



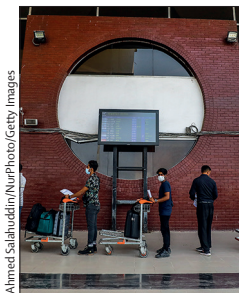
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## Preparing for future pandemics in the Eastern Mediterranean region



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Pandemic preparedness is political, resource intensive, and highly contextual. Yet, the inevitability of future pandemics and experience of the ongoing COVID-19 pandemic reinforce the necessity of being prepared. The Independent Panel for Pandemic Preparedness and Response (IPPPR) report provides a wake-up call and action agenda to ensure that future outbreaks do not become pandemics.<sup>1</sup> A key recommendation is urgent adoption of a stronger international regime to confront pandemics as the International Health Regulations (IHR)—the bedrock international agreement to protect global health security—have proven necessary, but not sufficient to ensure effective pandemic preparedness and response.<sup>2</sup>

Great economic disparities, political instability, and insecurity characterise WHO’s Eastern Mediterranean region. How can pandemic preparedness be ensured amid the complexities of this region? Countries in the region, particularly those facing conflict and instability, present a unique and complex context, which merits representation in discussion around a new pandemic framework convention<sup>3</sup> and revised global approach towards pandemic preparedness.<sup>4</sup>

Decisive leadership, as observed during the COVID-19 pandemic, underpins effective preparedness and successful response to pandemics.<sup>15</sup> In the Eastern Mediterranean

region, where health has seldom been a political priority, COVID-19 gives the opportunity to reposition health and preparedness in government agendas. To optimally benefit from this prospect, leadership capacity needs to be enhanced in evidence-driven decision making, linkages between health and economy, significance of global cooperation, and sense of shared responsibility.<sup>6</sup>

Resilience of health systems is central to pandemic response. In the Eastern Mediterranean region, both fragile and non-fragile countries face chronic weaknesses in health systems,<sup>7</sup> making preparedness more challenging. In fragile contexts, sustained commitment by the international community on building and maintaining functional health systems is crucial for preparedness, and to avoid a situation being witnessed in Afghanistan now where the health system has been substantially impacted as donors withdrew.<sup>8</sup> However, financing of preparedness is the responsibility of all countries and cannot rely upon development assistance alone.<sup>9</sup> Innovative approaches to financing preparedness are desperately needed, particularly in resource-constrained regions such as the Eastern Mediterranean region.

Conflict and COVID-19 both expose and amplify existing inequities in society.<sup>10</sup> In the Eastern Mediterranean region, where conflict is a major determinant of health

and health inequities are widespread,<sup>10</sup> recovery from the pandemic must include a fairer investment approach towards pandemic preparedness. A potential solution to reducing inequities is more regional cooperation. In the COVID-19 response, examples such as the Dubai Vaccine Logistics Alliance, to support COVID-19 Vaccines Global Access (or COVAX),<sup>11</sup> offer lessons in translating commitment to solidarity in action. Learning hubs in the region, cooperation in diagnostics capabilities, and exchange of expertise are a few of the non-political areas to expand upon to prepare for future pandemics. The region is highly vulnerable to climate change and its impact.<sup>10</sup> Environmental degradation and climate change have proven linkages to the emergence and re-emergence of diseases with epidemic and pandemic potential.<sup>12</sup> This calls for action on pandemic preparedness and climate adaptation and mitigation in tandem in the region.

Preparedness for disease outbreaks is of both global and local responsibility. The IHR plays an important role to facilitate the universality of preparedness and its operationalisation at the global level. From Nov 29 to Dec 1, 2021, the global health community met at the special session of the World Health Assembly to debate a pandemic exclusive convention, with WHO at the centre.

Several countries and stakeholders in the Eastern Mediterranean region consider such a new framework an urgent necessity.<sup>4</sup> Multiple risk factors have encouraged this thinking among health leaders. The region is prone to rapid spread of infectious diseases because there is frequent cross-border movement, and many countries are travel hubs, with millions of international travellers visiting each year for tourism, business, and pilgrimage.<sup>13</sup> Within the context of the Eastern Mediterranean region, there are several benefits of enacting a new framework on pandemic preparedness. Such an instrument would increase the political status of preparedness and lead to greater financial investments in enhancing preparedness, at global and national levels. It could address existing gaps in the IHR, such as supply chain, workforce, specimen sharing, and genomic sequencing.

Amid the ongoing debate on a new framework convention and calls for increased preparedness, there is a strong need for introspection within the global health community. There is still considerable unclarity on how far political actors are ready to accept, embrace, and learn from the failures in the COVID-19 response. A policy-diffusion approach, where countries learn

from each other and good practices spread from one to another, could be one practical way forward amid complexities of pandemic preparedness. In the Eastern Mediterranean region, where politics often derail consensus and cooperation, policy diffusion might be the right next step to start transforming rhetoric around preparedness into reality.

We declare no competing interests. This Comment is informed by the discussions at a webinar on pandemic preparedness in the Eastern Mediterranean region held in September, 2021, jointly organised by the WHO Regional Office for the Eastern Mediterranean, *Lancet*-SIGHT Commission on Peaceful Societies through Health and Gender Equality, IPPPR, and Abu Dhabi Public Health Center. WK is the team lead, AA is the manager, and RJB is the regional emergency director of the WHO Health Emergencies Programme at the WHO Regional Office for the Eastern Mediterranean. AN was the head of the secretariat and TO was a member of the IPPPR.

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