

# TO A WORLD PREPARED

GPMB Report | 2021

From Worlds Apart to a World Prepared: Global Preparedness Monitoring Board report 2021

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# FROM WORLDS APART TO A WORLD PREPARED

GPMB Report | 2021





# **Foreword**

As of October 2021, as many as 17 million people will have died due to COVID-19.<sup>1</sup> More than 1.5 million children around the world have lost a parent or a grandparent<sup>2</sup>. They will carry this loss for the rest of their lives. Behind each death, there is a human story, a loss of potential, and an enormous gap left in a community.

The failures of this pandemic were foretold by many--failures that have roots in a long history of inequality and inaction. Scientific advancement during COVID-19, particularly the speed of vaccine development, gives us just cause for pride. However, we must feel deep shame over multiple tragedies--vaccine hoarding, the devastating oxygen shortages in low-income countries, the generation of children deprived of education, the shattering of fragile economies and health systems. While this disaster should have brought us together, instead we are divided, fragmented, and living in worlds apart.

We should not be surprised that this has happened. But we still should grieve and be angry. Because these millions of deaths are neither normal nor acceptable.

Sadly, there is scant evidence that we are learning the right lessons from this pandemic. Thousands continue to die every day, yet many talk and act as if the pandemic is over. Already, attention is starting to wander. Solutions are being discussed, but ambition is waning. Progress is slowed by geopolitical divisions, and negotiations are taking place behind closed doors without those they will affect the most. We are once again moving from panic to apathy and neglect. If we do not change course--even with the results of our failings staring us squarely in the face--we will have squandered a rare and fleeting opportunity to implement the transformative changes needed.

Change is possible—it has been done before in much more difficult contexts. The creation of WHO almost 75 years ago shows us that we are capable of bold transformation. But not if countries continue to prioritize self-interest and competition, or lack willingness to sacrifice a little power, concede a small piece of sovereignty, to make a safer world for all.

We must reject indecisive leadership, division, and short-termism, and transform the health emergency ecosystem based on a new vision of a shared world, shared risks, and shared responsibilities. We must find new ways to work collectively, within and across countries, sectors, and communities. We must implement solutions that maximize equity, solidarity, inclusivity and reciprocity, accountability and transparency, sustainability, and action, and minimize the risks and impacts of health emergencies for all countries, all communities, and all individuals.

In this year's report we call for a renewed global social contract and spell out six solutions for a safer world. We do not offer new recommendations, but rather build on our previous work and that of other bodies to identify actions we believe are the most critical and will have the greatest impact.

It is easy to be cynical and think that nothing can change, that inequality, inaction, and division are unavoidable, that the models of the past cannot be exchanged for better ways of working together that benefit all, that we are forever condemned to repeat this cycle of panic and neglect. But we must reject pessimism, recognize our common humanity and growing interdependence, and create a global health ecosystem that serves everyone. Together we must move from worlds apart to a world prepared.

Mr Elhadj As Sy

Co-Chair

# **Executive Summary**

# **Key messages**

The COVID-19 pandemic has exposed a world that is unequal, divided, and unaccountable. The health emergency ecosystem reflects this broken world. It is not fit for purpose and needs major reform.

Hundreds of expert recommendations have been made over the last two decades, new structures have been created, but the level of ambition and action has failed to match the global need. We know what to do. We just cannot seem to do it.

The current pandemic has made us more aware of the urgent need for fundamental change. There is now momentum, but new governance and funding mechanisms are being discussed behind closed doors and in limited forums. Effective transformation requires cohesive, coherent, and collaborative action.

We need a new global social contract to prevent and mitigate health emergencies. The new social contract must serve as the foundation of the global health emergency ecosystem. It should be based on the principles of equity, solidarity, inclusivity and reciprocity, accountability and transparency, sustainability and action.

To move from words to action, the Global Preparedness Monitoring Board (GPMB) calls for immediate action on the six most critical solutions for reform. They are:

- Strengthen global governance; adopt an international agreement on health emergency preparedness and response, and convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.
- Build a strong WHO with greater resources, authority, and accountability.
- Create an agile health emergency system that can deliver on equity through better information sharing and an end-to-end mechanism for research, development and equitable access to common goods.
- Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.
- Empower communities and ensure engagement of civil society and the private sector.
- Strengthen independent monitoring and mutual accountability.

If the first year of the COVID-19 pandemic was defined by a collective failure to take preparedness seriously and act rapidly on the basis of science, the second has been marked by profound inequalities and a failure of leaders to understand our interconnectedness and act accordingly.

The world is more interdependent than ever. Our health emergency ecosystem must be too. Preparedness relies on a complex, dynamic ecosystem that spans across countries, sectors, and institutions. This system is broken, leaving the world acutely vulnerable to a range of health threats that is increasing at a greater pace than our capacity to prevent them.

It is in our power to fix this, but we must act now. In this report, the GPMB sets out an action plan, including six essential solutions to build a safer world. This will require bold, concerted, and collective action.

## A Broken World

Fragmented by growing nationalism, geopolitical tensions, and deep inequalities, the world still struggles to mitigate the impact of COVID-19 almost two years on. COVID-19 has exposed a broken world that is inequitable, unaccountable, and divided.

**Inequitable:** The rift between the worlds of "the haves and the have-nots" is growing. Access to vaccines and treatments is determined by nationality and position in society, not by need or equity. Poor and marginalized countries and communities suffer the most from job losses, school closures, and supply chain failures. The pace of their recovery will be slower. Multilateral efforts to improve equity have fallen short of their goals. Global solidarity remains a mere catchphrase, with little meaningful action toward achieving it.

**Unaccountable**: In preparing for and responding to health emergencies, leaders make statements and commit to international agreements but do not follow through. Countries have failed to ensure that WHO has the adequate, predictable, and sustainable financing that would enable it to be strong and independent. The world lacks effective mechanisms to ensure accountability.

**Divided:** COVID-19 erupted into a polarized world characterized by heightened nationalism, distrust, and inequality. It has only accelerated those trends. Worse, while the key to containing the pandemic and preparing for the next is collective action, current processes to reform the health emergency ecosystem may simply perpetuate this fragmentation.

# **Toward a World Prepared**

Unless we are able to counteract these destructive trends, our response to the next pandemic is unlikely to be much better. We have a brief window of opportunity before attention shifts to other issues. The GPMB calls for a renewed global social contract and action plan to help build a world prepared.

#### **Global Social Contract**

We need a global social contract for health emergencies that works collectively, across countries, sectors, and communities, based on the recognition of our shared world, shared risks, and shared responsibilities. This will require commitments and mutual accountability by all actors--countries, the multilateral system, civil society, the private sector, and individual citizens and community members. Health emergency preparedness and response must be based on this contract which promotes the principles of equity, solidarity, inclusivity and reciprocity, accountability and transparency, sustainability, and action.

# **Action Plan for a World Prepared**

Many assessments have been done over the years, leading to hundreds of recommendations with similar conclusions. Rather than add to the list, the GPMB is prioritizing the following six solutions that will have the greatest impact in building a safer world.

1. Strengthen global governance; adopt an international agreement on health emergency preparedness and response; and convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.

A strong and cohesive framework can provide direction, coordination, stewardship, and accountability, supported by sustained, high-level political commitment, and legally binding obligations.

**WHO Member States** should adopt an international agreement on health emergency preparedness and response.

**UN Member States** should convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.

#### 2. Build a strong WHO with greater resources, authority, and accountability.

WHO is the only organization with the mandate and legitimacy to lead global health emergency preparedness and response. However, it lacks the resources and authority to fulfill this crucial function.

**WHO Member States** should establish a standing committee for health emergencies under the WHO Executive Board and finalize discussions on means for sustainably funding WHO including through a substantial increase in assessed contributions.

**3.** Create an agile health emergency system that can deliver on equity through better information sharing, and an end-to-end mechanism for research, development, and equitable access to common goods.

COVID-19 has revealed major gaps in the world's surveillance and response capacities, as well as in the ability to produce, manufacture, and deploy medical countermeasures in an equitable manner. Systems must be designed for equity, agility, and adaptability.

**WHO, FAO, OIE and UNEP**, as the Tripartite+ organizations, should develop a One-Health, real-time surveillance platform with mechanisms for sharing data and samples coupled with adequate benefit sharing including capacity building, training, and knowledge and technology transfers.

WHO Member States, in consultation with ACT-A partners and other stakeholders, establish a permanent structure to support end-to-end development, production, procurement, and equitable access to medical countermeasures for health emergencies.

**4.** Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.

To supplement development assistance-based funding, international financing for preparedness and response requires a new approach grounded in burden sharing.

A new collective financing mechanism should be established within the World Bank Group as an administered financial intermediary fund. This new mechanism should rely on a system of assessed contributions with a formula based on equity and ability to pay, supplemented by ODA.

**5.** Empower communities and ensure engagement of civil society and the private sector.

The architecture of pandemic preparedness needs a **stronger community focus** with an outreach approach and community-based health workers, centered on primary health care and a community-owned response.

**Leadership and governance structures for preparedness** must include effective means to promote inclusivity, transparency, and active participation of communities, One-Health sectors, and relevant stakeholders including civil society and the private sector as well as engagement by all countries, not only a group of powerful nations.

#### 6. Strengthen independent monitoring and mutual accountability.

Independent monitoring is essential to assess preparedness progress, learn and disseminate lessons, identify gaps and priorities, and incentivize action.

**Leaders** should strengthen the role of independent monitoring in the governance and implementation of health emergency preparedness and response. Independent monitoring should be integrated within the international agreement on health emergency preparedness and response to support accountability and the collective financing mechanism.

# From Words to Action, Making change happen

Leaders must not allow the current momentum for change to go to waste. To move forward, the GPMB calls for the following actions to be taken this year:

- WHO Member States agree at the November 2021 Special Session of the World Health Assembly on the need to adopt an international agreement and establish a process for taking forward negotiations. This process should ensure active participation of relevant sectors and stakeholders.
- The UN General Assembly agrees to convene a Summit of Heads of State and Government, together with other stakeholders, and set in motion a preparatory process.
- The WHO Executive Board agrees to a significant increase in WHO assessed contributions, in order to adequately and sustainably finance the Organization's essential functions and core capacities.
- Current discussions to establish a new Financial Intermediary Fund should conclude rapidly, in consultation with governments, civil society, private stakeholders, the World Bank Group, WHO, implementing agencies and others at global and regional levels.
- Taking stock of lessons from the review of ACT-A, WHO Member States, in consultation with ACT-A partners and other stakeholders, should develop terms of reference for the design of an end-to-end mechanism for research, development and equitable access to common goods This should involve consultation with a wide range of stakeholders from civil society and the private sector.

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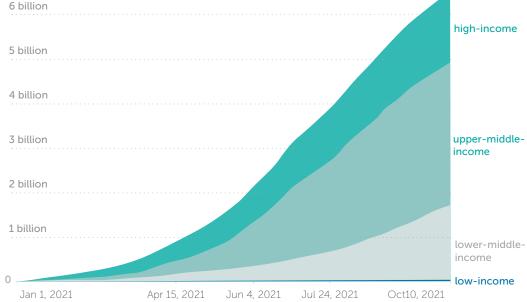
# Introduction

If the first year of the COVID-19 pandemic was defined by a collective failure to take preparedness seriously and act rapidly on the basis of science, the second has been marked by profound inequalities and a failure of leaders to understand our interconnectedness and act accordingly. In the most glaring example, as of 20th October, 63% of those living in high-income countries had received at least one dose of COVID-19 vaccine. In low-income countries, only 4.5% had received the same.<sup>3</sup> The failure to act in the interests of all has prolonged the pandemic for all, as new variants circulate worldwide.

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

6 billion

Figure 1 | COVID-19 vaccine doses administered by country income group



The large majority of vaccine doses have been administered in high- and upper-middle-income countries. Very few have reached low-income countries. Source: Our World in Data, World Bank.

The pandemic has shone a harsh light on the world economic and social order, exacerbated inequalities that have devastated the most vulnerable, and called into question our ability to pull together even when confronted with a common crisis. Lower- and middle-income countries (LMICs) struggle for access not only to vaccines but to basic medical supplies. The pandemic's economic ramifications have been felt overwhelmingly by countries, communities, and individuals who were already disadvantaged. Hampered by polarization and competition, multilateral attempts to address inequities through pooled resources have faltered as nationalism overrides collaboration. The world is increasingly fragmented and the global crisis, instead of bringing people together, has tended to drive them apart.

The health emergency ecosystem reflects this broken world. Following each crisis, changes are proposed, yet few commitments are made and even those are often left unfulfilled. Hundreds of expert recommendations have been made over the last two decades, new structures have been created, but the level of ambition and action has failed to match the global need. We know what to do. We just cannot seem to do it.

The world is more interconnected than ever and faces an unprecedented level of threats and vulnerabilities. It is the Board's view that the world remains woefully unprepared. It has neither the capacity to end the current pandemic in the near future nor to prevent the next one. The world is less safe than ever before; the risk of future pandemics is increasing at a greater pace than our capacity to prevent them. If we continue to apply the models and solutions of the past, we will continue to fail. We need to change the rules of the game, repair broken relationships, and fundamentally redefine the way we work together.

To end this pandemic and prevent a future tragedy, leaders must immediately implement fundamental reforms, while also strengthening the foundation of health emergency preparedness and response through a renewed global social contract based on reciprocity and the recognition of our shared world, shared risks, and shared responsibilities. We must capitalize on the momentum, political attention, and innovations created by the pandemic to forge a "world prepared." This will mean working together to create a holistic health emergency ecosystem, with the ability to constantly adapt and evolve to respond to changing circumstances. The system must be designed to reflect our mutual interdependence and to facilitate collective action. And it must be accountable, with robust independent monitoring.

In addition to catastrophe, COVID-19 has generated opportunity. Our fresh experiences of the worst pandemic in 100 years have made us aware of the urgent need for fundamental change and major reforms are being proposed,

discussed, and designed in several forums. This report is intended to encourage and contribute to these discussions by providing a comprehensive strategy to build a safer world based upon what we learned from the deep failings of the pandemic response and the opportunities that the pandemic's destruction has created. It does not provide new strategies but seeks to consolidate existing proposals and ensure momentum is directed at the solutions that are most impactful and most critical, and will lead to a safer world.







# A Broken World

"[The COVID-19 pandemic] has demonstrated the fragility of highly interconnected economies and social systems, and the fragility of trust. It has exploited and exacerbated the fissures within societies and among nations. It has exploited inequalities, reminding us in no uncertain terms that there is no health security without social security. COVID-19 has taken advantage of a world in disorder."

GPMB, A World in Disorder: 2020 Report COVID-19

COVID-19 has exposed a broken world--one in which access to countermeasures depends on ability to pay rather than need; where governments, leaders, and institutions are too often unaccountable to their populations; and in which societies are becoming increasingly fragmented, nationalism is growing, and geopolitical tensions are rising. This broken world failed to prepare for the COVID-19 pandemic and responded inadequately and inequitably once it began. Unless we can repair these ruptures, the response to the next pandemic is unlikely to be any better.

# Inequitable World

The rift between the worlds of "the haves and the have-nots" is growing and is clearly seen in the response to COVID-19. While countries speak of solidarity and equity, they are collectively unable to deliver on it. The world experienced similar inequities in its response to past health emergencies, such as HIV/AIDS and Ebola. While some actions were taken, for example, the establishment of The Global Fund to Fight AIDS, Tuberculosis and Malaria in relation to the AIDS emergency, and the WHO Health Emergency Programme and the Coalition for Epidemic Preparedness Innovations following Ebola, there was no systemic reform following these crises. It should therefore come as little surprise that the same inequities persist. If we want meaningful change, we must take a different approach and 'design for equity'.

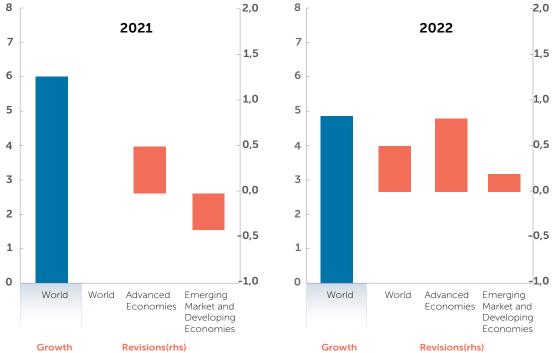
The most prominent example of inequality in 2021 has been the imbalance of vaccine and treatment availability. Access to vaccines and good quality treatment has been determined not by need or equity, but by nationality and position in society. In fact, rates of vaccine distribution almost perfectly track with country income rankings.<sup>4</sup> While vaccines have been available to nearly everyone in high-income countries since mid-2021, LMICs still lack sufficient doses to vaccinate even the most vulnerable, including health care workers--and vaccines may not be available to their whole populations for years.<sup>5</sup>

Unequal purchasing power, trade barriers, and insufficient domestic production capacity have created multiple challenges for LMICs around access to medical supplies, including diagnostics and treatments.<sup>6</sup> The gap also includes everything from personal protective equipment to oxygen to health workers. Higher-income countries outbid their poorer counterparts for essential medicines resulting in severe shortages in countries that were already under resourced.<sup>7</sup> LMICs have lacked access to quality-assured diagnostic tests while high-income countries (HICs) have enjoyed an array of options.<sup>8</sup> A key contributing factor has been the geographic concentration of R&D and manufacturing, leaving large areas of the world vulnerable to export bans, transportation bottlenecks, and other distribution obstacles.<sup>9</sup> Similarly, the clustering of science infrastructure in HICs renders them better equipped to discover, develop, and produce new technologies such as mRNA vaccines.<sup>10</sup>

The problems of inequity are not limited to medical countermeasures. While the global economy is expected to expand by 5.6% in 2021, it is driven by sharp rebounds in some major economies while emerging markets and developing economies continue to flounder. The World Bank Group has found that this recovery is underpinned by steady but highly uneven global vaccination and the associated gradual relaxation of pandemic-control measures in many countries, as well as rising confidence.

The divergence between countries is deepening, driven by differences in vaccine availability and policy support. (percentage points) 8 2,0 2021 2022

Figure 2 | Lopsided recoveries

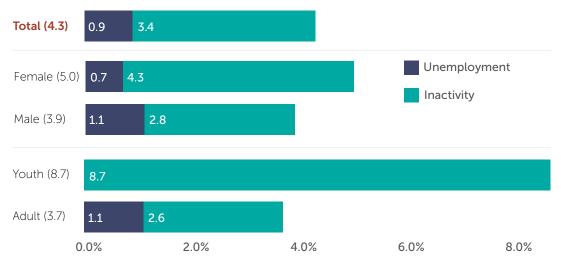


The IMF predicts that advanced economies will recover more quickly from COVID-19 than emerging market and developing ones. Source: IMF.

Economic inequality has been reflected in country and community capacity to mitigate the impact of COVID-19.13 Job and income losses have impacted lowerskilled and uneducated workers the hardest.14 Women bore the brunt of job losses, seeing a five per cent rise in employment in 2020, compared to 3.9% for men.<sup>15</sup> Additionally, 90% of women who lost their jobs in 2020 exited the labour force, which suggests that their working lives are likely to be disrupted over an extended period unless appropriate measures are adopted. <sup>16</sup> Young people also have suffered. The effects of missed school--estimated at more than 1.8 trillion hours of inperson learning--are likely to impair some children socially and economically for life. 17 Many young adults were unable to successfully transition from school to the workplace in 2020-2021.18

Figure 3 | Employment losses in 2020

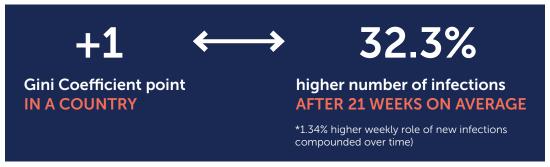
Decomposition of employment losses in 2020 into changes in unemployment and inactivity, by sex and age group (percentages)



Women and youth have been disproportionately affected by unemployment and inactivity associated with the COVID-19 pandemic. Source: ILO

The capacity to provide social protection support has had a big impact on countries' ability to control the pandemic and mitigate its impacts. Lockdowns, quarantines, and public health and safety measures have been essential to fighting a disease for which we initially had no vaccines or treatments. Safely implementing and maintaining many of these measures depends on access to basic necessities--including safe drinking water and food, adequate sanitation, reliable energy, access to information or communications technology, and a source of income--a challenge in many parts of the world. Dower-income countries have had fewer resources to implement public health and safety measures, and mitigate their impact on individuals. They have therefore had to make harsh tradeoffs between controlling the pandemic and protecting their economies. Studies have found a strong correlation between measures of inequality (e.g. the GINI index) and the rate of new COVID-19 cases.

Figure 4 | Correlation between income inequality and rate of weekly new cases



A country's income inequality is strongly associated with rates of COVID-19 infection. Source: NYU Center on International Cooperation.

Despite the obvious need, multilateral efforts to equalize the response have fallen short. Lacking sustainable, flexible funding sources and grappling with a surge of national self-interest and geopolitical dynamics, multilateral organizations have struggled to ensure equity and solidarity in the global response.<sup>22</sup> COVAX, the international pooling mechanism designed to support equitable global access to COVID-19 vaccines, has faced a variety of challenges including procurement problems, delays resulting from export bans, market challenges due to the bilateral deals made between many high-income countries and vaccine producers, and the resulting reliance on vaccine donations.<sup>23</sup> The Access to COVID-19 Tools Accelerator, ACT-A, was short US \$16 billion by mid-October.<sup>24</sup> WHO set a target of vaccinating at least 10% of the population in each country by the end of September 2021, at least 40% by the end of the year, and 70% of world population by the middle of 2022. Almost 90% of HICs have now reached the 10% target and two thirds have reached the 40% target. Yet not a single low-income country has reached either target.<sup>25</sup>

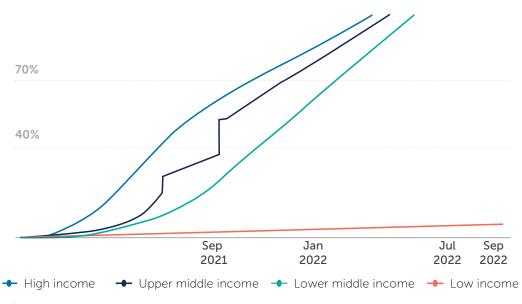


Figure 5 | Projected share of population that has received at least one dose

**NOTE:** Projections based on 7-day rolling average of daily rate of first doses administered. Data as of September 9, 2021 to account for any lag in country reporting. China reported its first record of number of people who have received at least one dose on June 10, 2021, resulting in a large increase from previous lower-bound calculations. Additionally, China reports data periodically, with report on August visualized once income group has reached 100% coverage. **Source:** Our World in Data, World Bank, United Nations

Low-income countries are far less likely to meet global vaccination targets than their higher-income peers. Source: KFF, Our World in Data, World Bank and the United Nations

There is some progress – donors have committed a little more than 2 billion doses of COVID-19 vaccine – but this remains significantly below the 11 billion doses needed to vaccinate 70% of the population in all countries. Further, most of the committed doses have not yet been delivered. Despite the severe shortfall in much of the developing world, some high-income countries are already authorizing third COVID shots as boosters for their general populations. Despite that 2 billion doses of COVID shots as boosters for their general populations.

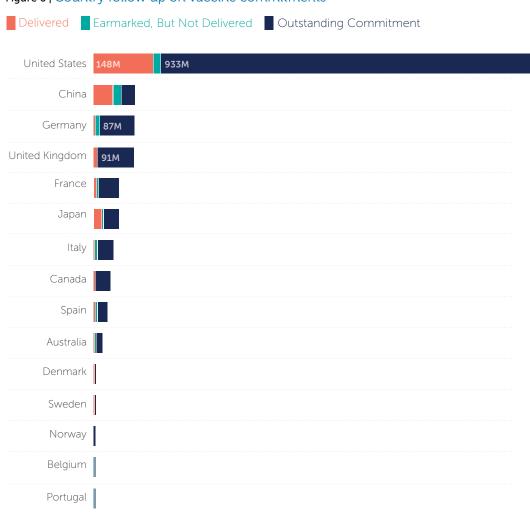


Figure 6 | Country follow up on vaccine commitments

Several countries, such as Italy, Japan, Spain, and the United States, significantly increased commitments on September 22, 2021. Chart: CFP/Samantha Kiernan

The large majority of vaccine commitments remain to be fulfilled. Source: CFR: Samantha Kiernan

Many have called for technology transfers that would better distribute manufacturing capabilities and improve global vaccine access. <sup>28</sup> For example, COVAX partners are working with a consortium of South African vaccine manufacturers, universities, and the Africa Centers for Disease Control and Prevention to establish the continent's first COVID mRNA vaccine technology transfer hub. <sup>29</sup>

But the lack of global equity is also caused by longstanding systemic inequities in the global health emergency ecosystem and the broader international system, and a fundamental misunderstanding of global solidarity as based simply on goodwill and aid, rather than equity and common interest. Rich countries continue to offer donations of medical countermeasures rather than supporting manufacturing capabilities, technology transfers, and fairer intellectual property (IP) provisions. For instance, under the Pandemic Influenza Preparedness (PIP) Framework Standard

Material Transfer Agreement 2, vaccine manufacturers can choose to donate doses or transfer technology to LMICs, among other options. Around 420 million doses of pandemic influenza vaccines have been secured, but no company has yet agreed to a technology transfer. ACT-A was built on an often-rigid IP and market-driven model of R&D, with inadequate flexibilities for health emergency preparedness.

International financing of health emergency preparedness and response is based largely on ad hoc, bilateral and multilateral development assistance, rather than a burden-sharing and global common goods approach. This means that LMICs do not necessarily have a voice and representation in priority-setting and financing is often unpredictable, earmarked, and inflexible, not sustained, and dependent on political cycles, leading to fragmentation, gaps, and incoherence in global preparedness, further amplifying inequities. In addition, the world lacks effective global and national strategies to involve communities and civil society in decision-making and to better understand and address their needs, marginalizing vulnerable communities.

# **Unaccountable World**

Despite the substantial long-run benefits, leaders have consistently failed to adequately invest in preventing pandemics, instead waiting for a pandemic to arrive before taking action, and thus paying a far higher price. The GPMB's 2020 report noted that, even if the world raised its investment in preparedness to adequate levels, it would still take 500 years to spend as much on preparedness as the world is losing due to COVID-19. Even once a health emergency or pandemic strikes, it often takes countries far too long to respond and when they do it is "too little, too late."

Leaders make statements and commit to international obligations but do not always follow through. Although the legally-binding International Health Regulations (IHR), adopted more than 15 years ago, require countries to meet core capacity requirements, in the latest self-assessment only two-thirds of countries reported having full enabling legislation and financing to support needed health emergency prevention, detection, and response capabilities.<sup>30</sup>

A combination of political factors and leadership challenges have been powerful barriers to change. Polarization, geopolitical conflicts, nationalism, and skepticism of multilateralism have meant that many countries raise the drawbridge rather than seek global solutions. Due to political cycles, many leaders lack a longer-term vision and fail to give preparedness the continuous resources and attention it requires. There is frequently a lack of alignment between global and national priorities, as well as across different stakeholders, leading to gaps in investment in important areas of preparedness and an overall incoherent approach to preparedness and response. The response to health emergencies is not sufficiently multisectoral and is overly focused on medical solutions. There are limited mechanisms to ensure accountability.

Despite the universal recognition that pandemics are global problems that require global solutions, the world has failed to take collective action to ensure the delivery of global common goods related to health emergency preparedness. Nearly 75 years ago, countries established WHO, giving it an extraordinarily ambitious objective of "the attainment by all peoples of the highest possible level of health." However, subsequent commitments have not matched the Organization's lofty founding goal. Numerous reviews have called for strengthening WHO, and some significant reforms have been made, including the establishment of the WHO Health Emergencies Programme. However, countries have failed to take the most important step of ensuring WHO has the adequate, predictable, and sustainable financing that would enable it to fulfill its purpose.

As a result, the health emergency ecosystem is complex, inefficient, and lacks agility. It does not deliver a coherent and effective international, regional, and national response to health emergencies.



# **Divided World**

COVID-19 erupted into a polarized world characterized by heightened nationalism, distrust, and inequality.<sup>33</sup> <sup>34</sup> <sup>35</sup> It has only accelerated those trends.<sup>36</sup> <sup>37</sup> <sup>38</sup> Worse, while the key to containing the pandemic and preparing for the next is collective action, current processes to reform the health emergency ecosystem threaten to exacerbate the existing fragmentation.

The inadequacies start at the top. The UN General Assembly, UN Security Council, World Health Assembly, G7 leaders and G20 leaders, have met over the last year, but with little to show for it other than declarations of intent, and limited evidence that they had a significant impact on the trajectory of the pandemic. In the most glaring example of dysfunction, division and competition among countries have increased vaccine inequity which contributed to the emergence of new variants, including the devastating surge in the delta variant.

There is no doubt that leaders do want change. Momentum is building around the need for stronger governance, effective systems, and sustainable financing for pandemic preparedness and response through a Financial Intermediary Fund at the World Bank Group. Proposals are being considered in working groups of WHO Member States, in the G20 under the leadership of the Italian presidency, and by a consortium of nearly 50 countries and several international organizations and institutions, led by the USA and Norway. However, most of these discussions are taking place in forums that are not always fully inclusive, with limited engagement of some of the countries, communities, and sectors that are expected to contribute to and benefit from these solutions. And as yet, there is limited evidence of the collective will and solidarity that will be essential to deliver effective solutions.

COVID-19 has offered us all a particularly stark view into the severe, widespread health, social, and economic damage pandemics can create. However, the world's attention is already beginning to drift to other issues. We have a brief window to make meaningful change, but it is closing fast.

Current efforts are fragmented, involving multiple processes across different forums. There is a grave risk that the geopolitical divides, inequities, and competition that have characterized the COVID-19 response and are playing out again in these discussions, will lead to solutions that perpetuate the existing divisions rather than bridge them.

Reform will require cohesive action. Leaders will have to break through political barriers to build a coherent, inclusive, long-term vision that fully embraces our mutual dependence and shared vulnerabilities in order to achieve a world prepared.





# Toward a World Prepared

# A. Vision and goals for a world safe from pandemics and health emergencies

# A World Prepared

### A world prepared will:

- have fewer outbreaks;
- rapidly detect outbreaks and ensure they do not spread further;
- limit the health, social and economic impacts of outbreaks when they do spread;
- ensure that all people have equitable access to countermeasures, based on need, not ability to pay;
- ensure that communities are resilient and recover quickly from a health emergency.

# A renewed global social contract for health emergencies

Achieving this vision of a safer world requires new ways to work collectively, within and across countries, sectors, and communities, based on the recognition of our shared world, shared risks, and shared responsibilities. It needs coherent, unified approaches to preventing and mitigating health emergencies that maximize equity, solidarity, inclusivity & reciprocity, accountability & transparency, sustainability, and action, and minimize the risks and impacts of health emergencies for all countries, all communities, and all individuals. The world needs a new global social contract for health emergencies. $^{39}$ 

This global social contract must serve as the foundation of the global ecosystem for health emergency preparedness and response and will require commitments and mutual accountability by all actors of the health emergency ecosystem: countries, the multilateral system, civil society, the private sector, and people.

#### **COUNTRIES MUST:**

- Make the necessary investments to improve their national preparedness in order to protect their people as well as communities around the globe, and fulfill their commitments and obligations, based on the understanding that "no one is safe until all are safe."
- Provide a fair share of funding for global common goods.
- Be transparent, share information openly and improve equity within their countries but also for communities in need around the globe, focusing on building longerterm capacity and transferring knowledge and expertise.
- Ensure that the health emergency ecosystem is inclusive, promotes equal participation of all countries, and facilitates engagement of stakeholders.
- Foster an all-of-government and all-of-society approach.
- Facilitate collective action by strengthening WHO, the broader UN system and other relevant international organizations.
- Hold each other mutually accountable.

# THE MULTILATERAL SYSTEM MUST:

- Ensure WHO is the impartial and independent international organization responsible for directing and coordinating pandemic preparedness and response.
- Promote inclusion and transparency in all processes, from discussion and design to decision-making and implementation, and ensure participation of all countries, relevant stakeholders, and actors in health emergency preparedness and response.
- Be the custodians of global common goods and ensure they are delivered equitably to all people.
- Lead the global response of the multisectoral health emergency ecosystem and coordinate its action.

### **CIVIL SOCIETY MUST:**

- Be the voice of all communities, especially the most marginalized, and advocate for health emergency preparedness and response with a special focus on greater equity.
- Be a bridge between communities, Member States, and the international system.
- Mobilize support for health emergency preparedness and response.

A Global Social Contract for Health Emergency Preparedness and Response

# THE PRIVATE SECTOR MUST:

- Prioritize common good over profit during a global health emergency, across all sectors including the pharmaceutical industry, social media firms, and financial sectors.
- Be prepared and actively participate in the global health emergency ecosystem, as a key actor of preparedness and response.

#### **PEOPLE MUST:**

- Demand accountability from their governments and the international system.
- Seek, use and share accurate information to educate themselves, their families, and their communities.
- Adopt health-promoting behaviours and take actions to protect the most vulnerable.

# B. Action Plan for a World Prepared

# The health emergency ecosystem for a World Prepared

The health emergency ecosystem is composed of the institutions, leadership and governance structures, mechanisms, frameworks, policies, actors and stakeholders that contribute to global health emergency preparedness and response.

To achieve a World Prepared, an effective health emergency ecosystem will consist of **responsible leadership** that drives action to ensure greater preparedness and coordinate effective and equitable responses to health emergencies, supported by **robust governance structures** and **sustainable**, **predictable**, **flexible and scalable financing**, to ensure that the world has in place **agile and resilient health emergency systems**, with **independent monitoring and accountability**. This ecosystem involves all relevant sectors and stakeholders, is designed to **empower**, **serve**, **and engage communities**, to **deliver equity and drive action** for a safer world.

Many assessments have been done over the years, leading to hundreds of recommendations with similar conclusions. The gaps and weaknesses are clear. Solutions are many. But the design, creation and implementation of these solutions to reform and strengthen the health emergency ecosystem must be based on the following principles of the global social contract:

- **Equity:** Access to medical countermeasures is based on need, not ability to pay; resources, information and data can be accessed by all; priorities are people-centered and driven by the needs of communities; investments focus on building capacity and transferring knowledge.
- Solidarity, inclusivity, & reciprocity: The ecosystem brings cohesion, removes fragmentation and facilitates collective action; all countries are equal partners and share equal responsibilities: all are involved in decision-making in the design and implementation of the ecosystem and contribute to its financing; relevant sectors and stakeholders, civil society, the private sector, and communities participate meaningfully.
- Accountability & transparency: Countries, stakeholders and communities fulfill their commitments and take action to make the world safer for all; there is transparency in decision-making processes, funding flows and implementation; independent mechanisms monitor progress and compliance; oversight structures oversee enforcement mechanisms.
- **Sustainability:** There is long-term planning, predictability of sufficient resources, and effective coordination, with a focus on building preparedness and readiness for the entire ecosystem, rather than creating new systems for every health emergency.
- Action: The ecosystem adapts to changing realities and is responsive to emerging crises; it is protected from politicization, is less bureaucratic and more agile; it is results-based, relying on clear pre-agreed strategy and goals, with targets for preparedness and response.

The current momentum for change at the global level must be channeled in the right direction within a comprehensive and coherent plan of action. Solutions are being discussed in different forums by different groups of countries and stakeholders. Alignment and consolidation of these processes and proposals is needed to deliver effective integrated solutions within a coherent ecosystem.

In this report, the GPMB is therefore not setting out new recommendations, but is building on its previous recommendations and those of other bodies. From among these, the GPMB has identified six solutions it believes are the most critical, will have the greatest impact, and will best support the vision and goals of a safer world.

# Six solutions for a safer world

- 1. Strengthen global governance: adopt an international agreement on health emergency preparedness and response, and convene a Summit of Heads of State and Government together with other stakeholders on health emergency preparedness and response.
- 2. Build a strong WHO with greater resources, authority and accountability.
- **3.** Create an agile health emergency system that can deliver on equity through better information sharing, and an end-to-end mechanism for research, and development and equitable access to common goods.
- **4.** Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.
- **5.** Empower communities and ensure engagement of civil society and the private sector.
- Strengthen independent monitoring.

These solutions individually will not prevent the next pandemic. COVID-19 has demonstrated the insufficiency of systems without leadership or financing, and governance without accountability. To create a safer world, a comprehensive approach is required, grounded in these essential, complementary solutions.

Preparedness starts with communities and countries. But as the GPMB has noted, global preparedness is greater than the sum of national preparedness. Reforming the global health emergency ecosystem will support preparedness at all levels and ensure the world can respond to threats in a coherent and unified manner.

1. Strengthen global governance: adopt an international agreement on health emergency preparedness and response and convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.

The devastating impact of the COVID-19 pandemic has highlighted widespread, catastrophic, and fundamental deficiencies in global governance for pandemic preparedness and response. The global health security ecosystem is complex and fragmented, and its governance is weak and lacks coordination. Many of the mechanisms designed to facilitate the engagement and contribution of different sectors and stakeholders are ad hoc, limited in scope, and do not include or reach all relevant stakeholders and sectors beyond health. Instruments for identifying, prioritizing, financing, and monitoring global common goods are lacking, especially those that require engagement of multiple sectors. A lack of coherence has contributed to non-alignment of resources with national and global priorities and plans, creating fragmentation and inefficiency, and encouraging competition, not collaboration.

Reform requires a multisectoral approach aimed at creating an equitable and coherent ecosystem. It must improve the full health emergency ecosystem so that it can deliver on equity and be more agile, facilitate collective action and ensure streamlined coordination and communication among governments, UN, humanitarian and development organizations, communities, civil society, and the private sector. Broader resilience also is needed through universal health coverage based on primary health care; social protection encompassing education, employment, and protecting the vulnerable and disadvantaged; multisectoral resilience involving business, security, travel and transportation, trade and supply chains, food and agriculture, and other key sectors; and infodemic management and access to/use of digital technologies.

A strong and cohesive framework can provide direction, coordination, stewardship, and accountability, supported by sustained, high-level political commitment, and legally binding obligations. A Summit of Heads of State and Government, together with other stakeholders, can support stronger leadership and sustainable commitment as well as a multisectoral whole-of-government, whole-of-society response.

**WHO Member States** should adopt an international agreement on health emergency preparedness and response under the WHO Constitution. The agreement should operationalize the key principles of the global social contract described above: equity, solidarity, inclusivity  $\vartheta$  reciprocity, accountability  $\vartheta$  transparency, sustainability, and action.

The GPMB reiterates its call for **UN Member States** to convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.



- Priorities, principles, and targets for prevention and preparedness;
- Strengthened IHR, including:
  - Interim triggers and their consequences including guidance on travel and trade restrictions, release of financing, actions, etc
  - Improved transparency of IHR Emergency Committees
  - Timely access to data and outbreak investigations
  - Improved processes for periodic reviews;
- Mechanisms for One-Health surveillance and for R&D to ensure rapid data, sample and benefits sharing and equitable access to countermeasures and essential medical goods;
- Sustainable financing for international health emergency preparedness and response, integrating a new collective financing mechanism based on a burdensharing model;
- Mechanisms for coordinated action across sectors and stakeholders, clarifying roles and responsibilities of lead organizations for critical pathways;
- Empowered WHO with more authority and financing, improved performance and greater accountability;
- Independent monitoring and accountability, with mechanisms to ensure compliance.



- Principles, priorities, and targets for health emergency preparedness and response;
- Commitment to mutual accountability, transparency, and independent monitoring;
- Inclusive mechanisms for engagement of communities, including women, youth and vulnerable groups, civil society, and the private sector in decisionmaking and planning around pandemic preparedness and response, and improved communication and management of infodemics;
- Streamlined coordination and communication among governments, UN, humanitarian and development organizations, communities, civil society, and the private sector;
- Commitment to intellectual property rights and trade and travel measures that ensure timely and equitable access of common goods, while incentivizing research and development, permitting the free of flow of goods;
- Broader system resilience through:
  - Universal health coverage based on primary health care;
  - Social protection encompassing education, employment, protecting the vulnerable and disadvantaged;
  - Multisectoral resilience: business, security, travel and transportation, trade and supply chains, food and agriculture, etc.;
  - Information: infodemic management and access to/use of digital technologies;
- Addressing the social, economic, environmental and political determinants of health emergencies including through implementation of relevant international instruments such as the Sendai Framework, Convention on Biological Diversity, human rights treaties and others.

The GPMB recognizes that discussions are ongoing on the establishment of a high-level global health threats body. Such a body could enhance collective action, elevate leadership of global preparedness and response to the highest level of government, and facilitate a multisectoral approach. However, it is crucial to avoid further fragmentation of the governance of the health emergency ecosystem. Such a body should be inclusive and representative of all stakeholders, recognized within the international agreement on health emergency preparedness and response, provide stewardship to the collective financing mechanism, and must have WHO at its center. It should include a mechanism for independent monitoring to support its oversight function.

#### 2. Building a strong WHO with greater resources, authority and accountability.

WHO is central to the health emergency ecosystem. It is the only organization with the mandate and legitimacy to lead global health emergency preparedness and response that can be truly inclusive, advocate for the needs of all countries and deliver on equity. Yet, it is under-resourced, underfunded and weakened by geopolitical dynamics. Its structure, governance and processes do not adequately allow meaningful engagement of sectors beyond health, civil society and the private sector. It is not sufficiently empowered to ensure accountability for greater preparedness and to ensure compliance with IHR obligations. Its funding model does not allow for long-term planning. Although there have been some successful reforms, there is room for greater agility. WHO has been able to deliver despite its shortcomings, especially to support national responses to health emergencies. It must be strengthened with greater resources, authority and accountability to lead multisectoral pandemic preparedness and response. The GPMB strongly encourages WHO Member States to explore options for ensuring the integrity and improving the political and financial independence of WHO by providing sufficient, sustainable, flexible financing and improving WHO's governance.

WHO Member States should establish a standing committee for health emergencies under the WHO Executive Board to improve accountability, provide guidance on the implementation of the IHR and the international agreement on health emergency preparedness and response, provide ongoing stewardship and oversight of the work of WHO in health emergencies, and promote implementation of recommendations from independent monitoring mechanisms. This standing committee would also facilitate closer involvement of Member States in health emergency preparedness and response, support information-sharing and lesson learning among Member States, and promote a more real-time response to health emergencies.

The dramatic underfunding of WHO must be remedied. **WHO Member States should** finalize discussions on the means for sustainably financing WHO and agree to a substantial increase in assessed contributions, in the order of two thirds of the base programme budget, as has been recommended.<sup>40</sup>

**3.** Create an agile health emergency system that can deliver on equity through better information sharing, and an end-to-end mechanism for research, development and equitable access to common goods.

Pandemic preparedness and response require strong and agile national, regional, and global systems for global health security, including:

- Systems to predict, prevent, identify, and detect the emergence of pathogens with pandemic potential based on a One-Health approach;
- Core public health capacities and workforce for surveillance, early detection, sharing of information on outbreaks and similar events, and the ability to direct sufficient resources toward mitigating them;
- Strong national health systems with surge capacity for community, clinical, and supportive services, without affecting existing core needs;
- R&D as well as production, deployment, and equitable access to medical countermeasures and essential medical goods.

The pandemic has exposed two most pressing global gaps:

- Our ability to identify and assess health threats, share data, information and samples, in order to respond rapidly and coordinate the global response around those threats as soon as they are identified;
- Our ability to discover, develop, produce, and deploy medical countermeasures
  to all countries and communities, in an equitable manner, based on public health
  needs and not the ability to pay, and to coordinate access to countermeasures
  to prevent and mitigate health threats.

In order to be effective, systems must be designed for equity from the ground up, and must be agile and adaptable enough to respond to threats rapidly. Facilitating open, real-time sharing of data, information and samples, along with the benefits that arise from them, would promote both goals. It would give governments, scientists and the private sector timely access to the data and materials they need for surveillance and R&D, while also ensuring that the knowledge and products that are created are shared equitably with those who need them most.

**WHO, FAO, OIE, and UNEP,** as the Tripartite+ organizations, should develop a One-Health, real-time surveillance platform with mechanisms for sharing data and samples, associated with benefit sharing, such as capacity building, training, knowledge and technology transfer including fair IP licensing.

A permanent mechanism and capacity should be established for end-toend development, procurement and access to medical countermeasures for health emergencies, including vaccines, diagnostics, therapeutics, and essential medical goods and technologies. This structure must be 'designed for equity' and should provide stewardship and priority setting for R&D, drive investment in the development of medical countermeasures, build regional and national manufacturing capacity to ensure geographic dispersion, including through investments and support for technology transfers and voluntary licensing, strengthen global supply chains for essential goods and provide a system to ensure fair and equitable access to medical countermeasures during a health emergency. Countries should establish structures to meet the needs of their communities, effectively using the capacities of the private sector.

Voluntary mechanisms have not led to the level of commitment and action required and remain vulnerable to the cycles of panic and neglect that have characterized pandemic preparedness and response in recent times. These systems should therefore be integrated into the international agreement for health emergency preparedness and response and include legally binding commitments to promote timely access to samples and data, and equitable access to countermeasures.

# **4.** Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.

Health emergency preparedness and response require equitable, adequate, predictable, flexible, and rapidly scalable funding.

Domestic financing should be the mainstay of national preparedness and response needs. Every country has the responsibility for the protection of its own population and must invest accordingly. However, international financing is also needed, to support LMICs in building greater preparedness, to fund global common goods, and to support early surge capacity.

There are currently several sources of financing for international preparedness and response, including development assistance, global funds and philanthropic foundations, and grants and loans from regional and international development banks. However, these sources are not adequate or sufficient, leading to inefficient, unfair, and poorly coordinated financing. Domestic and international financing of preparedness and response are both subject to the vagaries of political commitment, and international financing is dependent on a relatively small number of donors.

To supplement development assistance-based funding, international financing for preparedness and response requires a new approach, grounded in burden sharing.

A new collective financing mechanism based on burden-sharing should be established. This new mechanism should rely on a system of assessed contributions with a formula based on equity and ability to pay, supplemented by development assistance. It should serve as a pooling mechanism to mobilize financing for international health emergency preparedness and response, to address urgent gaps

and increase capacity of organizations supporting preparedness and response. Financing should be additional and non-competitive. It should be 'on budget' and not replace domestic financing, nor should it consume resources committed for other health and development needs or replace existing funding streams for recipient organizations. Funds should be dispersed through existing funding mechanisms.

## Approaches to collective financing

Existing approaches to collective financing that could be considered in the development of this mechanism include the approach used under the IMF quota system, the system for determining UN and WHO Member States assessed contributions, financing under the UN Climate Regime to ensure fair burden-sharing for climate adaptation and ACT-A's Fair Burden-Sharing Model. While the IMF and UN base their system entirely on ability to pay, the UN Climate Regime also introduces another variable based on countries' responsibility for emissions and climate change, and their existing capacities. This burden-sharing approach should be outlined in the international agreement on pandemic preparedness and response.

IMF Quota system	UN assessed contributions	UN Climate Regime	ACT-A's Fair Burden-Sharing Model
Calculations based on GDP, openness, economic variability and international reserves	Calculations based on share of GNI, debt burden assessment, low per capita income adjustment, floor and LDC ceiling and maximum ceiling	Calculated on the basis of equity and in accordance with countries' common but differentiated responsibilities and respective capabilities	Modeled on the IMF quota system, includes also qualitative assessment

Funds from this mechanism should be distributed to support international financing needs for preparedness and response: financing global and regional common goods, providing supplementary national financing and replenishment of contingency funds (including the WHO Contingency Fund) to support the early response, and in accordance with national, regional and global priorities and plans. The allocation process should be inclusive, objective, transparent, and simple. While all needs are important, priority should be given to financing global and regional common goods, for which there are currently no adequate financing mechanism and where the most urgent gaps have been identified.

Such a mechanism could be established as a Financial Intermediary Fund within the World Bank Group. Funding estimates have been made in the order of at least USD 10 billion of seed funding and annual contributions.<sup>41</sup> Contributors to the fund should not be limited to countries but should also include the private sector.

### International financing needs for preparedness and response

### GLOBAL AND REGIONAL COMMON GOODS

- Global governance of preparedness and response (direction, coordination, regulation, stewardship and accountability), including the work of WHO in health emergency preparedness and response
  - Information, surveillance and pandemic intelligence
  - Access to countermeasures (R&D, manufacturing, procurement, stockpiling and deployment)
    - Technical support to countries
      - Global surge capacity

# CONTINGENCY FUNDS

 Contingency funds to provide early surge financing in response to health emergencies, including assistance for low- and middleincome countries and fragile states, support for global goods and at-risk capital to support procurement

# SUPPLEMENTARY NATIONAL FINANCING

Supplementary financing for the functions of national preparedness in low- and middle-income countries and fragile states, including measures to mitigate the socioeconomic impact and build multisectoral resilience

# **5.** Empower communities and ensure engagement of civil society and the private sector.

Community engagement has been overlooked in the medicalized approach to COVID-19, including the vaccine rollout. Public health measures are only effective if they are accessible and acceptable to all. A stronger community focus needs to be built within the architecture of pandemic preparedness with an outreach and service approach, community-based health workers, a central focus on primary health care, and a community-owned response. Global, regional, and national preparedness and response systems must be able to reach all communities, including the most vulnerable and marginalized.

The international system and national governments also need inclusive mechanisms for engagement of all countries and communities, including women, youth, vulnerable groups, and civil society in decision-making and planning around pandemic preparedness and response. It must develop ways to improve communication, including addressing misinformation.

Individuals have a responsibility to actively engage in preparedness and make political and personal choices that support a safer world. Improving communication and managing infodemics must be a central priority to create empowered and responsible communities.

**Leadership and governance structures for preparedness must** include effective means to promote inclusivity, transparency, and active participation of communities, One-Health sectors and relevant stakeholders including civil society and the private sector as well as engagement by all countries, not only a group of powerful nations. Leaders should:

- Ensure civil society and the private sector have a meaningful role in the Summit
  as well as in the design and implementation of the international agreement
  on health emergency preparedness and response.
- Ensure participation of civil society and the private sector in a WHO Standing Committee for Health Emergencies.
- Integrate mechanisms in the health emergency system for sharing information
  with communities, fighting disinformation and building digital capacity, as well
  as invest in training and supporting community workers to serve as the core
  of the health emergency system, including sustained institutional programs
  on community engagement.
- Include a role for civil society in independent monitoring of preparedness and response.

#### 6. Strengthen independent monitoring and mutual accountability.

Accountability depends on independent monitoring. Independent monitoring is essential to assess preparedness progress, learn and disseminate lessons, identify gaps and priorities, and incentivize action. It is a crucial element of the health emergency ecosystem. Without independent monitoring there is no way to assess whether the world is safer, to determine what actions are needed to prevent and mitigate health emergencies, nor to enable countries to hold each other mutually accountable for the commitments they have made.

The GPMB identifies the following principles as critical for monitoring of health emergency preparedness and response.

- **Objectivity:** assessments must be evidence-based, transparent, and independently verifiable.
- **Independence:** the body responsible for monitoring must be autonomous, unconstrained by political, organizational, operational or financial considerations that could adversely influence assessments, conclusions, or recommendations.
- **Accountability:** assessments and recommendations must lead to action. Those responsible must hold themselves accountable for follow up.

Each is necessary but by itself insufficient—a lack of objectivity or independence undermines confidence and trust while lack of accountability renders assessments meaningless and ineffectual.

**Leaders** should strengthen the role of independent monitoring in the governance and implementation of health emergency preparedness and response. Independent monitoring should be integrated within the international agreement on health emergency preparedness and response to support accountability and the collective financing mechanism.

The purpose of the GPMB is to provide independent monitoring by tracking progress, shining a light on the gaps where action is needed, and encouraging change. The GPMB is developing a Monitoring Framework that can provide a robust platform to monitor the state of the world's preparedness. This Monitoring Framework will take a forward-looking, risk-based approach to tracking multisectoral and whole-of-society preparedness. It will assess the drivers and amplifiers of health emergencies; monitor capacities to prevent, detect, respond and recover; track commitments; and assess the ecosystem's capacity to support equity, solidarity, inclusivity, reciprocity, accountability, transparency, sustainability and action. A broad coalition of organizations and institutions will provide data and support implementation of the Monitoring Framework.

## C. From Words to Action - Making change happen

Leaders must not allow the current momentum for change to go to waste. To move forward, the GPMB calls for the following actions to be taken this year:

- WHO Member States agree at the November 2021 Special Session of the World Health Assembly on the need to adopt an international agreement and establish a process for taking forward negotiations. This process should ensure active participation of relevant sectors and stakeholders.
- The UN General Assembly agrees to convene a Summit of Heads of State and Government, together with other stakeholders, and set in motion a preparatory process.
- The WHO Working Group on Sustainable Financing agrees to a significant increase in the WHO assessed contributions, in order to adequately and sustainably finance the Organization's essential functions and core capacities.
- Current discussions to establish a new Financial Intermediary Fund conclude rapidly, in consultation with governments, civil society, private stakeholders, the World Bank Group, WHO, implementing agencies and others at global and regional levels.
- Taking stock of lessons from the review of ACT-A, WHO Member States, in consultation with ACT-A partners and other stakeholders, should develop terms of reference for the design of an end-to-end mechanism for research, development and equitable access to common goods This should involve consultation with a wide range of stakeholders from civil society and the private sector.

Reform of the health emergency ecosystem needs concerted, collective action. Current efforts are fragmented, involving multiple processes across different forums, sectors, and levels. The GPMB is gravely concerned that these efforts are uncoordinated and that many countries and stakeholders that will be tasked with implementation are not being systematically included.

At present, there is no way to ensure the inclusivity and accountability necessary for these much-needed reforms to be designed and implemented in a manner that will ensure they function coherently and effectively within the health emergency ecosystem. The GPMB believes that a Summit of Heads of State and Government, together with other stakeholders, can be the catalyst for a more coherent, unified approach.

The responsibility to prepare for health emergencies lies with the leaders of every nation. But ultimately achieving a world prepared will depend on collective action. No amount of resources can replace trust, cooperation, and the open exchange of information and knowledge. We know what to do, now we must do it--and do it together.



## Global Preparedness Monitoring Board

The GPMB is an independent monitoring and accountability body to ensure preparedness for global health crises, co-convened by WHO and the World Bank Group. The Board provides an independent and comprehensive appraisal for leaders, key policy-makers and the world on system-wide progress towards increased preparedness and response capacity for disease outbreaks and other emergencies with health consequences. The Board monitors and reports on the state of global preparedness across all sectors and stakeholders, including the UN system, government, non-governmental organizations, and the private sector.

#### Co-chair

Mr Elhadj As Sy, Chair, Kofi Annan Foundation Board; Former Secretary-General, International Federation of Red Cross and Red Crescent Societies

#### Members

**Dr Victor Dzau**, President, The National Academy of Medicine, United States of America

**Dr Chris Elias**, President, Global Development Program, Bill & Melinda Gates Foundation, United States of America

Sir Jeremy Farrar, Director, Wellcome Trust, United Kingdom

Ms Henrietta Fore, Executive Director, UNICEF

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**Dr Jeanette Vega Morales**, Chief Medical Innovation and Technology Officer, La Red de Salud UC-Christus, Chile

Professor K. VijayRaghavan, Principal Scientific Advisor to the Government of India

# **Abbreviations**

ACT-A	Access to COVID-19 Tools Accelerator (ACT-Accelerator)	
COVAX Facility	COVID-19 Vaccine Global Access Facility	
COVID-19	Coronavirus disease 2019	
G7	Group of 7	
G20	Group of 20	
GDP	Gross domestic product	
GNI	Gross national income	
GPMB	Global Preparedness Monitoring Board	
HIC	High-income countries	
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome	
IFI	International Financial Institution	
IHR	International Health Regulations (2005)	
IMF	International Monetary Fund	
IP	Intellectual property	
LDC	Least Developed Countries	
LMIC	Low- and Middle-Income Countries	
mRNA	Messenger ribonucleic acid	
ODA	Official development assistance	
R&D	Research & Development	
SARS	Severe acute respiratory syndrome	
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2	
SPAR	States Parties Annual Reporting	
UN	United Nations	
WHO	World Health Organization	

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In developing this report, the GPMB consulted with numerous individuals and groups and commissioned the development of analyses. The Board would like to thank the following for their contributions to this report:

### Authors of the commissioned papers:

- Anna Bezruki and Suerie Moon for their analysis Always fighting the last war?
   Post-Ebola reforms, blindspots & gaps in COVID-19.
- Ngozi Erondu and Mara Pillinger for Solidarity, Equity and the Global COVID-19
   Response: Background Paper
- University of Oxford, Blavatnik School of Government for developing the analysis: Moving from Words to Action: Identifying Political Barriers to Pandemic Preparedness

#### Guest Participants to the GPMB Roundtable on Moving from Words to Action:

**Anarfi Asamoa-Baah**, Presidential Coordinator of Government of Ghana's Coronavirus Response Programme; **Harvey Fineberg**, President of the Gordon and Betty Moore Foundation, and former Dean of the Harvard School of Public Health, Provost of Harvard University, and President of the Institute of Medicine; **Jane Halton**, former Secretary of Health and Secretary of Finance of Australia, and current chair of the CEPI Board; **Peter Piot**, Former Director of the London School of Hygiene and Tropical Medicine; **Barbara Stocking**, Former Chief Executive of Oxfam GB, and former president of Murray Edwards College, Cambridge.

# Guest Participants to the GPMB Roundtable on Equity, Solidarity and the Global COVID-19 Experience:

Ayoade Olatunbosun-Alakija, Co-Chair of the Africa Union Africa Vaccine Delivery Alliance for COVID-19 (AVDA); Jim Yong Kim, 12th President of the World Bank Group (2012-2019); Mbulawa Mugabe, UNAIDS Special Advisor for Pandemic Preparedness; Reema Nanavati, Director of the Self Employed Women's Association's (SEWA) of India; Livingstone Sewanyana, Independent Expert on the promotion of a democratic and equitable international order, Office of the High Commissioner on Human Rights; and Michel Sidibé, African Union's special envoy for the African Medicines Agency.

# Civil society organizations providing written inputs to the GPMB Roundtable on Equity, Solidarity and the Global COVID-19 Experience:

ACT-Accelerator Civil Society Representatives; CIVICUS; Drugs for Neglected Diseases *initiative*; Médecins Sans Frontières (MSF) Access Campaign; People's Health Movement; and Third World Network.

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