Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COMMENTARY

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When Failure Is Not an Option: The Independent Panel Pandemic Report

On May 12, 2021, The Independent Panel for Pandemic Preparedness & Responses (IPPPR) released its long-awaited Report titled, *COVID-19: Make It the Last Pandemic*.[1] Commissioned by the Director-General of the World Health Organization (WHO) at the behest of the World Health Assembly, the IPPPR Report, the first of its kind, is the by-product of multiple testimonials, roundtable discussions, town-hall-style meetings, and extensive literature reviews.[1] The 13 member IPPPR, co-chaired by Helen Clark (former Prime Minister of New Zealand) and Ellen Johnson Sirleaf (former President of Liberia), focused on the state of pandemic preparedness during the early national, regional, and global responses to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) threat.[1] The social and economic crisis precipitated by the pandemic were carefully scrutinized as well.[1] Herein we detail the leading conclusions and recommendations of the IPPPR report as they relate to the current pandemic and to future counterparts thereof.

Referring to the coronavirus disease 2019 (COVID-19) pandemic as the "Chernobyl moment" of our time, the IPPPR report singles out inadequate preparedness and delayed responsiveness as leading culprits of the global failure.[1] Although physicians in Wuhan, China, were quick to spot early evidence of the pandemic in late December 2019, formal notification of the WHO by the Chinese National Health Commission was slow in coming.[2] It was not until January 5, 2020, that the WHO was in a position to officially alert all country governments through the International Health Regulations (IHR) Event Information System.[1] The much delayed declaration of a Public Health Emergency of International Concern (PHEIC) followed on January 30, 2020.[1] Neither announcement, however, prompted an urgent, coordinated, worldwide response. As a result, early opportunities to quash the pandemic during February 2020 were all but squandered.[1] The few national examples of early recognition of the threat were able to effectuate a measure of control.[1] Overall, however, coordinated, multisectoral, and science-based action plans were few and far between. This wait-and-see paradigm all but assured that February 2020 was a "lost month" during which "steps could and should have been taken to curtail the epidemic and forestall the pandemic".[1]

In the near-term, the IPPPR report calls on higher-income G7 and G20 countries to commit to providing low- and middle-income countries with at least 1 billion vaccine doses by September 1, 2021, and more than 2 billion doses by mid-2022.[1] Funding in support of this initiative is to be channeled via the WHO Access to COVID-19 Tools (ACT) Accelerator partnership.[3] Further progress could be realized by a voluntary licensing and technology transfer agreement between the major vaccine-producing countries and the manufacturers.[1] Recognizing that the achievement of such agreement may prove challenging, the IPPPR recommends that absent "relevant actions . . . within 3 months," a waiver of intellectual property rights come "immediately" into force under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).[1,4] Access of low- and middle-income countries to COVID-19 tests and therapeutics, including oxygen, is to be underwritten by the COVID-19 Response Mechanism of The Global Fund.[1,5] Important as the aforementioned measures doubtlessly are, only short shrift is being paid by the IPPPR report to the manufacturing ramp up required, the limitations of the distribution chain, and the incalcitrant challenge of vaccine hesitancy.

With future global leadership in mind, the IPPPR report calls for the establishment of a Global Health Threats Council at the United Nations General Assembly (UNGA) meeting in September 2021 with an eye toward overseeing preparedness, international cooperation, ongoing monitoring, and resource allocation.[1] The IPPPR report also recommends the adoption of a Pandemic Framework Convention within 6 months as a means of holding nations accountable.[1] In addition, a special session of the General Assembly is to be called for the purpose of adopting a political

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declaration in keeping with the recommendations of the IPPPR report.[1] Moreover, in an effort to enhance the independence, authority, and financing of the WHO, the IPPPR report calls for increasing Member State fees, limiting the Director-General of the WHO to a single term of office, and strengthening the governance capacity of the WHO Executive Board replete with the establishment of a Standing Committee for Emergencies.[1]

To invest in national, regional, and global preparedness, the IPPPR report recommends that all national governments update their national preparedness plans against the targets and benchmarks set by WHO within 6 months, that the WHO formalize universal periodic peer reviews of national pandemic preparedness and response capacities, and that the International Monetary Fund (IMF) include a pandemic preparedness assessment in its economic policy plans.[1] Concurrently, eyeing a new international system for surveillance, validation, and alert, the IPPPR report calls for the establishment of a new global disease surveillance system, the empowerment of the WHO to investigate pathogens with pandemic potential, and the basing of future Public Health Emergency of International Concern declarations on the precautionary principle.[1]

Turning its attention to a prenegotiated platform for tools and supplies, the IPPPR report recommends that the WHO Access to COVID-19 Tools-Accelerator be transformed into a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies.[1,3] The IPPPR report also calls for ensuring technology transfer and commitment to voluntary licensing in all agreements where public funding is invested in research and development so as to decrease the dependence of the poorest countries on their wealthy counterparts.[1]

Finally, the IPPPR report calls for an International Pandemic Financing Facility to raise $5-$10 billion annually over 10-15 years to finance ongoing preparedness functions under the watchful eye of a newly created Global Health Threats Council.[1] Improved national coordination for pandemic preparedness and response, for its part, calls for the conduct of multisectoral active simulation exercises on a yearly basis and for strengthening the engagement of local communities.[1] Special mention is also made of the need to work with marginalized communities, including those who are digitally excluded, so as to cocreate plans that promote health and well-being at all times and build enduring trust.[1]

The IPPPR report constitutes an unequivocal condemnation of the global response to the severe acute respiratory syndrome coronavirus 2 pandemic.[1] Most countries "did not sufficiently appreciate the threat" nor knew how to respond to it.[1] Countries that proved successful were proactive.[1] Attendant challenges included a supply crisis, inadequate national health care systems, vaccine nationalism, and an inadequate international system for pandemic preparedness and response.[1] Whether many of the hard lessons learned in the course of the COVID-19 pandemic will enhance the response to future pandemics remains to be seen. Reflecting on this premise, panel cochair Ellen Johnson Sirleaf noted that "The shelves of storage rooms in the UN and national capitals are full of reports and reviews of previous health crises. Had their warnings been heeded, we would have avoided the catastrophe we face today. This time must be different".[6] Panel cochair, Helen Clark, for her part, noted that the "tools are available to put an end to the severe illnesses, deaths, and socioeconomic damage caused by COVID-19. Leaders have no choice but to act and stop this happening again".[6] Early indication of such proactivity is in evidence at the European Health Emergency Preparedness and Response Authority (HERA).[7] Similar such efforts must spring up across the globe.

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