, and the Global Preparedness Monitoring Board (GPMB).



These mechanisms were noted as useful for several reasons, including that some had structured assessment approaches that enabled comparison across countries or years; some had a degree of independence; and some had transparency in their findings.

Select comments included:

- **JEE:** "...these tools provide a structured way for countries to assess and compare their preparedness and response. They highlight gaps, which helps governments and funders know where to focus."
- **GPMB:** "...useful from an overarching perspective and the global snapshot it can provide in its assessments" and "elaborate, objective indicator set"
- **100DM:** "...the best metric available when it comes to tracking countermeasure development and highlighting gaps [over time]. This needs to be maintained at all costs."
- **Global Influenza Surveillance and Response System:** "...proven track record in successful tracking of influenza risk, real-time surveillance, strong participation in network - ability to adapt response."

2. Gaps in current monitoring mechanisms

While recognising the important role of existing mechanisms, respondents consistently described the overall pandemic monitoring ecosystem as fragmented with tools operating in parallel, often with overlapping mandates and indicators. The fragmentation was flagged as a concern for policymakers, scientists and others in decision-making roles to have clear pictures of challenges, understand key risk signals, and prioritise accordingly.

Some respondents noted the absence of an integrated, 'full picture' view of the pandemic monitoring spectrum that captures risk, preparedness and response in a way to support effective decision-making, particularly in time and resource-constrained scenarios.

Gaps in risk and preparedness raised by respondents included:

Risk gaps (surveillance and detection):

- Insufficient oversight of One Health links/dynamics across human, animal and environmental health
- Zoonotic spillover risk
- Anti-microbial resistance
- Early warning systems and real-time threat surveillance incl. wastewater and environmental surveillance

Preparedness gaps (system capacity and readiness):

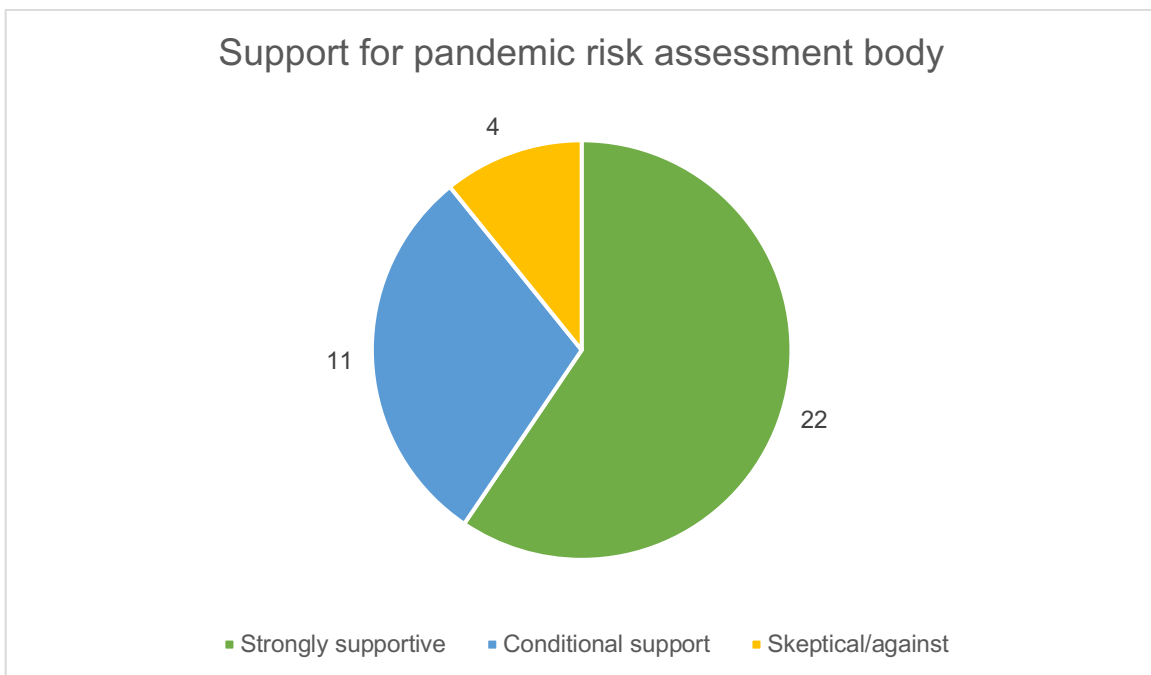
- Operational readiness and surge capacity
- Sustainable financing to prepare and respond
- Manufacturing and supply chain capacity and readiness, incl. medical countermeasure availability and access

- Subnational and community-level preparedness, incl. local participation and trust-building
- Governance, leadership and accountability

3. Support for a Pandemic Risk Assessment Body

Respondents were strongly supportive of the creation of a pandemic risk assessment body (rating a 9 or 10 on the scale) and many of the conditionally supportive responses were on the high end (a 7 or 8 on the scale) in favour.

Respondents noted the value of a mechanism that assesses preparedness – considering capacity and plans – in conjunction with a risk assessment that is dynamic, evolving and broadly covering the monitoring spectrum.



4. Considerations for future pandemic monitoring mechanisms

Respondents underscored several core principles for any future monitoring mechanisms covering the spectrum from risk to preparedness, response and recovery:

- Transparent and independent governance to minimise risk of bias and conflicts of interest and ensure trust in the data
- Scientific with evidence-based approaches and adaptability to dynamic environments

- Equity and inclusivity focused particularly for low- and middle-income countries and vulnerable populations
- Integrated with minimal overlaps to reduce fragmentation and duplication in the PPPR architecture, including alignment with existing global health agendas, bodies and frameworks to ensure relevance (e.g. Lusaka Agenda)
- Collaborative across multiple sectors
- Actionable with outcomes linked to policy decisions, resource allocation and capacity-building investments
- Accountable and credible with regular review cycles to create incentives for improvement

On governance there were varying recommendations with some overlaps:

- An IPCC-like approach (WMO-UNEP co-hosting model), with some noting the value of the IPCC working groups approach
- An independent secretariat with a small, agile permanent staff accountable to a governing board (closer to the IPPS model), with multi-sectoral expertise
- A hybrid hosting arrangement (e.g. One Health Quadripartite), with some noting that WHO would be a key partner for legitimacy in the health space and others indicating that WHO involvement must allow for political, operational and technical independence.
- GPMB model (hosted by WHO+WB) with multi-stakeholder and LMIC inclusive composition

All respondents noted the importance of widely engaging stakeholders across sectors, with core multilateral institutions, health and specialized agencies, civil society, researchers, academics, regulators and policymakers, private sector partners, and donors referenced several times. There were also several responses indicating that engagement of these stakeholders at national, regional, and global levels (and in some comments local/sub-national levels) would be critical.

Conclusions

While a relatively small sample size, the results of the survey highlight broad convergence among respondents that while the current PPPR monitoring ecosystem is useful and provides valuable insights, it remains fragmented and insufficiently equipped to capture the full spectrum of evolving pandemic risk, preparedness, response and recovery. Several respondents pointed to the gaps between formal assessments and real-world vulnerability, particularly in areas such as operational readiness, financing, health system resilience, One Health risks, and early warning systems.

There is broad support for greater coherence, synthesis and integration across existing mechanisms, alongside a fairly consistent expectation that any future monitoring or risk assessment approach must be independent, scientifically robust, and provide regular, implementable updates.

Respondents emphasised that monitoring efforts will only be effective if they are relevant and actionable at country level and for policymakers, support national decision-making, and explicitly account for equity considerations, particularly the different capacities and constraints of low- and middle-income countries and vulnerable populations.

Taken together, the findings highlight a shared view among respondents that the value of PPPR monitoring lies both in measurement/assessment, as well as an equal need to inform equitable action, investment, and accountability across the global system.

Annex: Further detailed analysis of survey results

Survey respondents

On the survey respondents: The most common sectors for respondents were human health, academic, civil society and nonprofit sectors (33.03%, 29.36% and 24.77%). There were notable gaps in completed responses from regulators, private sector (industry/manufacturing in particular), funders and philanthropy, and governments (e.g. ministries of health). While the survey presents a fairly broad base of respondents, there are gaps that may be worth pursuing in further research and analysis this year.

On the geographic working locations of survey respondents: Of the respondents who specified their location/region of work (63) there was fairly strong representation from North America and Europe. There were a fair number of responses from the African region but unfortunately not full/completed survey responses. There were some notable gaps with few responses from South America and South East Asia so it may be valuable to complete further analysis or interviews with representatives from those regions.

Current/existing monitoring mechanisms

On engagement with existing monitoring mechanisms: The majority of respondents are not currently working on an existing PPPR monitoring mechanism but nearly 30% of respondents are. These mechanisms were largely global (57%) with nearly even representation of regional and national mechanisms (38% and 42% respectively). Some of the current mechanisms respondents were working on included:

- [The Pandemic PACT](#): The Pandemic PACT tracks and analyses global funding and evidence for research on diseases with pandemic potential and broader research preparedness efforts
- [GloPID-R Clinical Trials roadmap](#): The GloPID-R coalition of researchers developed the Clinical Trials Roadmap, to support funders achieving three goals: (1) support epidemic ready clinical trial networks and platforms; (2) facilitate an agile, effective clinical trial response and (3) to promote an equitable research environment. The working group monitors progress, on an annual basis.
- [The IPPS annual implementation report and scorecard](#): Several respondents noted they support IPPS with information to inform the annual scorecard tracking medical countermeasures. The implementation report and scorecard track progress toward the 100 Days Mission and priority action areas.

- [The Global Health Security Index](#): Monitoring and ranking of 195 countries, with extensive use of JEE and other monitoring information.
- Several organisation-specific and/or internal dashboards and reports (e.g. CEPI pipeline of funded vaccines) and global, regional and national levels.

On the current monitoring mechanisms: Current mechanisms noted in the survey that respondents found useful included IHR monitoring particularly the Joint External Evaluations (JEE), the Global Health Security Index, IPPS/the 100 Days Mission Scorecard, Global Preparedness Monitoring Board (GPMB), with several others mentioned in various forms (e.g. financing trackers from World Bank, WHO R&D Blueprint, in-country surveillance mechanisms, GRSIS, etc.) Of note, most respondents indicated that no one mechanism met all needs and some expressed concerns about reliability:

- “Readiness indices such as the GHSI and the IDRI have NOT proved to be reliable indicators of the impact of a pandemic (the underlying problem being that they fail to account for very different national/regional vulnerabilities to specific pathogens)”
- “GHS Index and JEE give an indication of a country's PPPR, but...didn't help with COVID”
- “...mechanisms are valuable because they combine technical assessment with standardized metrics, allowing policymakers and funders to identify gaps, prioritize interventions, and track progress over time. However, they often lack integration with political accountability or incentives for sustained reform”
- “[Indicating a most useful monitoring mechanism] is somewhat tricky since we don't see any existing mechanism that comes close to being ideal. At the global level, the independent monitoring mechanism was dropped from the current pandemic agreement draft, leaving the Joint External Evaluation (JEE) as one of the main tools we currently have, though it remains voluntary and often involves subjective assessment.”
- “Advanced tools and strong systems are mostly available in wealthier countries. Many regions still don't have access, which leaves dangerous blind spots in global preparedness. The existing mechanisms are valuable and provide important structure, but they aren't capturing or moving forward with the kinds of new technologies that can really change the game.”

Some respondents noted their organisations do their own landscape analyses and technical assessments to guide project/programme decisions to address the gaps.

Future monitoring mechanisms

On a new pandemic risk-type monitoring mechanism: As noted, of the survey respondents who shared thoughts on a new mechanism (37, and 33 with detailed answers), there is broad support for a new mechanism. There was emphasis from respondents about the value of an independent mechanism, and noted that it could establish a credible, transparent platform that supports multidisciplinary engagement and timeliness. They also noted the importance of complementarity, rather than duplication. Some of the feedback:

- “To maximize its impact, this body should complement, rather than duplicate, existing initiatives by filling analytic gaps and ensuring its findings are translated into concrete, actionable guidance”
- “My ‘insurance’ epidemiologist perspective would be it could help address ...[how we could] now more confidently put a price on the risk, and for our public sector clients, identify where insurance can complement other financial instruments for the required scale of financing pandemic response and where would make the biggest difference / demonstrate value for money”
- “While the concept of a globally representative, consensus-driven pandemic risk assessment body is valuable, it may not be sufficient to address the core gaps that constrain decision-making today... Global assessments are unlikely to influence decisions if they are not tailored to the context of countries/regions/organisations own risk assessments... The problem is not just a lack of evidence or clear lists of threats, but also a lack of translation into practical actions”
- “We are supportive of the creation of a consolidated evidence synthesis panel for pandemic preparedness with the caveat that there needs to be an awareness of other evidence panels and any potential overlap in remit and stakeholders”
- “Effective preparedness requires linking findings to political and financial incentives. A risk body without mechanisms to influence policy or resource allocation may have limited practical impact”
- “A dedicated pandemic risk-type body could provide independent oversight, consolidate fragmented monitoring efforts, and ensure accountability for global PPPR commitments. Its value would lie in enhancing early warning, transparency, and equitable access to resources. However, two key challenges temper full endorsement: (1) ensuring true independence from political influence, and (2) avoiding duplication with existing mechanisms (e.g., WHO, WOA, World Bank Pandemic Fund)”

On the considerations for a pandemic risk assessment monitoring mechanism: Of the respondents who answered the question regarding speed of outputs (35 responses), 80% wanted faster but less comprehensive reports indicating speed/timeliness would be

important. 67% of the respondents also wanted several smaller but more focused reports. When it came to the governance endorsement, independence and funding models, there was more divergence among those who responded to those questions (37 responses):

- Governance models: 46% favoured government endorsement of policy-relevant but not policy-prescriptive reports while 54% favoured full scientific independence allowing for policy prescriptive reports but without government endorsement.
- Independence and structure: 42% favoured a multilateral secretariat (e.g. WHO, FAO) while 58% favoured a fully independent secretariat and organisation.
- Funding models: Some respondents favoured limited funding to only multilateral and government sources (33%) while others (67%) favoured additional support from philanthropic and private sources – despite the views around governance endorsement and independence.

On the governance structure for a future consolidated monitoring mechanism:

Based on the responses to the questions regarding consolidated monitoring, there was a range of views on appropriate governance structures that could support the scope and functions required for a consolidated pandemic monitoring mechanism. Some of the interesting feedback is as follows:

- “A multiagency governance model - such as joint hosting by international organizations, with advisory boards including governments, academia, non-profits, and community representatives - is ideal. Independence, transparent decision-making, sustainable funding, and accountability mechanisms are essential. Drawing from the IPCC/WMO/UNEP approach, stakeholder engagement across sectors is vital”
- “It should have a governance model that blends independent operations with formal linkages to WHO, backed by inclusive and representative governance... There may also need to be more of a ‘command-and-control’ model that can be activated in a significant emergency, such as the COVID-19 pandemic”
- “A robust governance structure would combine multisectoral oversight, independent technical review, and political accountability. At the national level, dedicated councils or committees could provide oversight and ensure that preparedness and response capacities are regularly evaluated. At the regional and continental levels, a coordinating unit embedded within a trusted health authority or intergovernmental body could manage peer review cycles, synthesize data, and ensure consistency across countries”
- “Independent, fully transparent data, with universities from different regions contributing and a panel of global experts”
- “Either a fully independent secretariat or one hosted by WHO would be acceptable, but in the latter case, the mechanism must still maintain political, operational, and technical independence”

There were also several different views about institutions/organisations who could/should contribute to a consolidated monitoring mechanism. Some of the interesting feedback is as follows:

- “...it will be very wide indeed. Within the UK alone, the number of institutions, organisations, agencies, professional bodies and interest groups giving the evidence to the Covid Inquiry is enormous. Ideally, all those groups should have been consulted on preparedness planning beforehand not after the fact. But most were not.”
- “Non-profit and/or charitable organizations, as well as patient advocacy organizations, should be included to ensure a better decision-making process and future communication. Private sector partners (especially those in health technology and digital solutions) can also contribute to the mechanism in a different way.”
- “Health and specialized agencies such as WHO, Gavi, World Bank, and UNICEF, and regional institutions like the Africa CDC, European Union, PAHO, which collectively anchor preparedness, response and policy adoption across the value chain.” (+ several others mentioned such as scientific partners, regulators, policymakers, civil society, funders)
- “the One Health Quadripartite (WHO, WOA, FAO, UNEP)”
- “A strong mechanism should bring together a mix of global, regional, and practical voices.”