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## Transforming or tinkering: the world remains unprepared for the next pandemic threat



In May, 2021, the Independent Panel for Pandemic Preparedness and Response called for the urgent implementation of a transformative package of interventions to end the COVID-19 emergency and make it the last pandemic of such devastation.<sup>1</sup> The Panel's recommendations addressed the areas of highest-level leadership, equity, new finance, a stronger WHO, modern disease surveillance, and national preparedness.<sup>1</sup> In the year since the report was launched, 2.8 million more people were reported to have died from COVID-19.<sup>2</sup> Estimates based on excess COVID-19 deaths are in the range of 14–21 million since SARS-CoV-2 emerged.<sup>2–5</sup>

This COVID-19 crisis has weakened the ability of countries to withstand additional global shocks. The combined impacts of the pandemic, the Russian invasion of Ukraine, and increasing inflation in many countries are estimated to push up to 95 million more people into poverty in 2022 compared with pre-pandemic projections.<sup>6</sup> The consequences of not ending the acuity of this pandemic are more illness and death, health systems stretched to the limit, deepening social divisions, widening economic inequalities, and further losses to individual households.

In the Independent Panel for Pandemic Preparedness and Response's 1-year progress report, *Transforming or Tinkering?: Inaction Lays the Groundwork for Another Pandemic*,<sup>7</sup> published on May 18, 2022, we set out these grim tolls as reasons to make concerted efforts to end the harms of COVID-19 and transform systems through actions that are well within the collective capacity of governments and global agencies. Containing pandemic threats is a choice. Through fragmented and slow processes, the world is choosing to risk a repeat of the events that resulted in the current situation.

To produce key evidence for the 1-year progress report,<sup>7</sup> we consulted with civil society, received 50 responses

to a survey from 24 countries, held two academic round tables, and did a systematic review of the literature. There was broad support for the recommendations of the Independent Panel for Pandemic Preparedness and Response, and after more than 2 years of learning, broader themes were also emphasised: the case for preventing pandemic threats upstream; the centrality of human rights, investing in communities, and maintaining trust; the need for regional self-sufficiency; the need to address inequalities and the social determinants of health; and the results of neglecting to invest in promoting healthy populations.

Declining COVID-19 mortality globally,<sup>2</sup> insufficient political focus, and relaxing of public health measures is leading to a premature perception in many countries that the pandemic is over, even as the number of COVID-19 cases remains high globally.<sup>2</sup> Ongoing transmission of SARS-CoV-2 could lead to new, more virulent, or more transmissible variants.<sup>8</sup> Although the omicron (B.1.1.529) variant may be less virulent than previous SARS-CoV-2 variants,<sup>9</sup> its increased transmissibility combined with inadequately protected, vulnerable populations could lead to an additional 400 000 deaths between April and August, 2022.<sup>4</sup> The prevalence and burden of long COVID is increasingly better understood in high-income countries, together with its social and economic costs.<sup>10</sup> There are not enough data to understand the burden of long COVID in lower-income countries.

Vaccination is essential to reduce severe disease and death. Yet the available COVID-19 vaccines seem to have limited effect on transmission, and boosters are required to continue to protect vulnerable populations. We need better, more accessible diagnostic tools, vaccines, and treatments and responsive public health strategies.<sup>11</sup> Test and treat programmes must be implemented and accessible to prevent COVID-19 deaths.

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**Panel: What must happen next to improve pandemic preparedness and response**

**Ensure equitable access to tools now and always**

- Access to COVID-19 Tools Accelerator (ACT-A) should be rapidly fully financed to ensure ongoing access to the tools available to tackle COVID-19 in low-income and middle-income countries.
- Governments should adopt a comprehensive Trade-Related Aspects of Intellectual Property (TRIPS) waiver immediately.
- There needs to be a comprehensive and independent evaluation of ACT-A with the full inclusion of civil society.
- Lessons from the ACT-A evaluation should define a pathway to establish an end-to-end global platform for equitable access to countermeasures.
- Ensure transparency within existing and future initiatives to bolster regional capacity to produce all countermeasures. Investments must be in the public's interest built for different vaccine platforms, together with diagnostics and treatments with production that can be scaled as needed.
- Governments should transparently report research and development financing, and condition public financing on agreements that guarantee technology transfer and voluntary licensing to ensure equitable distribution.

**Deliver financing that involves and serves every country**

- The G20 chair must consult widely on the suggested financial modality including with non-G20 countries, civil society, and all relevant entities.
- There should be an agreement on a formula-based funding mechanism based on an ability to pay and a prioritisation of funds that are additional to official development assistance.
- The process should develop clear, strategic guidance on what the Financial Intermediary Fund (FIF) will fund. It should prioritise filling gaps in the current systems for preparedness and response and generating global public goods which might otherwise be under-produced instead of establishing its own operating system.
- Arrangements should be in place to finance both long-term preparedness and rapid response for pandemic threats, whether through a single fund or complementary mechanism.
- The FIF should be linked to a leader-level pandemic preparedness and response governance body.

**We are not ready yet. Build a stronger WHO and a new system for surveillance, detection, and alert**

- WHO should exercise authority to rapidly announce a potential pandemic threat should one arise before legal reform processes are concluded.
- Work to create a modern surveillance system should be prioritised, as a system that mutually protects all countries

and the world from pandemic threats. Benefits should supersede national security concerns.

- WHO member states should treat the recommended reforms with the urgency required and agree pathways to make decisions more rapidly, for later incorporation under a pandemic accord if necessary and practicable.
- Member states should agree a clear plan to implement all recommendations, including the limit of the terms of the Director-General and Regional Directors to one of 7 years.
- Flexible funding, the increase in assessed contributions to 50% of the base programme budget, and the proposal for a replenishment process for WHO should be approved and implemented without delay.
- The WHO Secretariat should report on progress on its resourcing of country offices, and on processes towards depoliticising staff recruitment.

**Deliver ongoing political leadership and accountability**

- UN member states should request a High Level Meeting at the UN General Assembly that leads to a political declaration on pandemic preparedness and response.
- A senior political leader-level council for pandemic preparedness and response should be established under the UN General Assembly.

**Pandemic preparedness and response**

- National pandemic preparedness coordination should be overseen by heads of state and government, with sustained domestic investment in public health and the wider health and social protections systems for preparedness and response including policies addressing inequalities to protect the vulnerable.
- Governments should conduct transparent national reviews of their responses to COVID-19 and include all affected sectors including those in civil society.
- The formalisation of a Universal Health Periodic Review (UHPR) should continue, and all governments should engage with the evolving process to develop a clearer overview of national preparedness and response gaps.
- The International Monetary Fund should implement the Independent Panel for Pandemic Preparedness and Response's proposal regarding Article IV consultations.
- Governments must continue to invest in, build partnerships with, and listen to the perspectives of civil society for pandemic preparedness and response at every level.

This panel is from the Independent Panel for Pandemic Preparedness and Response's report *Transforming or Tinkering?: Inaction Lays the Groundwork for Another Pandemic*.<sup>7</sup>

There are reasons for optimism, but the world remains dangerously unprepared for the next pandemic threat. This is despite the evidence-based roadmap provided by the Independent Panel for Pandemic Preparedness and

Response,<sup>1</sup> and overall convergence on these solutions by other review panels, including that of the G20 High Level Independent Panel and the Global Preparedness Monitoring Board.<sup>12,13</sup>

Examples of the leadership required for pandemic preparedness and response include initiatives such as the US-initiated Global COVID Summit<sup>14</sup> on May 12, 2022, co-sponsored with the chairs of the African Union, the Caribbean Community (CARICOM), the G7, and the G20, among others and efforts by the African Centres for Disease Control and Prevention (Africa CDC), the G7 100 days initiative,<sup>15</sup> and the UN General Assembly High-Level Dialogue on Vaccine Access.<sup>16</sup>

The decision by the 74th World Health Assembly to establish an Intergovernmental Negotiation Body (INB) to agree a new legal instrument on pandemic prevention, preparedness, and response,<sup>17</sup> together with current proposed amendments to the International Health Regulations (IHR) aimed at faster alert and response,<sup>18</sup> are meaningful steps towards fixing the international legal framework.

The announcement by the Government of Indonesia of G20 consensus to establish a financial intermediary fund is a step towards closing the US\$10–15 billion annual funding gap that the report of the Independent Panel for Pandemic Preparedness and Response<sup>1</sup> and the G20 High Level Independent Panel identified.<sup>12,19</sup>

At WHO, the member state Working Group on Sustainable Financing also made progress towards improving WHO's fiscal autonomy by recommending non-earmarked funding, and an increase in assessed contributions to cover 50% of the WHO base budget, by contrast to the 16% in the previous programme budget.<sup>20</sup> Work is also underway to develop improved tools for assessing preparedness, with more dynamic metrics being developed and piloted in a new universal periodic health review.<sup>21</sup>

The major issue remains a lack of sustained high-level political leadership that will bring the coherence and urgency required to fragmented reform processes. Much energy will be spent on developing a new pandemic instrument, a new financial intermediary fund, and reforms at WHO, but how will this all be linked together? WHO's health emergency preparedness, response, and resilience white paper<sup>22</sup> suggests a framework anchored to the organisation, but effective pandemic preparedness and response extends well beyond WHO, and so should high-level monitoring and oversight.

The issue of equitable access to COVID-19 vaccines, diagnostics, and treatments requires considerable

work. By May 15, 2022, less than 15% of the population in low-income countries had received their primary COVID-19 vaccination series.<sup>23</sup> Access to diagnostic tests in low-income countries is woefully inadequate, and COVID-19 therapies are hardly available. This failure has been catastrophic. It exposes the inability of a donor-driven charity model to deliver market-driven products, which should instead be inclusively and equitably produced and shared as global public goods.

The failure to make vaccines available to vulnerable populations including health workers in low-income countries in 2021, when demand was high, is contributing to a closing window of demand this year. Poor surveillance and low testing capacity in low-income countries risks failure to detect the emergence of dangerous new SARS-CoV-2 variants. Steps to support vaccine manufacturing capacity in low-income and middle-income countries are also running into challenges—eg, one manufacturer had to stop production of COVID-19 vaccine due to insufficient orders.<sup>24</sup>

With no appreciable progress to create a platform that can equitably deliver global public goods, and the current sclerotic and insufficient progress to agree a Trade-Related Aspects of Intellectual Property (TRIPS) waiver, newer and more effective vaccines, diagnostics, and treatments will not be distributed equitably during this and future pandemic threats. Poorer countries will probably be expected to take excess doses of older and less effective vaccines, while wealthier countries will have preferential access to the most effective tools as they come on the market.

There is an opportunity to improve the landscape with the G20 proposal for a Financial Intermediary Fund (FIF). The G20 Chair of Indonesia, through widespread consultation, could lay the foundation for an inclusive, legitimate, effective fund, that will inspire all countries to contribute based on an ability-to-pay formula, safe in the knowledge that the countries that need support for readiness and response will receive it. But the landscape in 2022 is worrisome since ambition is low. The Access to COVID-19 Tools Accelerator (ACT-A) is still not fully funded, there are shortfalls in funding for the Coalition for Epidemic Preparedness Innovations (CEPI), and the US Government, so far, cannot secure additional global COVID-19 funding due to domestic politics.

The process for establishing new legal instruments is on two parallel tracks, the INB and IHR, and the proposal

of the WHO Director-General that frames all reform under a new pandemic accord fully tied to WHO<sup>22</sup> risks a weak accord, or none at all. The Independent Panel for Pandemic Preparedness and Response fully endorsed WHO as the lead global health organisation in the international system, but also determined that WHO cannot, and should not, do everything. Given the probability of new health threats, reforms need to be faster and more coherent. The Panel emphasised that recommendations should be implemented as a package. Partial implementation leaves dangerous gaps, and protection for some means protection for none. We urge the prioritisation of the following steps.

To be successful, international reforms need the highest-level, sustained, and inclusive global leadership. Review of the fragmented progress of the past year only reaffirms our belief that a Global Health Threats Council or similar body,<sup>1</sup> led by heads of state and government and independent of WHO, is essential given the number of sectors, organisations, and institutions required to end COVID-19 and be ready to face a pandemic threat. A high-level session at the UN General Assembly in September, 2022, can agree a political declaration that will result in such a Council, and set a roadmap for coherent plans across all sectors and institutions.

The Independent Panel for Pandemic Preparedness and Response called for a strengthened WHO with the necessary financing, independence, and authority to do its job effectively, including the ability to warn of threats and investigate them without hindrance. The slow processes on financing, improving WHO's governance structure, and creating and amending legal instruments means that WHO still has only the same limited structures and authorities it had in December, 2019, when SARS-CoV-2 became known. Member states need to move with speed to implement all the recommendations of the Independent Panel for Pandemic Preparedness and Response. In the interim, should a new threat emerge, WHO must have the courage to take a precautionary approach and alert the world accordingly.

In the short term, governments should pay their fair share and adequately finance ACT-A so that low-income countries can roll out COVID-19 vaccines, diagnostics, therapeutics, and oxygen. Simultaneously, the World Trade Organization must agree a comprehensive TRIPS waiver to ensure ongoing access. An independent review of ACT-A is required, and lessons must inform a transition

plan to develop an end-to-end platform for access to countermeasures that are treated as global public goods.

The Independent Panel for Pandemic Preparedness and Response called for sustained investment in health and social protection systems to strengthen resilience to pandemic threats. However, domestic investments in health systems, public health institutions, and social protection systems are not happening at the magnitude needed to build resilience to any developing threats.

The Independent Panel made a strong call to strengthen the participation of communities in pandemic preparedness and response. Although there are many examples from this pandemic of innovative approaches to do that, this is not universally the case. To assess improved preparedness and address growing inequalities, countries will need to undertake transparent reviews of their management of the COVID-19 emergency together with identification and application of lessons learned to ensure an effective response and preparation for the next threat.

Solutions lie in multisectoral, whole-of-government, and whole-of-society approaches. We provide a detailed description of what must happen next (panel). This 1-year review of progress<sup>7</sup> against the recommendations of the Independent Panel for Pandemic Preparedness and Response<sup>1</sup> reveals insufficient and inequitable progress and waning attention in many countries to address COVID-19 and future pandemic threats. The message for change is clear: now is the time to truly transform the international system for pandemic preparedness and response and not merely tinker with it. Lack of urgent action lays the groundwork for another devastating pandemic.

HC and EJS are Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (IPPPR). We all contributed to the 1-year progress report<sup>7</sup> discussed in this Comment. The Skoll Foundation provided a grant to the UN Foundation to work on ongoing follow-up to the IPPPR's report. AN is Former Head of the IPPPR Secretariat, Stockholm, Sweden, CM is Former Secretariat Member of the IPPPR, and TO is a Former Independent Panel Member of the IPPPR. PS is Former Secretary of Health India. We declare no other competing interests.

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## Effective post-pandemic governance must focus on shared challenges



The COVID-19 pandemic has highlighted profound weaknesses in the global governance of health; inadequate preparation, coordination, and accountability hampered the collective response of nations at each stage. Changes to the global health architecture are necessary to mitigate the health and socioeconomic damage of the ongoing pandemic, and to prepare for the next major global threat to health. Against this backdrop, on April 4, 2022, the London School of Economics and Political Science, London, UK, hosted a meeting on the topic, “Paying the

Pandemic Piper: Global Health and Economic Security”. The cross-sectoral stakeholders who participated at the meeting arrived at several insights, including the key proposals captured here. We recommend international institutions focus on their core missions and unique capabilities to respond to global externalities—ie, policy areas and challenges where the actions or inaction of any one country affect all global actors. Within the multilateral space there are many overlapping, fragmented efforts to improve global governance in response to COVID-19,

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