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## **The Next Pandemic Won't Wait: An Agenda for Action to Strengthen Global Preparedness**

As the global deaths from COVID-19 surpass one million and counting, world leaders have begun gathering in a series of global summits through the end of 2020 to discuss what they will do to stop the pandemic. Their most urgent priority is to limit the spread of the virus through proven [public health measures](#) and to stem the already devastating [economic](#) and [social](#) impacts while accelerating the equitable delivery of safe vaccines, therapeutics, and diagnostics around the planet. This will require an unprecedented level of global solidarity and cooperation, as exemplified by the [Access to COVID-19 Tools Accelerator](#) (ACT-A). **The Pandemic Action Network urges donors to fully fund the \$38 billion needed to support the ACT-A.**

Yet, as the [Global Preparedness Monitoring Board](#) (GPMB) makes clear in its new report entitled [A World in Disorder](#), the world cannot afford to continue to ignore or delay preparations to bolster our collective defenses against emerging pandemic threats. As they face the current crisis, countries, regional and global institutions must also take steps NOW to lay the groundwork and make the commitments necessary to help stop the next pandemic, which may be lurking just around the corner.

**The Pandemic Action Network has identified these [six areas for international action](#) to help strengthen the global health security architecture and governance and make the world better prepared for pandemics:**

- Increase global and national investments in pandemic preparedness and response
- Build country capacity to detect, prevent, and respond to outbreaks
- Strengthen early outbreak detection, analytics, and data systems
- Accelerate global health research and development for epidemic-risk diseases
- Secure reliable access to personal protective equipment and other pandemic supplies
- Improve leadership for metrics and accountability for health security

**COVID-19 shows us it's well past time for world leaders to treat and prepare for pandemics as the existential, catastrophic, and growing global security threat they are.** The persistent gaps in international preparedness have been flagged by various expert panels in the wake of previous health emergencies, but time and again, once the crisis disappears, political attention and funding shifts to other priorities. ***This dereliction of duty must stop once and for all.***

**The Pandemic Action Network supports the GPMB's call for the UN Secretary-General to convene a summit with world leaders to forge a new international framework for preparedness.** This summit should take place **before the end of 2021** and should be informed by the findings of the [Independent Panel for Pandemic Preparedness and Response](#) and the [International Health Regulations \(IHR\) Review Committee](#). We offer the following topline agenda for international action as a starting point for these discussions and urge planning for the summit to get underway now. **The next pandemic will not wait.**



## Major Gaps in Global Pandemic Preparedness Today

**Prior to the onset of COVID-19, there was mounting [evidence](#) that no country in the world was fully prepared for a pandemic.** Numerous global [expert commissions and panels](#) called out these collective failures by the international community and made recommendations on what the world should do to help prevent the next pandemic. While these reports have led to some [improvements](#) in the international response system over time, by and large the pandemic preparedness agenda has repeatedly been given short shrift by political leaders and policymakers.

**The case for investing in pandemic preparedness has never been more clear, yet it remains severely underfunded.** Beyond the growing human [toll](#) of the pandemic, government spending in response to COVID-19 has already exceeded [\\$11 trillion](#); these costs will mount as the pandemic looks likely to continue well into 2021. According to the [World Bank](#), the global economy is projected to contract by 5.2 percent in 2020 alone. In comparison, recent estimates put the cost for countries to build and/or strengthen their core [capacities](#) for preparedness at an additional [\\$5 per capita](#) annually — a tiny fraction of the costs wrought by the COVID-19 pandemic to date. Nevertheless, most national preparedness plans lay neglected, without [incentives](#) to prioritize global health security in domestic budgeting cycles or international assistance. The preparedness gaps are particularly acute in low- and lower-middle-income countries (LMICs), with the weakest health systems, limited fiscal space, and competing development needs — all of which have worsened with COVID-19. Just as world leaders created fit-for-purpose financing solutions to drive action on other global challenges such as [AIDS](#), [Tuberculosis and Malaria](#), [childhood vaccines](#), [climate change](#), and [maternal and child health](#), it's time for a global financing initiative dedicated to bolstering preparedness for emerging pandemic threats.

**Digital health solutions have never been more promising, yet much of the world is still flying blind when it comes to predicting and managing pandemics.** While some countries are applying cutting-edge outbreak science to guide decision-making during the COVID-19 pandemic, this crisis has shown that big gaps still exist in our global capacity to access robust data and ensure timely information sharing to drive strategic decision-making and response. Without data that is up-to-date, complete, and actionable, decision-makers are left with little confidence and are hindered in their response. Testing has been unevenly available among countries, and infectious disease forecasting capabilities remain in an early stage of development. Outbreak science is highly fragmented and underfunded with tremendous untapped potential. Targeted, sustained, and substantial investments in modernized data acquisition and analytics could transform national and global abilities to guide more effective outbreak response efforts.

**Humanity's reliance on rapid scientific innovation has never been greater, yet the global approach to research and development (R&D) for epidemic-risk diseases remains highly fragmented and dependent on market forces.** To combat COVID-19, scientists around the globe are scrambling to develop and deploy new diagnostics, therapeutics, vaccines, and other medical countermeasures and tools in record time to flatten the pandemic curve and shore-up overburdened and fragile health systems. R&D for health technologies — along with research to understand the biological, epidemiological, clinical, and social aspects of infections which inform these countermeasures — is vital to enhance the world's capacity to prevent and combat emerging pandemic threats. However, neither are part of the [International Health Regulations](#) (IHR) nor the [Global Health Security Agenda](#) (GHSA). As highlighted in the GPMB [report](#), the absence of a pre-established multilateral agreement or framework to develop and share medical countermeasures threatens to prolong the current pandemic and place the world at continued risk for future



deadly outbreaks. R&D for necessary interventions should be more explicitly included in enhanced global mechanisms and sustainably financed to ensure equitable access and affordability.

**The global marketplace is faster and more hyper-connected than ever before, yet there are massive, persistent shortages and delays in getting personal protective equipment (PPE) and other vital health supplies to frontline health workers.** The global demand for PPE during COVID-19 has [grown by a factor of 100 and prices are up to 20 times higher](#), with [the brunt of the burden carried by countries](#) and communities with the least resources. Although essential PPE are mandatory pandemic commodities, today's dysfunctional PPE marketplace makes it virtually impossible to guarantee protection for all who need it when they need it. Recent [evidence](#) demonstrates that the lack of adequate PPE is causing significant disruptions to both supply and demand of essential health services such as immunizations and attended births, threatening to reverse years of global progress on reducing maternal and child mortality. The global PPE marketplace has demonstrated notable vulnerabilities: manufacturers often require up-front cash payment and high-order minimums that are impossible for LMICs, and many of these countries also lack policy frameworks that set tailored quality standards for market access and distribution. Buyers are fragmented, desperate, and global – with frontline health workers at greatest risk of uneven supply and inequitable distribution.

**Several international mechanisms exist to measure national preparedness and hold governments accountable, yet countries continue to fall short in taking actions highlighted by these tools.** The [IHR Monitoring Framework](#), [Joint External Evaluations](#) (JEEs), and the [Global Health Security Index](#) (GHS Index) may not have predicted country responses to COVID-19, as measured by death rates, but they do identify necessary actions and preparedness gaps. Governments and development partners must not only commit to improving these metrics and indicators, but to using them when prioritizing investments in global health security. Historically, commitments to strengthening epidemic prevention and preparedness are often siloed, not fully integrated into other measures of health assistance, and difficult to track for the purposes of identifying gaps and holding leaders accountable for action. Clear, measurable, and monitorable indicators will help identify the most urgent preparedness gaps and priorities and optimize use of domestic and international resources.

**Embedded in each of these aforementioned gaps is a staggering lack of technical and managerial capacity in many countries to plan for, and implement, effective preparedness and response measures.** From overseeing investments in R&D, training and deployment of a health workforce, and management and distribution of supplies, to improvements in data collection and surveillance capabilities and enhanced capacity to identify and assess preparedness gaps, every country should have adequate technical support to transform resources into the functional capacities necessary to manage a whole-of-government approach to detect, prevent, and respond to outbreaks at their source. These weaknesses are particularly glaring in the poorest countries. To make best use of available funds and ensure money is not left on the table due to weak administrative and organizational capacity, bolstering countries' technical and managerial skills must be a priority for investment, including strengthening governments' ability to plan, prioritize, execute, and report on progress against agreed success metrics.

**Above all, COVID-19 has shown that strong, consistent, and sustained leadership is the driving factor in effective pandemic response and preparedness. We know what needs to be done; what's been missing is the political will to do it. Following are six areas for action by global and national leaders over the next 12 months that will help end this pandemic *and* prevent the next one.**



## An Agenda for International Action

### 1. Increase Global and National Investments in Pandemic Preparedness and Response

- **Support the ACT-Accelerator (ACT-A) and fully fund the [\\$38 billion needed](#) by March 2021, prioritizing the immediate need of \$15 billion by the end of 2020:** The total ask for the ACT-A is just 10% of what the global economy is losing every *month* in 2020. This international partnership is the best chance the world has to ensure drugs, vaccines, and tests are developed and distributed equitably and affordably, in a way that will help end COVID-19 as quickly as possible.
- **Establish a [Global Health Security Challenge Fund](#):** Creating a dedicated global health security financing mechanism will help countries close critical gaps and build country leadership in pandemic preparedness, through disbursing grants and low-cost loans that are managed within a country's national budget. The concept for the Fund, as recommended in multiple reports including from the [Center for Strategic and International Studies](#), the [GPMB](#) and the [GHS Index](#), would prioritize support for LMICs with the greatest need that have undertaken a rigorous assessment of their preparedness gaps. The Fund could catalyze investments from domestic resources, multilateral development banks, governments, bilateral donors, and the private sector geared toward specific, measurable benchmarks. Recent estimates have put the cost of preparedness at an additional \$5 per person, per year. The initial fund capitalization should be commensurate with the global challenge and based on a thorough and rigorous costing analysis aligned with existing health security tools and recommendations, including the [GHSA 2024 Framework](#).
- **Convene the first UN High-Level Summit on Pandemic Preparedness by the end of 2021:** The summit should be informed by the findings of the [Independent Panel for Pandemic Preparedness and Response](#) (IPPR) and the [IHR](#) Review Committee. As called for by the GPMB, the Summit goal should be to forge a new international preparedness framework and hold every government to account to lay out their enhanced national action plans and announce funding commitments toward implementing those plans.

### 2. Build programmatic and technical capacity of countries to detect, prevent, and respond to outbreaks

- **Allocate a portion of preparedness funding to build country-level programmatic and managerial capacity:** A target five percent of preparedness funding would help strengthen Ministries of Health and other relevant ministries' programmatic and managerial capacity to design, swiftly implement, and robustly evaluate preparedness programs. This allocation would accelerate the disbursement of preparedness funds at the country level, build the skills necessary to maximize the impact of these investments on the ground, and build greater confidence for ongoing support by increasing transparency around investments.
- **Strengthen regional and global networks of institutions designed to facilitate technical assistance and peer-to-peer exchanges to countries in their efforts to strengthen preparedness:** WHO's [Global Strategic Preparedness Networks](#) initiative should be supported to build a standing network of technical institutions and partners able to deploy experts to countries to accelerate the transfer of technical knowledge and skills, and translate normative guidance into



country action. The [GHS](#) could also be supported to promote country-level best practices and foster peer-to-peer exchanges between countries facing similar preparedness challenges.

### 3. Strengthen early outbreak detection, analytics, and data systems

- **Enhance global data access initiatives for outbreak detection and prevention:** To improve the quality and accessibility of both traditional and novel data for outbreak prediction, detection, and response, global leaders should invest in a neutral interface, incentivize timely and quality data collection and use, and learn from recently-created, crowd-sourced data efforts, such as the [COVID Tracking Project](#) and Johns Hopkins University's [COVID-19 Dashboard](#).
- **Modernize national data and analytical capabilities to guide country-level outbreak response:** Revising the [JEEs](#) and [GHS Index](#) to include additional metrics will better inform countries' outbreak response decisions. It will also be critical to provide countries with technical support, project management, and funding for data and analytics to enable and support local decision-making on public health interventions for pandemic response.
- **Create a [technology innovation fund](#) to leverage private sector innovation for global public health data systems:** This mechanism would capitalize on current engagement from the private sector and create sustained efforts to involve the private sector in building technologies for outbreak analytics. Part of this work will require key stakeholders to expand their data sharing frameworks to incentivize private sector involvement in developing data technologies for global health and pandemic response.

### 4. Accelerate global health research and development for epidemic-risk diseases

- **Activate a global mechanism that can coordinate and galvanize biomedical research expertise and advance health products to respond to emerging health threats:** This could be achieved by creating a new institution or broadening the mission of an existing mechanism like the [Coalition for Preparedness Innovations](#) (CEPI).
- **Establish a global framework for health emergencies to coordinate R&D and catalyze capacity-building and preparedness capabilities:** This would ensure that every country has a pathway to access vaccines, therapeutics, diagnostics, and other medical devices to respond to emerging health threats. The framework could be created and incorporated within [GHS](#) or any permanent structure coming out of the [ACT-A](#) partnership.
- **Ensure that IHRs and JEEs include R&D capacity-building for medical countermeasures, including diagnostics:** Expanding these tools to include R&D metrics would help countries prioritize, and better plan for, strengthening their R&D capacities.

### 5. Secure reliable access to PPE and other pandemic supplies

- **Establish a centralized global or regional technical assistance function to support LMICs in accessing financing, business, and technical support for domestic and/or regional production of essential PPE:** This structure would support companies and countries in developing

business cases, aggregating demand, securing financing sources, and sharing best practices on conversion of existing manufacturing for PPE. This mechanism can also advise on effective private sector engagement for surge transport capacity to reduce the risk of routine service disruption.

- **Develop in-country and/or regional policy frameworks for PPE standards:** This will enable countries to implement norms and standards for acceptable levels of PPE quality, assess and invest in testing capacity for quality, and invest in tactics to enforce standards.
- **Deploy an interagency technical working group on essential PPE to ensure routine and stockpile availability for emergencies:** This would enable countries to scope and aggregate needs across health and non-health sectors, scope stockpiling tactics, ensure predictability of demand, and gain consensus on a prioritization framework for distribution. This routine planning function should link to national preparedness and emergency response plans for outbreaks.

## 6. Improve leadership for metrics and accountability for health security

- **Enhance systems for measuring national and global preparedness to prevent, detect, and respond to emerging disease threats:** Current challenges demand a multi-sectoral, comprehensive revision of the WHO [IHR Monitoring and Evaluation Framework](#). The WHO should engage non-governmental partners as well as member governments to identify indicators that will better predict pandemic preparedness. The updated framework should integrate metrics and indicators for core public health functions that are critical to prevent, detect, and respond effectively to emerging disease outbreaks and improve health outcomes, avoiding a health security “silo.”
- **Allocate resources for regular and meaningful country-level assessments and national action plans to strengthen health systems and health security:** Leaders should prioritize funding to support countries in establishing assessment frameworks that can be used to inform national action plans that move them toward more resilient domestic health systems.
- **Bolster external accountability mechanisms:** A stronger accountability structure is needed to measure and track impact of commitments for capacity-building for global health security at both national and global levels.

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