

A WORLD IN DISORDER



Global Preparedness Monitoring Board



A World in Disorder. Global Preparedness Monitoring Board Annual Report 2020.

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FOREWORD



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Mr Elhadj As Sy

Co-Chair
Chair, Kofi Annan Foundation Board, and Former
Secretary-General, International Federation
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Never before has the world been so clearly forewarned of the dangers of a devastating pandemic, nor previously had the knowledge, resources and technologies to deal with such a threat. Yet, never before has the world witnessed a pandemic of such widespread and destructive social and economic impact.

The COVID-19 pandemic has revealed a collective failure to take pandemic prevention, preparedness and response seriously and prioritize it accordingly. It 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.

The last century has witnessed numerous developments and innovations that have improved and prolonged lives the world over. But the same advances have also created unprecedented vulnerability to fast moving infectious disease outbreaks by fueling population growth and mobility, disorienting the climate, boosting interdependence, and generating inequality. The destruction of tropical rain forests has increased the opportunities for transmission of viruses from wild animals to humans. We have created a world where a shock anywhere can become a catastrophe everywhere, while growing nationalism and populism undermine our shared peace, prosperity and security. Infectious diseases feed off divisiveness; societal divisions can be deadly.

As the Global Preparedness Monitoring Board (GPMB) noted last year, pathogens thrive in disruption and disorder.¹ COVID-19 has proven the point. Where sufficient resources, cooperation, and organization were applied, it was slowed. Where disarray, division and poverty reign, it has thrived.

In issuing its warning in last year's inaugural report, the GPMB stressed the inadequacy of systems and financing required to detect and respond to health emergencies. As COVID-19 has proven, these systems remain dangerously deficient and under-resourced. This pandemic has also called out the human dimensions of health security, the actions of leaders and citizens that are so critical to vigorous preparedness and response.

Our report this year highlights responsible leadership and citizenship, as well as the adequacy of systems and resources, as key factors for success. It puts a special emphasis on the factor that binds these four elements together into an effective whole: the principles and values of governance that ensure the right choices, decisions and actions are taken at the right time. It points out that none are safe until all are safe and calls for a renewed commitment to multilateralism and to WHO and the multilateral system.

The pandemic is far from over. Some countries have been relatively successful in suppressing the virus, protecting their populations, saving millions of lives. Others have not. Close to a million lives have been lost to COVID-19. The devastating economic and societal impact of COVID-19 reminds us, yet again, of the centrality of investment in pandemic preparedness to human security, and the need to reconsider how national security budgets are spent.

We have already learned many crucial lessons that demand immediate action if we are to say with any confidence, "never again". But learning without action is pointless, and unsustained commitment is futile. As we warned in our last report, "For too long, we have allowed a cycle of panic and neglect when it comes to pandemics: we ramp up efforts when there is a serious threat, then quickly forget about them when the threat subsides."

Again, we say: "It is well past time to act." And we identify the commitments and actions leaders and citizens must take - boldly, decisively, immediately, and with new energy animated by the grim recognition that inaction kills.

EXECUTIVE SUMMARY

In our 2019 Annual Report, '*A World at Risk*', we warned of the very real threat of 'a rapidly spreading pandemic due to a lethal respiratory pathogen'², and the need for determined political leadership at national and global levels. We called for seven urgent actions to prepare the world for health emergencies:

- Heads of government must commit and invest
- Countries and regional organizations must lead by example
- All countries must build strong systems
- Countries, donors and multilateral institutions must be prepared for the worst
- Financing institutions must link preparedness with financial risk planning
- Development assistance funders must create incentives and increase funding for preparedness
- The United Nations must strengthen coordination mechanisms

Progress in implementing these actions has been limited. It is not as if the world has lacked the opportunity to take these steps. There have been numerous calls for action in these areas over the last decade, yet none have generated the changes needed. Financial and political investments in preparedness have been insufficient, and we are all paying the price.

LESSONS LEARNED FROM COVID-19

Political leadership makes the difference. Effective leaders act decisively, on the basis of science, evidence and best practice, and in the interests of people. Emergency response is not a choice between protecting people and protecting the economy; public health action is the quickest way to end the threat and return to productivity and security.

Preparedness is not only what governments do to protect their people, it is also what people do to protect each other. In the absence of an effective vaccine or treatment, individual behaviours have never been more important. Citizens can protect one another and demonstrate social and moral responsibility by acting in the best interests of all.

The impact of pandemics goes far beyond their immediate health effects. In addition to its immediate death toll, COVID-19 will be remembered for its rapid global spread and devastating social and economic impact, especially for the vulnerable and disadvantaged. It has demonstrated the importance of protecting lives and livelihoods, and widening our understanding of preparedness to make education, social and economic sectors “pandemic proof”.

Current measures of preparedness are not predictive. Our understanding of pandemic preparedness has been inadequate. National measures of preparedness have not predicted the effectiveness of countries’ response in stopping viral spread and saving lives, and the critical importance of social protection has been neglected. The ultimate test of preparedness is response.

The return on investment for global health security is immense. Expenditures for prevention and preparedness are measured in billions of dollars, the cost of a pandemic in trillions. It would take 500 years to spend as much on investing in preparedness as the world is losing due to COVID-19.

Costs of COVID-19	Investments in preparedness
<ul style="list-style-type: none">• Over US\$ 11 trillion, and counting, to fund the response• Future loss of US\$ 10 trillion in earnings	<ul style="list-style-type: none">• Additional US\$ 5 per person annually

Development assistance is an inadequate model for financing this investment; preparedness is the responsibility of all countries, and requires long-term, predictable, flexible and sustained financing on a much greater scale, based on global solidarity. Global health security cannot continue to rely on financing based on a small number of generous countries, foundations, and development banks.

No one is safe until all are safe. Global preparedness is not simply the sum of national preparedness. A pandemic is, by definition, a global event and as such demands collective global action. The multilateral system exists to support that action. Where it is weak, it needs strengthening, not abandoning. The world of pandemic preparedness is already complex. It needs consolidation, not further fragmentation.

CALL TO ACTION

The GPMB calls for urgent actions to strengthen the current response to COVID-19 and better prepare the world for future pandemics and health emergencies; to bring order out of catastrophe and chaos.

- 1 Responsible leadership**
- 2 Engaged citizenship**
- 3 Strong and agile national and global systems for global health security**
- 4 Sustained investment in prevention and preparedness, commensurate with the scale of a pandemic threat**
- 5 Robust global governance of preparedness for health emergencies**

We call for responsible leadership

Urgent Actions:

- **National leaders and leaders of international organizations and other stakeholders** take early decisive action based on science, evidence and best practice when confronted with health emergencies. They discourage the politicization of measures to protect public health, ensure social protection and promote national unity and global solidarity.
- We reiterate our call for **heads of government** to appoint a national high-level coordinator with the authority and political accountability to lead whole-of-government and whole-of-society approaches, and routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness.
- **National leaders, manufacturers and international organizations** ensure that COVID-19 vaccines and other countermeasures are allocated in a way that will have the most impact in stopping the pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access. Each country should get an initial allocation of vaccine sufficient to cover at least 2% of its population, to cover frontline health care workers.

We call for engaged citizenship

Urgent Actions:

- **Citizens** demand accountability from their governments for health emergency preparedness, which requires that governments empower their citizens and strengthen civil society.
- **Every individual** takes responsibility for seeking and using accurate information to educate themselves, their families and their communities. They adopt health-promoting behaviours and take actions to protect the most vulnerable. They advocate for these actions within their communities.

We call for strong and agile national and global systems for global health security

Urgent Actions:

- **Heads of government** strengthen national systems for preparedness: identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a ‘One Health’ approach that integrates animal and human health; building core public health capacities and workforce for surveillance, early detection and sharing of information on outbreaks and similar events; strengthening health systems based on universal health coverage with surge capacity for clinical and supportive services; and putting in place systems of social protection to safeguard the vulnerable, leaving no one behind.
- **Researchers, research institutions, research funders, the private sector, governments, the World Health Organization and international organizations** improve coordination and support for research and development in health emergencies and establish a sustainable mechanism to ensure rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution.
- **Heads of government** renew their commitment to the multilateral system and strengthen WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness and response.

We call for sustained investment in prevention and preparedness, commensurate with the scale of a pandemic threat

Urgent Actions:

- **G20 leaders** ensure that adequate finance is made available now to mitigate the current and future economic and socioeconomic consequences of the pandemic.
- **Heads of government** protect and sustain the financing of their national capacities for health emergency preparedness and response developed for COVID-19, beyond the current pandemic.
- **The United Nations, the World Health Organization, and the International Financing Institutions** develop a mechanism for sustainable financing of global health security, which mobilizes resources on the scale and within the timeframe required, is not reliant on development assistance, recognizes preparedness as a global common good, and is not at the mercy of political and economic cycles.
- **The World Bank and other International Financial Institutions (IFI)** make research and development (R&D) investments eligible for IFI financing and develop mechanisms to provide financing for global R&D for health emergencies.

We call for robust global governance of preparedness for health emergencies

Urgent Actions:

- **State Parties to the International Health Regulations (IHR), or the WHO Director-General**, propose amendments of the IHR to the World Health Assembly, to include: strengthening early notification and comprehensive information sharing; intermediate grading of health emergencies; development of evidence-based recommendations on the role of domestic and international travel and trade recommendations; and mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review mechanism.
- **National leaders, the World Health Organization, the United Nations and other international organizations develop** predictive mechanisms for assessing multisectoral preparedness, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies.
- **The Secretary-General of the United Nations, the Director-General of the World Health Organization, and the heads of International Financing Institutions** convene a UN Summit on Global Health Security, with the aim of agreeing on an international framework for health emergency preparedness and response, incorporating the IHR, and including mechanisms for sustainable financing, research and development, social protection, equitable access to countermeasures for all, and mutual accountability.

Conclusion & commitment

The COVID-19 pandemic is providing a harsh test of the world's preparedness. The Board concludes that little progress has been made on any of the actions called for in last year's report and that this lack of leadership is exacerbating the pandemic. Failure to learn the lessons of COVID-19 or to act on them with the necessary resources and commitment will mean that the next pandemic, which is sure to come, will be even more damaging.

We recognize that the GPMB must also change. Our monitoring and advocacy for preparedness must better reflect the contribution of sectors other than health, the importance of social protection, and be based on improved and predictive measures of preparedness.

GPMB Commitment

As the Global Preparedness Monitoring Board, we pledge to support good governance of global health security by fulfilling our mandate to independently monitor preparedness across all sectors and stakeholders, report regularly on progress, and continuously advocate for effective action.

**A MULTISECTORAL FRAMEWORK FOR MONITORING HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE**

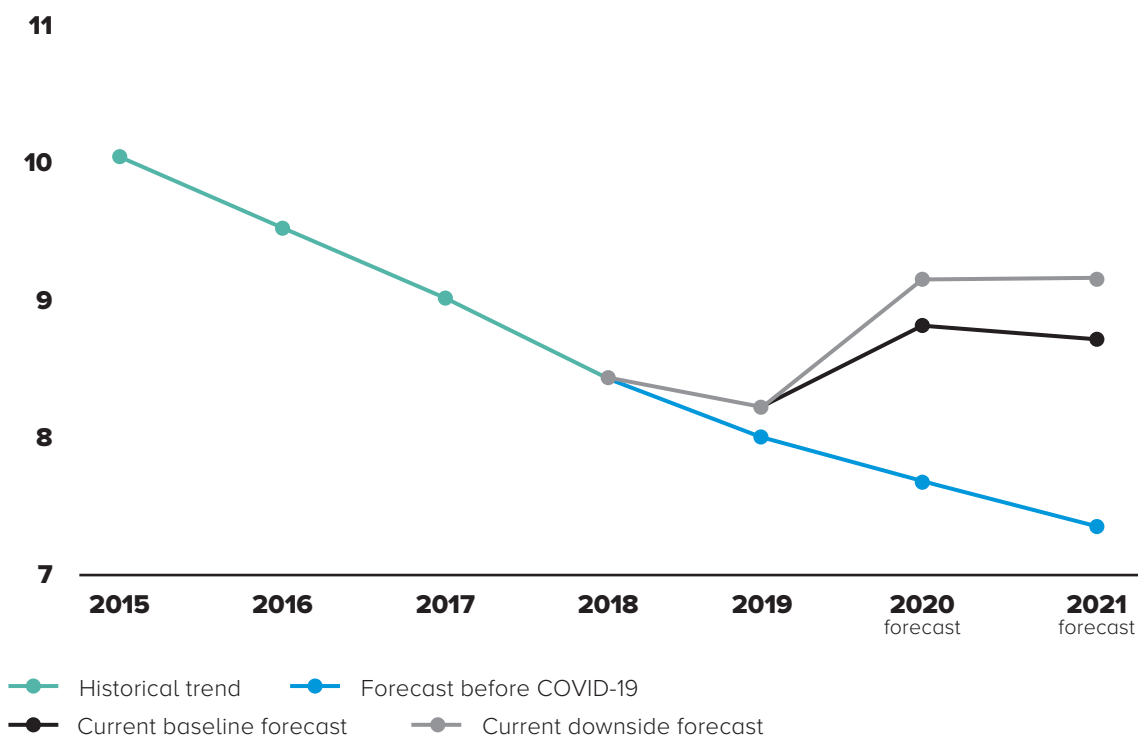


INTRODUCTION

In its inaugural report of 2019, the Global Preparedness Monitoring Board (GPMB) warned that the world is at grave risk of a global pandemic that could cause immense loss of life, threaten economies, and create social chaos. The GPMB urged countries and the international system to prepare for a high impact respiratory pathogen spread via respiratory droplets that “can infect a large number of people very quickly and with today’s transportation infrastructure move rapidly across multiple geographies.”³

We are experiencing that reality now. The rapid spread of this novel coronavirus (SARS-CoV-2) has had a devastating impact which we will feel for years to come. The COVID-19 crisis has touched every sector of society and tested health emergency preparedness at all levels: local, national, regional and global. In addition to causing immediate morbidity and mortality, the pandemic has strained provision of services for other health and social concerns, reversed economic gains particularly for women, thrown millions into poverty, disrupted education, created food insecurity and generated disunity and distrust from the community to the global level. It has aggravated social and political divisions within and between countries, exacerbated national and transnational political relationships, and highlighted the need for effective mechanisms that can negotiate the inevitable tensions created by global health emergencies of this scale.

FIGURE 1 The Impact of COVID-19 on Global Poverty



Proportion of people living below \$1.90 a day, 2015-2019 nowcast, and forecast before and after COVID-19 (percentage) – Source: United Nations Statistics Division⁴

We acknowledge that this pandemic is far from over and there are many uncertainties ahead. It is essential that we learn from these early lessons, both to mitigate the impact of the current pandemic and to help prevent the next one. Learning must lead to action. Communities, nations, and international organizations must act rapidly, boldly, and collectively with the hard-won realization that protecting health is critical to economic, social, and political security. The solutions we develop must be future proof; we must beware of designing new systems that only solve the problems of the last emergency. And we must build on what we have. The world of global health preparedness is already complex; it needs consolidation, not further fragmentation.

This report is not an assessment of the COVID-19 response, which will be conducted by other national and international bodies, and the Board welcomes the forthcoming evaluation of the COVID-19 response commissioned by the World Health Assembly, which will be conducted by an Independent Panel for Pandemic Preparedness and Response. Its assessment will be invaluable in assessing the national and global response to COVID-19, and in strengthening pandemic preparedness. Our report seeks to answer two questions: *‘What are the most important lessons we are learning about preparedness from COVID-19? What must we do to be better prepared for future health emergencies?’*

COVID-19 has the ability to leave a fractured, broken world in its wake. It also creates an opportunity to recognize the vulnerabilities implicit in our interconnected, crowded, environmentally stressed planet, and allows us to embrace our common humanity in formulating solutions. The Board presents this report as a strategy to encourage the latter.

COVID-19 – A CATASTROPHE UNFOLDS



Makeshift hospital in Wuhan, China. Photo by STR/AFP via Getty Images.

The COVID-19 pandemic grew from a cluster of atypical pneumonia cases first reported in Wuhan, People's Republic of China, in late 2019, to become a worldwide health, social and economic crisis in a matter of weeks.⁵ The virus moved around the globe with incredible speed; by March 2020, it had surfaced in nearly every country, and within six months had generated 10 million cases and more than 500,000 deaths.⁶

Knowledge about the virus rapidly emerged as it was identified, its genome sequenced, and tests developed with unprecedented speed. Yet many governments did not heed the warnings, failing to introduce public health measures at the necessary pace and scale, and struggling to control the disease as cases grew exponentially. As the pandemic spread, many governments imposed restrictions on population movement, closing schools and businesses, and banning large gatherings.

While quick adoption of public health measures proved the value of clear public health communications, the pandemic has also shown the detrimental effects of politicizing messages and measures. In some countries, compliance lagged as influencers rejected recommended actions as a political message or individuals viewed them as an unacceptable restriction on their freedoms. The pandemic also ushered in a flood of data, opinion, reporting, and social media activity, some factual and some blatantly false. WHO and the UN began working with Facebook, Google, Twitter and other social media to identify and counteract this misinformation.

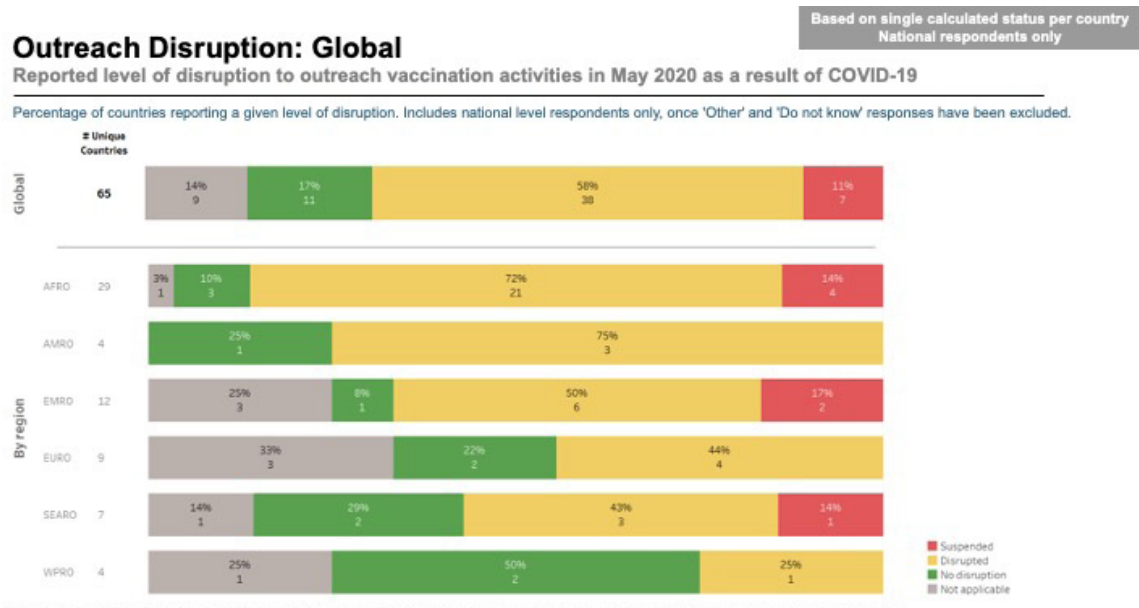
Low and middle-income countries at first suffered more from the economic impact than the virus itself, since they tended to be more dependent on informal employment, tourism, and remittances, all of which have declined drastically as countries issued travel bans and stay at home orders. For those experiencing other stresses, including insecurity, food shortages, and natural disasters, COVID-19 is not the only catastrophe they have faced, but has added another complexity to already difficult lives. In Yemen, protracted civil wars had already resulted in shortages of food and medical supplies. The Democratic Republic of Congo was dealing with the world's second largest outbreak of Ebola on record. Communities living in India and Eastern Africa have had to cope with historic locust invasions on top of COVID-19.

THE IMPACT OF COVID-19

As with other global health emergencies, including the 1918 flu pandemic and the AIDS pandemic, COVID-19 is aggressively intensifying social, economic, environmental and political determinants of health and well-being. It has potential to re-shape the world, wipe out progress made over decades in reducing poverty, particularly for women, derail education for millions of children, and create political instability. While COVID-19's long-term effects will be compounded by other ongoing and emerging crises, including climate change, migration, protracted emergencies and conflicts, we can be certain that its health, socioeconomic, and political impact will send shock waves through the world for years to come.

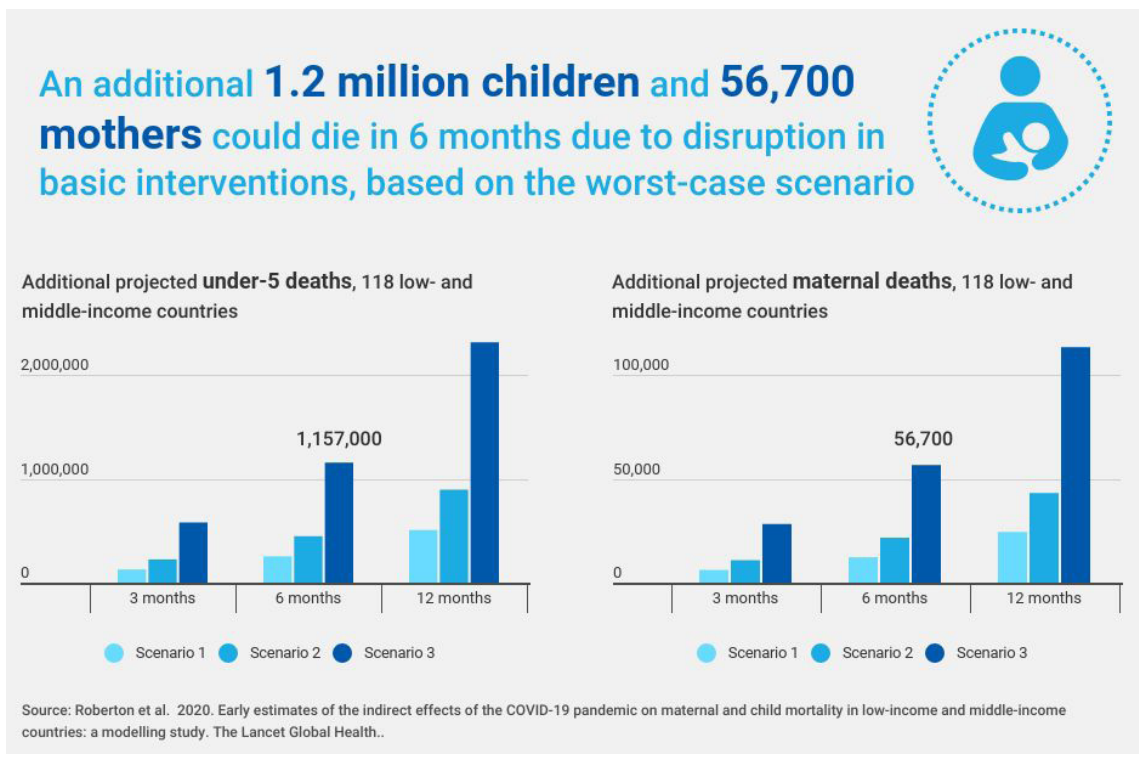
The pandemic is having dire effects on other health outcomes. Vaccination campaigns throughout the world have been suspended, threatening polio eradication and potentially leading to new outbreaks of preventable diseases, with their own related deaths, illnesses and long-term effects. Interrupted access to HIV, TB and malaria care threatens to cause more than a million additional deaths in 2020-2021 alone.⁷ The COVID-19 pandemic has had important mental health and psychosocial effects on populations.⁸ Disruption in health services and food shortages may lead to hundreds of thousands of additional child deaths, along with tens of thousands of additional maternal deaths in 2020.⁹ Widespread service gaps are also being reported for noncommunicable diseases, including heart disease, hypertension, diabetes and cancer treatments, especially in low-income countries.¹⁰ Some disruptions have been caused by the high number of COVID-19 infections and deaths among health care workers.¹¹

FIGURE 2 Global disruption of vaccine outreach activities due to COVID-19



Reported level of disruption to outreach vaccination activities in May 2020 as a result of COVID-19. Source: UNICEF and WHO.

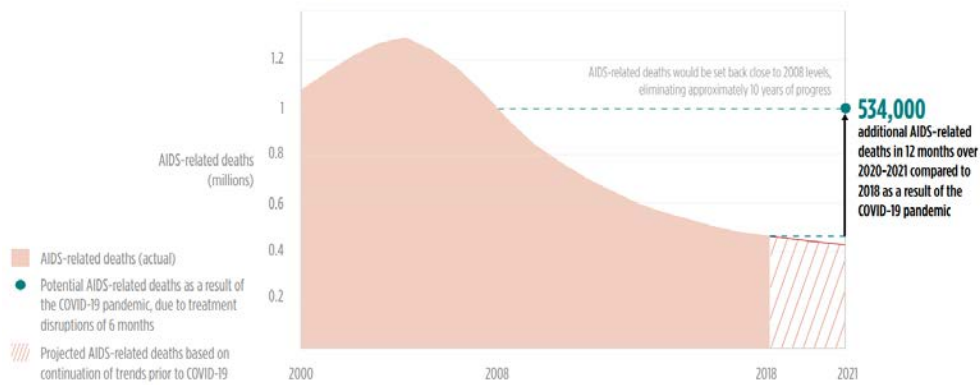
FIGURE 3 Potential impact of COVID-19 on under-5 and maternal deaths globally



The three scenarios represent different levels of potential disruption in service coverage and proportion of children with wasting. The Lancet Global Health. Source: UNICEF & Robertson *et al.*¹²

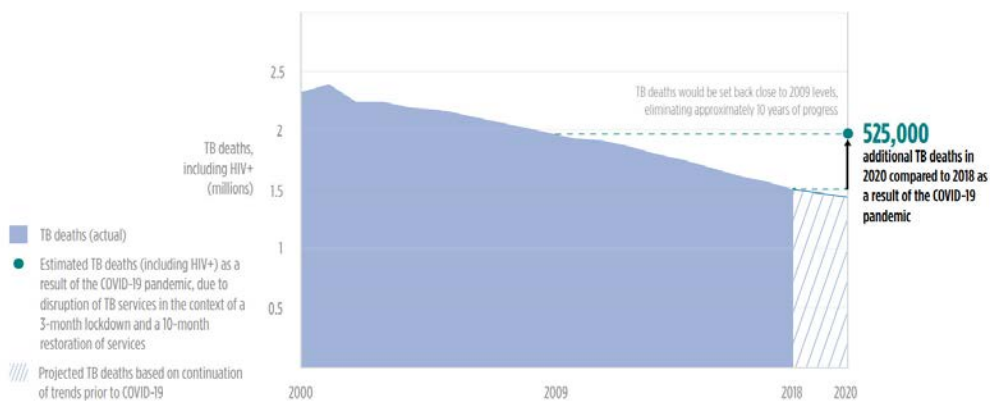
FIGURE 4 Knock-on Effects of the COVID-19 Pandemic on HIV, TB and Malaria

Potential increase in AIDS-related deaths due to HIV treatment disruption in the context of the COVID-19 pandemic in sub-Saharan Africa



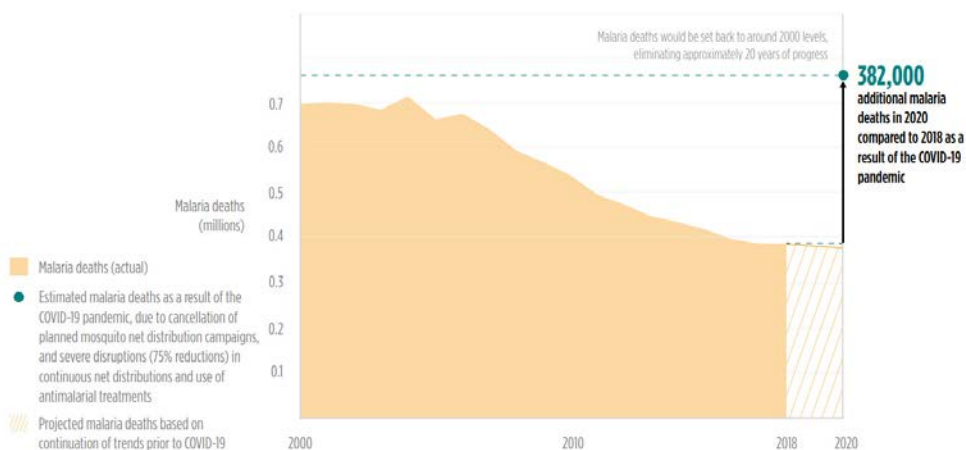
Estimates of AIDS-related deaths over 2000-2018 from UNAIDS, 2019 release. Estimation of projected AIDS-related deaths over 2018-2021, based on continuation of trends prior to COVID-19. Estimation of potential AIDS-related deaths as a result of the COVID-19 pandemic from modelling work convened by WHO and UNAIDS, 2020

Potential increase in TB deaths due to TB service disruption in the context of the COVID-19 pandemic globally⁴



Estimates of TB deaths (including HIV+) over 2000-2018 from WHO Global TB Report 2019. Estimation of projected TB deaths over 2018-2020 based on continuation of trends prior to COVID-19. Potential TB deaths (including HIV+) globally as a result of the COVID-19 pandemic estimated for the year 2020 from Stop TB Partnership (and partners) modeling study, 2020 which assumed a conservative lockdown period of 3 months and recovery period of 10 months. These additional estimated TB deaths are due to TB service disruptions and exclude TB deaths that may happen in people living with HIV because of disruptions of ARV and other HIV-related services.

Potential increase in malaria deaths due to malaria service disruption in the context of the COVID-19 pandemic in sub-Saharan Africa

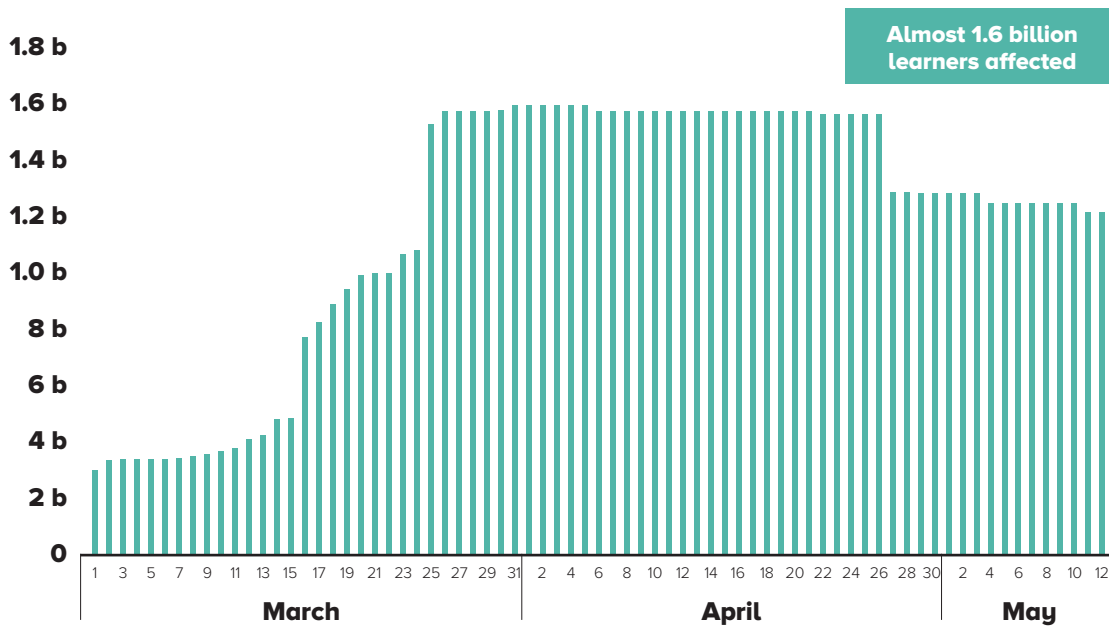


Estimates of malaria deaths over 2000-2018 from WHO World Malaria Report, 2019 release. Estimation of projected malaria deaths over 2018-2020 based on continuation of trends prior to the COVID-19. Estimation of potential deaths as a result of the COVID-19 pandemic from WHO modelling study, 2020.

Potential increase in AIDS, TB and malaria-related deaths due to treatment disruption in the context of the COVID-19 pandemic. Source: The Global Fund.¹³

Beyond health, the social and economic ramifications of COVID-19 have been extensive and severe. In the space of a few weeks, businesses closed, industries were devastated and hundreds of millions of jobs paused or lost.¹⁴ The pandemic may push close to 100 million more people into extreme poverty in 2020.¹⁵ Low and lower middle-income countries are especially vulnerable to long-term social and economic damage given their limited monetary and fiscal capacities. Border restrictions and lockdowns have slowed agricultural production, causing food insecurity worldwide.¹⁶ More than a billion children are or have been out of school, potentially leading to a permanent increase in drop-out rates and an increase in child marriage, predominantly affecting girls and further exacerbating gender disparities in education.¹⁷ The World Bank estimates a US\$ 10 trillion earning loss over time for the younger generation as a result of school closures and a global recession.¹⁸ The mental health crisis currently unfolding because of COVID-19 and its socioeconomic impact is causing an epidemic of interpersonal and gender-based violence, and alcohol and drug abuse.¹⁹ The pandemic is expected to take a particular toll on countries that are experiencing complex humanitarian crises, such as Syria and Yemen.

FIGURE 5 COVID-19’s impact on global education

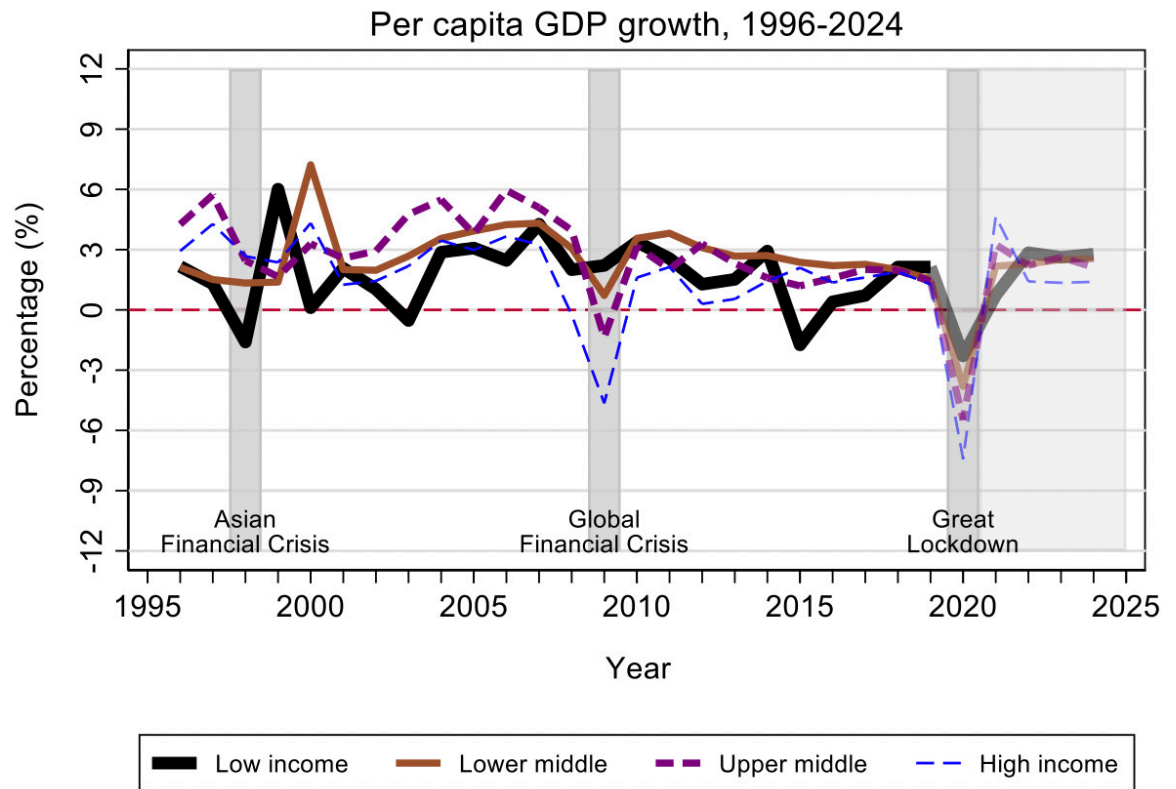


Number of learners impacted by national closures worldwide as of May 2020. Source: UNESCO²⁰

The COVID-19 pandemic will likely trigger the biggest hit to global economic growth since World War II. The pace of a future economic recovery is as yet unknown, but the economic costs will be in the order of tens of trillions of dollars over the next five years.^{21,22} Since the start of the pandemic, outputs, investment and productivity have dropped to unprecedented levels. Global supply chains have been hit with unparalleled disruptions: the World Trade Organization expects the volume of merchandise trade to fall between 13% and 32% in 2020, and even

worse for trade in commercial services.²³ There has been a record collapse in oil demand and a crash in oil prices.²⁴ A sharp decline in GDP and a continuing global recession is expected in 2020.²⁵ Should further waves of the virus require governments to bring back strict lockdown measures, the outlook is even more dire. In low-income countries, with less capacity to absorb shocks, the impact on the poor will be long-lasting.

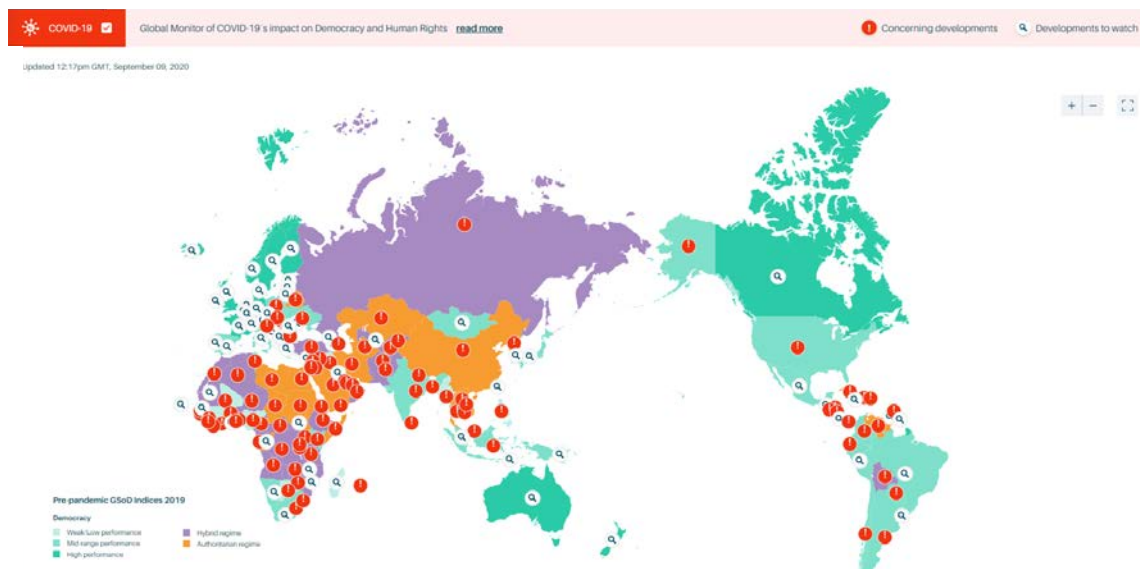
FIGURE 6 Global Economic Impact of COVID-19



Per capita GDP growth in low, lower, upper-middle and high income countries from 1996-2024. Source: IMF/World Bank.

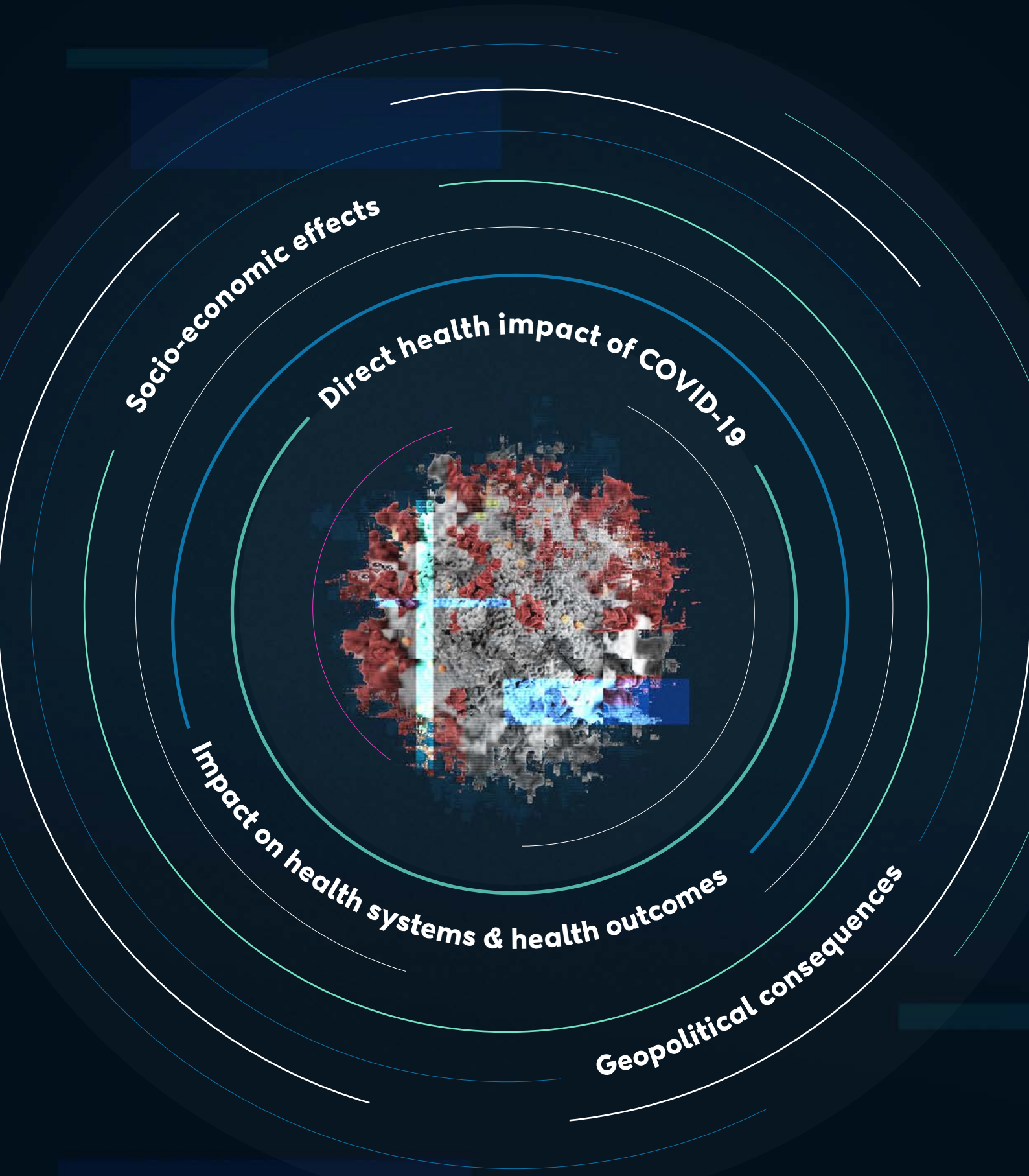
In many places, the pandemic and the economic crisis have increased the risk of violence and threatened social cohesion.²⁶ Cases of racism and xenophobia against people of Asian descent have been reported in many countries.²⁷ Several governments are reported to have used draconian measures to implement lockdowns and quarantines, using violence and excessive force, in some instances violating human rights protections.²⁸ COVID-19 has had a significant impact on democracies and democratic processes,²⁹ resulting in postponed elections, declarations of national emergencies, with sweeping executive powers, and restrictions on the press, freedom of speech, and the right to protest peacefully.³⁰ While trust in governments in many countries reached a high point in the first weeks of the pandemic, confused responses, miscommunication, misinformation and the deep impact of restrictions and lockdowns on the population has led to mistrust, polarization and rising nationalism, threatening social stability in some places. In other parts of the world where leaders were able to “flatten the curve” and keep the pandemic in check, COVID-19 has shined a light on the importance of effective leadership and good governance.

FIGURE 7 Global impact of COVID-19 on democratic processes and human rights



Map of countries showing measures that impact on national democratic processes and human rights as of 9 September 2020. Source: International Institute for Democracy and Electoral Assistance.³¹

One of the greatest challenges of the COVID-19 pandemic is faltering multilateral cooperation. While many new initiatives have emerged, which give some ground for optimism, transnational political tensions over the COVID-19 response, and excessive nationalism, have hampered the global response to the pandemic. Reforms of multilateral organizations are needed, but reduced funding for WHO will compromise the work of the key UN health organization, even as countries are counting on it to help mount their pandemic responses. Multilateral actions at the UN Security Council and the G7 have been restricted by a lack of collaboration. Many of these tensions existed prior to the start of the pandemic, but COVID-19 has revealed the costs of a failing multilateral system. Although vaccine development has moved with astonishing speed, involving numerous researchers, companies and collaborators, global production and distribution of an effective vaccine is likely to take months, if not years, and so will economic recovery. COVID-19 may well become a complex, protracted crisis, exacerbated by other challenges like climate change. How the world emerges from this crisis will depend on whether and how countries, actors and communities overcome their unwillingness to work together. There are two futures in front of us: one where countries retreat into nationalism, where there are increasing transnational tensions and conflicts, and multilateral organizations are weakened; or one where leaders work together to take bold decisions to reform, strengthen and support the multilateral system.



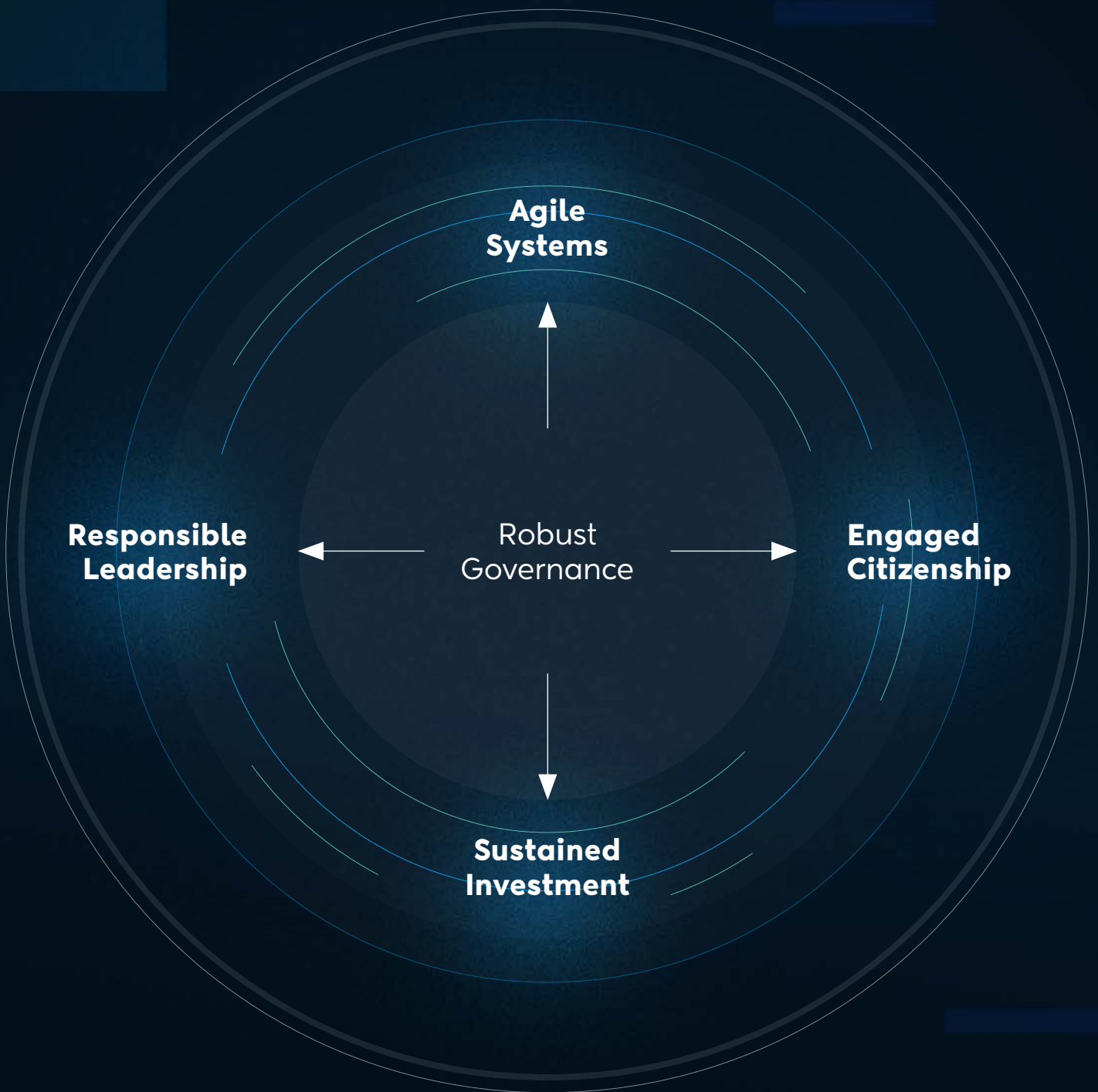
LESSONS LEARNED FROM COVID-19 AND CALL TO ACTION

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Progress in implementing these actions has been limited. It is not as if the world has lacked the opportunity to take these steps. There have been numerous calls for action in these areas over the last decade, yet none have generated the changes needed. Financial and political investments in preparedness have been insufficient, and we are all paying the price.

COVID-19 has already demonstrated the importance of four critical and interconnected dimensions of pandemic preparedness and response: responsible leadership, engaged citizenship, agile systems, and sustained investment. Good governance is the essential linkage at the centre, ensuring all four can function coherently and effectively at all levels: local, national, regional and global.



The Board offers the following lessons and call for action in these five dimensions, drawing on the report of 2019 and experience in the COVID-19 pandemic thus far.

RESPONSIBLE LEADERSHIP



G20 Extraordinary Leaders' Summit on COVID-19 26 March 2020. Source: GETTY IMAGES.

Leaders at all levels hold the key. It is their responsibility to prioritize preparedness with a whole-of-society approach that ensures all are involved and all are protected.

1. Heads of government must commit and invest.
2. Countries and regional organizations must lead by example.

GPMB Annual Report 2019

In its report of 2019, the GPMB highlighted leadership as the #1 requirement for health emergency preparedness and response.³² In its call to action, the Board urged national leaders to ensure sustained attention and funding to national preparedness plans. The Board urged G7, G20 and G77 Member States, and regional intergovernmental organizations to follow through on funding commitments.

Progress on 2019 GPMB Call to Action

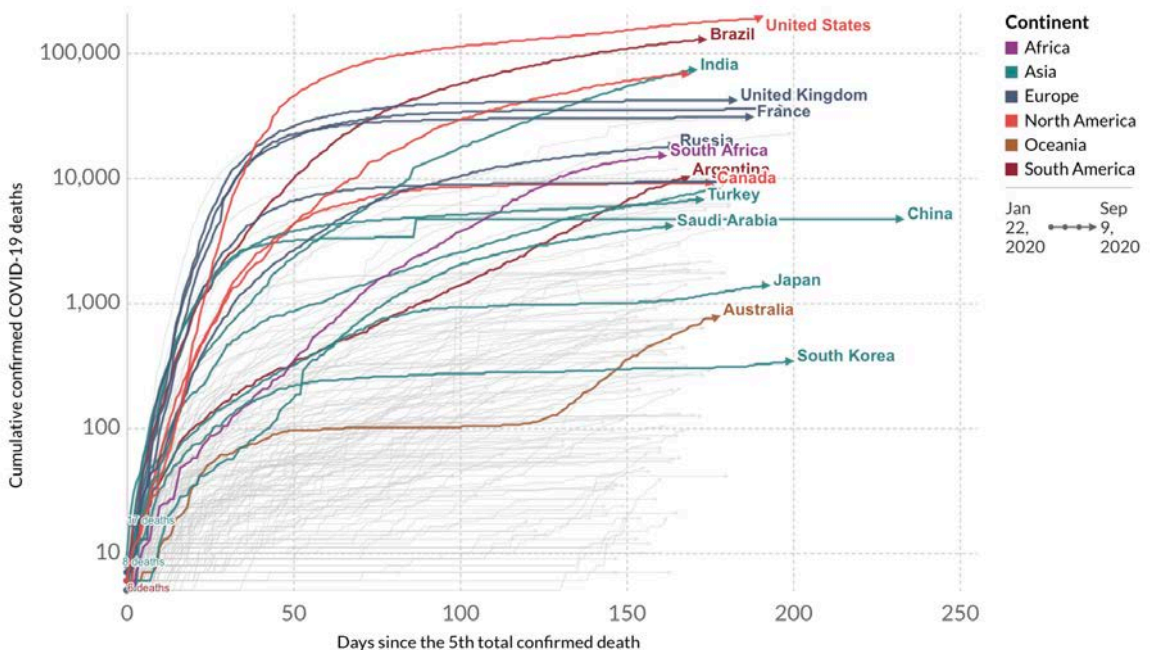
Many countries have at least some of the appropriate International Health Regulations (IHR) capacities but struggle to operationalize them and scale up their response. Countries that heeded early warnings from available data and quickly mobilized whatever emergency capacities they had were more successful in containing the virus. Early success stories include the Republic of Korea, which developed extensive, flexible health emergency capabilities following a 2015 MERS outbreak, but also Viet Nam, which had far fewer resources but marshalled them immediately and effectively to contain the virus. Other countries with greater resources and capacities were slow to respond and paid a high price. Although progress has been made on the implementation of national action plans for health security (NAPHS), a key 2019 GPMB call to action, the capacity to operationalize these plans remains weak. Investments in building IHR capacities have not focused sufficiently on improving countries' capacities to quickly operationalize and scale up national capacities and to take rapid, decisive, evidence-based action when an outbreak hits.

FIGURE 8 COVID-19 deaths in G20 countries

Cumulative confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World
in Data

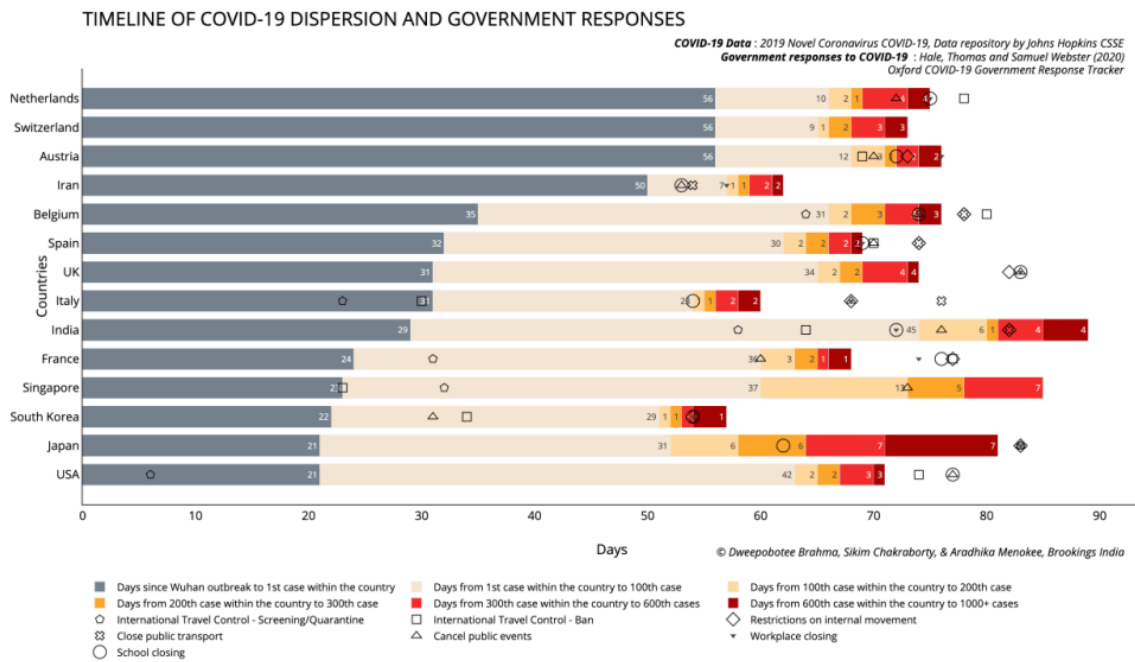


Source: European CDC "Situation Update Worldwide" Last updated 9 September, 09:35 (London time), Our World In Data

CC BY

G20 countries have seen the majority of COVID-19 deaths. The cumulative confirmed COVID-19 deaths as of 9 September 2020 in G20 countries. Source: Our world in data.³³

FIGURE 9 Early COVID-19 spread and government interventions



In the early days of the pandemic, countries that proactively implemented non-pharmaceutical interventions managed to bring the pandemic under control more quickly. The shapes represent the different government measures implemented over time. Source: Brookings India.³⁴

G7 and G20 countries have a strong commitment to preparedness, but have struggled to implement a collective response, hampered by global geopolitical tensions undermining multilateral institutions. On 26 March 2020, the G20 held the Extraordinary G20 Leaders’ Summit on COVID-19, making a series of commitments to address the public health, economic and multilateral dimensions of COVID-19, and proposing a global initiative on pandemic preparedness and response.³⁵ G20 member countries have already taken action on many of these commitments. However, geopolitical tensions have made it difficult for the G7 and G20 to reach consensus on key issues and take collective action on commitments made.

The pandemic is acting as a stress test on national unity and global solidarity.³⁶ COVID-19 has proven that health is basic to peace, prosperity and security³⁷. The pandemic has demonstrated the fragility of democracy, good governance and societal and economic order. It has contributed to an increase in populism, nationalism and authoritarianism in some countries. It has fueled political confrontation, exacerbated vulnerabilities and inequities, and exposed the inadequacy of systems to protect the marginalized. It has overturned decades of progress in poverty alleviation. It has created social and economic disorder on an unprecedented scale. It has also shown the value of trusted, accountable leadership, for ensuring response mechanisms are in place and adequately funded, and for moving quickly to promote and amplify a unified, science-driven response. Preparedness demands that leaders at all levels of society – heads of state and government, national and local leaders, in business, civil society and the media – recognize that protecting health underpins all aspects of a functioning, prosperous society and act accordingly.³⁸

Based on these findings and broader analysis of the COVID-19 response, the Board concludes:

Political leadership makes the difference. Responsible leaders act decisively, on the basis of science, evidence and best practice, and in the interests of people. Several countries have been relatively successful in reducing the health, economic and social impact of the pandemic. This success is a political choice. Rather than pitting the fate of economy against containment of the virus, leaders of these countries have taken early public health actions based on best science and available evidence while taking steps to protect their populations from the social and economic consequences.

Responsible leadership requires empathy, accurate communications, and community partnership. Such leadership is built on trust by demonstrating competence, delivering on commitments and acting in an ethical manner that reflects societal values.³⁹ During the current crisis, we have witnessed the profound impact of wise decision-making by national leaders, but also by mayors, governors, business and community leaders, and other influencers. Unfortunately, we have also seen the opposite and its effects have been detrimental to health, societies, and economies.

Responsible leadership takes a long-term perspective. Political cycles sometimes make it difficult to develop and sustain long-term commitments to preparedness, and the impact of dismantling or weakening systems for preparedness has been clearly demonstrated. The experience of SARS 17 years ago meant that several Asian countries were better prepared for the new coronavirus.

Pandemic preparedness is a common good. We recognize the responsibility of national leaders to act in the interests of their countries, but successful prevention, detection, and response benefits people everywhere. Further, given the rapid spread of infectious diseases, global preparedness and response is in the self-interest of every nation. We are dismayed at the actions of countries and regions that are politicizing the pandemic. We are also concerned about reports of countries ‘securing a disproportionate share of vaccines and other medical countermeasures, leaving a fraction for the rest of the world’.⁴⁰ No one is safe until all are safe, and vaccines must be used in ways that will have the most impact in protecting the vulnerable and rapidly ending the pandemic – everywhere.

WE CALL FOR RESPONSIBLE LEADERSHIP

Urgent Actions

- **National leaders and leaders of international organizations and other stakeholders** take early decisive action based on science, evidence and best practice when confronted with health emergencies. They discourage the politicization of measures to protect public health, ensure social protection, and promote national unity and global solidarity.
- We reiterate our call for **heads of government** to appoint a national high-level coordinator with the authority and political accountability to lead whole-of-government and whole-of-society approaches, and routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness.
- **National leaders, manufacturers and international organizations** ensure that COVID-19 vaccines and other countermeasures are allocated in a way that will have the most impact in stopping the pandemic, that access is fair and equitable, and not based on ability to pay, with health care workers and the most vulnerable having priority access. Each country should get an initial allocation of vaccine sufficient to cover at least 2% of its population, to cover frontline health care workers.

ENGAGED CITIZENSHIP



WHO, Morning commuters on a metro heading to Port Louis, complying with national law which requires the mandatory wearing of face masks on public transport. © WHO / Blink Media - Gilliane Soupe

Long-term, sustained community engagement is crucial for detecting outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses.

1. Countries must prioritize community involvement in all preparedness efforts, building trust and engaging multiple stakeholders.

GPMB Annual Report 2019

The GPMB Annual Report 2019 identified long-term, sustained community engagement as crucial for detecting outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective response. This requires not only understanding how different groups are affected by a health emergency, including what other vulnerabilities are being created by this crisis, but also involving these groups in decision-making. Governments need to facilitate this process by reaching beyond the traditional realm of experts and politicians to local community organizations.

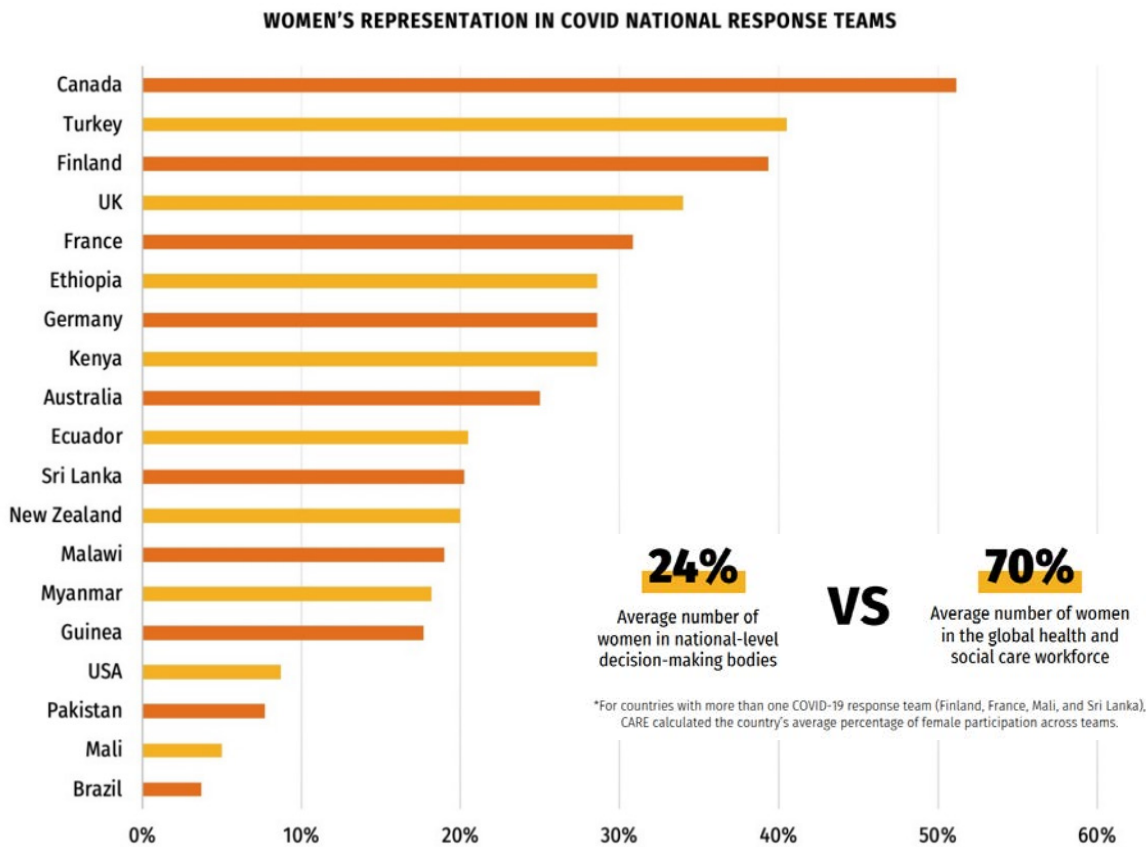
Progress on 2019 GPMB Call to Action

The lack of community involvement in preparedness reduces capacity to respond to health emergencies. COVID-19 demonstrates that, everywhere in the world, pandemics and outbreaks start and end in communities. Several leaders and institutions have generated the trust, community buy-in and participation crucial to mobilize their populations in support of the COVID-19 response, encouraging compliance with public health measures and protecting vulnerable individuals. However, in many countries, communities are an afterthought, rather than at the centre of preparedness, and governments and public health authorities have defaulted to one-way, directive communications rather than developing collaborative approaches that involve communities, leading to a disconnect between national messages and local contexts.⁴¹ In many countries, citizens are not empowered to hold governments accountable; efforts by governments and donors to strengthen civil society organizations in the social sector remain inadequate. In places where communities have been abandoned or ignored by governments or where there is mistrust in science and public authorities, communities are pushing back against public health measures, causing resurgence of COVID-19 cases.⁴² COVID-19 is highlighting a disconnect between the top-down approach to preparedness and the bottom-up nature of pandemic response. Leadership and governance structures for preparedness must be transformed so they are accessible to communities, responsive to their needs, promote trust and respect human rights.

Women remain inadequately involved in preparedness despite bearing the brunt of the impact of health emergencies. In many countries, women are essential workers, providing health care or social services, and employed in food processing or critical retail, exposing themselves to greater risks of infection.⁴³ Globally, women make up 70% of the health workforce, yet are under-represented in decision-making positions. In most households, women take more responsibilities for childcare and for caring for family members. During COVID-19 lockdowns, more women than men lost employment or had to reduce their work hours to support children home schooling.⁴⁴ COVID-19 is putting women's safety and wellbeing at greater risk due to restricted access to maternal and reproductive health care services but also to the increase in domestic and gender-based violence. However, few women wield the political power necessary to ensure that pandemic preparedness policies address the needs of women and girls.

Beyond engagement, communities need to be empowered to make the best decisions and take action to protect themselves. To do this, they need knowledge and transparency. Otherwise, people will seek information where they can, including from sources that spread misinformation. The effect should not be underestimated. In many countries, misinformation is impacting compliance with public health interventions and threatening progress made with the COVID-19 response, leading to additional illnesses and deaths. But COVID-19 misinformation is also being used to propagate polarizing messages and to undermine trust in governments and global institutions.

FIGURE 10 Women’s involvement in national leadership for COVID-19 response



While women represent the majority of health care workers, most COVID-19 national decision-making bodies are not gender equal. Source: Care International.⁴⁵

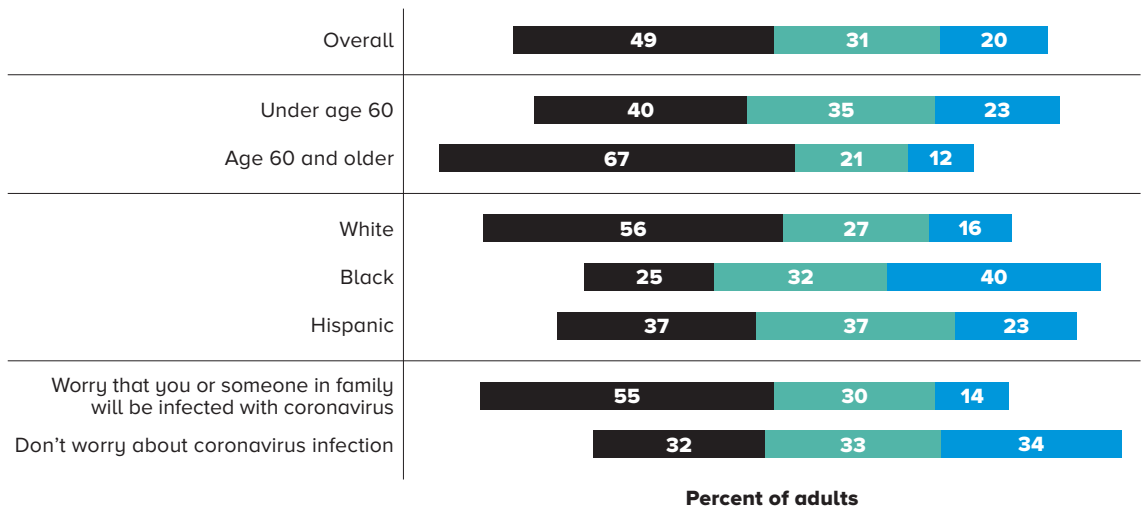
Based on these findings and broader analysis of the COVID-19 response, the Board concludes:

Preparedness is not only what governments do to protect their people, it is also what people do to protect each other. In the absence of an effective vaccine or treatment, individual behaviours have never been more important. Citizens can protect one another and demonstrate social and moral responsibility by acting in the best interests of all.

The anti-vaccination movement threatens to exacerbate and prolong the pandemic. Governments will play a role in understanding the public’s expectations and fears as COVID-19 vaccinations become available. Among critical government actions will be earning confidence that vaccines will be allocated fairly and free at point of service; communicating effectively about a vaccine’s effectiveness, supply, and possible side effects; assuring convenient administration sites; and encouraging community involvement in vaccination programmes.⁴⁶ But citizens play a role too. They must seek out science-based information on vaccinations and fully understand their role in preventing disease not only in their own families, but in society at large.

FIGURE 11 COVID-19 vaccine hesitancy in the US, Europe and Israel

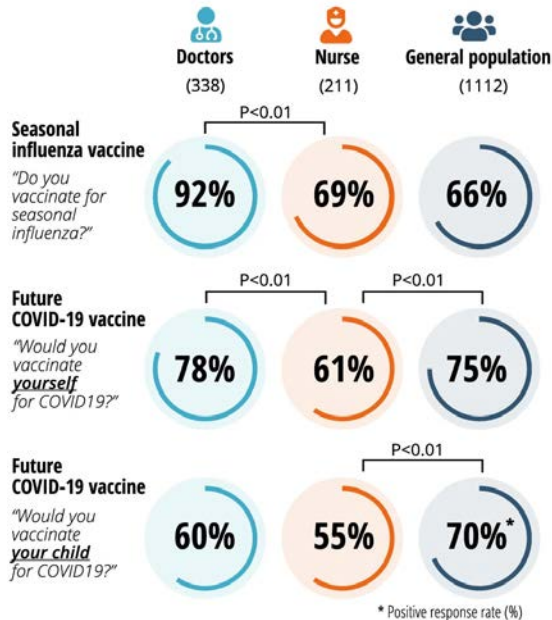
Do you plan to get vaccinated against coronavirus?



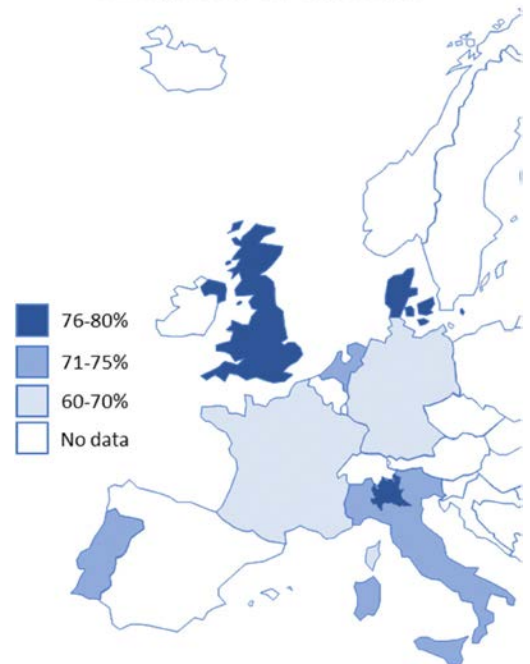
■ Yes ■ Not sure ■ No

Question: if a vaccine against the coronavirus becomes available, do you plan to get vaccinated, or not?
 Source: AP-NORC Poll conducted May 14-18, 2020 with 1,056 adults.

(a) Acceptance rates for future COVID-19 vaccination
 healthcare professionals compared with the general population



Willingness to be vaccinated



These three studies from the United States⁴⁷, Europe⁴⁸ and Israel⁴⁹ (clockwise) show that vaccine hesitancy may be a challenge to ending the pandemic. Sources (clockwise): AP-NORC; Neumann-Böhme, Sebastian, et al. Eur J Health Econ; Reprinted by permission from Springer Nature: [Springer Nature] [European Journal of Epidemiology] [Dror, Amiel A., Copyright 2020, 12 Aug 2020 (doi:10.1007/s10654-020-00671-y. Eur J Epidemiol.

Efforts to catalyze citizen engagement in preparedness can learn from other civil movements. People are more likely to engage if they feel part of a wider movement that supports and encourages them. Preparedness for health emergencies has much to learn from other movements which have demonstrated the power of citizen engagement in addressing existential global threats, such as climate change, racism and HIV. These movements have mobilized millions of people around the world; individuals who are willing to make values-based choices to address these challenges advocate within their communities, and demand that governments and global leaders bring about the changes required.

WE CALL FOR ENGAGED CITIZENSHIP

Urgent Actions:

- **Citizens** demand accountability from their governments for health emergency preparedness, which requires that governments empower their citizens and strengthen civil society.
- **Every individual** takes responsibility for seeking and using accurate information to educate themselves, their families and their communities. They adopt health-promoting behaviours and take actions to protect the most vulnerable. They advocate for these actions within their communities.

AGILE SYSTEMS



Medical Technologist, Wasing Mong Marma, completes RNA (ribonucleic acid) extraction at the IEDCR Field Laboratory in Cox's Bazar Medical College. Credit: WHO / Blink Media – Fabeha Monir

Planning for emergencies...will require prioritizing systems building across the whole of society, in a variety of contexts, testing different models, and creating environments and mechanisms for sharing best practices among countries at all economic levels.

- 1.** All countries must build strong systems.
- 2.** Countries, donors and multilateral institutions must be prepared for the worst.

GPMB Annual Report 2019

Health emergency preparedness requires effective, agile systems for prevention, detection, response, and recovery with the flexibility and scalability required to cope with a variety of emergencies, commensurate with the required response. These systems must be intersectoral and include multiple stakeholders and facilitate contributions across relevant sectors. In the 2019 Annual Report, the GPMB called on heads of government to appoint a high-level coordinator and invest in research and development for countermeasures and non-pharmaceutical interventions, along with mechanisms for sharing genome sequences of new pathogens, and for equitable allocation of scarce medical countermeasures.

Progress on 2019 GPMB Call to Action

Preparedness gaps remain in national coordination. The COVID-19 pandemic has highlighted preparedness gaps across levels around data and information sharing, communication and messaging, medical equipment (e.g. personal protective equipment) distribution, skilled personnel, managing travel restrictions, and testing and tracking cases. Regardless of the level of decentralization, countries that have had more successful responses had in place good coordination mechanisms across levels, the ability to share information and quickly align priorities, as well as flexibility and the discretion to mobilize resources and the appropriate delegation of authority.⁵⁰ The GPMB last year called for each country to appoint a high-level coordinator who would oversee health emergency responses across all government agencies and link with broader institutions and organizations to create a whole-of-society approach. The official would have the authority to develop and exercise national preparedness capabilities, but also would play a critical role during response, engaging all appropriate agencies, identifying and rectifying bureaucratic bottlenecks, and ensuring equitable distribution of supplies based on evidence-based need.

Health emergency preparedness remains siloed and with little reach beyond public health. COVID-19 affects all spheres of life. It therefore requires a comprehensive response, encompassing health, mental health and psychosocial support, education, and other aspects of the social and economic sectors. Many sectors lacked plans to mitigate not only the public health risks but also the potential socioeconomic impact⁵¹ of the pandemic, including strategies for managing breaks in supply chains, school and childcare closures, food shortages, and unemployment, in a way that was least disruptive to personal finances, commerce, and daily lives. This lack of multisectoral preparedness left many societies scrambling to figure out how to maintain essential services and mitigate economic disruptions. The potential impact of pandemics on non-health sectors and the private sector has been a known risk for years. However, countries and organizations have not sufficiently addressed these dimensions in their preparedness planning and have not established the appropriate systems and procedures to manage these disruptions.

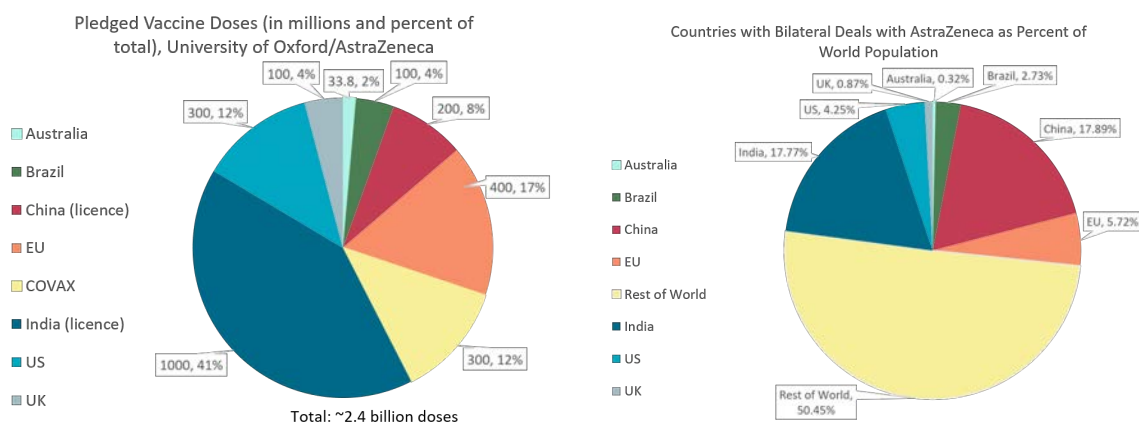
Integration of core public health functions into a health system based on primary health care with universal health coverage is a precondition for preparedness. Public health systems need to work hand in hand with effective service delivery and workplace and health financing policies. While public health systems must have the resources to detect and test for disease, those affected must also be able to receive effective, affordable treatment, to ensure all have access to care and to help stem transmission.

While progress on the coordination of R&D has been made during the pandemic, this progress is fragile. Research has been conducted in the COVID-19 pandemic at a speed and scale never previously witnessed, and progress in understanding the virus, and in developing and assessing countermeasures, has been impressive. This rapid progress is based on a foundation of long-term commitments to basic science research. In the first weeks of the outbreak, WHO activated the R&D Blueprint and established the Solidarity international clinical trials aimed at rapidly assessing the relative effectiveness of COVID-19 treatments. As awareness grew of the need for strengthened international coordination of the COVID-19 R&D effort, WHO, together with the Coalition for Epidemic Preparedness Innovation (CEPI), FIND, Gavi, the Global Fund, UNITAID, the Wellcome Trust and the World Bank, established the Access to COVID-19 Tools (ACT) Accelerator⁵², with support from governments, manufacturers and funders. While these initiatives hold much promise, it remains to be seen whether they will achieve their goals, and they remain limited to COVID-19. The momentum created by the pandemic is an opportunity to establish effective and sustainable mechanisms to support the range and scope of R&D necessary to confront potential health emergencies.

Surge manufacturing capacity, stockpiling and fragile supply chains have proven to be major barriers to pandemic response. The majority of countries did not have sufficient stockpiles or the pre-existing capacity and resources to suddenly scale up manufacturing for all the necessary countermeasures to respond to a pandemic. The consequence of this has been a significant upsurge in the global demand for medical countermeasures, which has exposed the fragility of global supply chains for medical goods and the materials needed to develop them. Over the last decade, manufacturing of vaccines, therapeutics and diagnostics has become increasingly concentrated in a few countries, heightening the risk of supply ruptures. This shortage of medical countermeasures has threatened countries' capacities to fight COVID-19. In low and middle-income countries that cannot afford bidding wars, it has been extremely challenging to source personal protective equipment, testing materials and medical equipment.⁵³

The absence of a pre-established multilateral agreement or mechanism to share limited countermeasures is threatening to prolong the pandemic. Lessons from previous pandemics have shown that without mechanisms and procedures to facilitate the equitable sharing of limited medical countermeasures, low and middle-income countries may be unable to secure access to vaccines and treatments until after rich countries have secured enough doses for their entire population. In most countries it will not be operationally possible to vaccinate an entire population in a year. The COVID-19 Global Vaccine Access (COVAX) Facility will allow countries to pool resources, share vaccine development risks, allow procurement of sufficient volumes of vaccines to support equitable access globally, and where there is oversupply, donate surplus doses to a central pool.⁵⁴ However, at the time of writing this report, most of the major vaccine manufacturing governments have yet to express an interest in joining.⁵⁵ Several countries and regional groupings have concluded advanced purchase agreements with COVID-19 vaccine manufacturers, potentially limiting access to vaccines for other countries.⁵⁶

FIGURE 12 Pledged doses of University of Oxford/AstraZeneca COVID-19 vaccine



Nearly 90% of the University of Oxford/AstraZeneca vaccine supply has already been secured by Brazil, China, India, US, the UK and EU countries, leaving about 12% for the other 50% of the world. Source: Graduate Institute.

Based on these findings and broader analysis of the COVID-19 response, the Board concludes:

Digital systems have had a profound impact, both positive and negative. COVID-19 has demonstrated the dangers of rapid propagation of misinformation, but digital systems have also been critically important in numerous aspects of preparedness and response, including early detection and sequencing of the virus, contact tracing, patient information, clinical care, supply chains, and facilitating research and development. Significant concerns remain about the privacy and confidentiality of personal information, and how such information is being used. The governance and regulation of digital health remains weak. The ‘digital divide’, between those who have ready access to information and learning technologies and those who do not, ‘is threatening to become the new face of inequality, reinforcing the social and economic disadvantages suffered by women and girls, people with disabilities and minorities of all kinds.’⁵⁷

Global preparedness is not simply the sum of national preparedness. National preparedness is key, but global and regional mechanisms for tracking potential pathogens, early alert, information sharing, research and development, regulatory capacity-building and harmonization, allocation of countermeasures, stockpiles and supply chains must also be strengthened and developed, sustained and financed. Preparedness to conduct rapid research and countermeasure development requires sustained commitment to capacity- building and funding for basic science research. Preparedness at the global level requires engagement through international bodies that work for the health of all.

A strong multilateral system is the foundation of global pandemic preparedness. The world needs stronger mechanisms for collective action that enable nations, business and societies to work together for the common good. Collective action is not limited to the work of international organizations, it reflects the way countries work together bilaterally, regionally and internationally. Collective action is needed in the event of a pandemic to ensure a common strategy, coordinated and effective public health action, and equitable access to countermeasures. Interconnected supply chains and international travel means all countries depend on the economic, social, and physical health of all others. Collective action is required to ensure global coordination and manage competition for resources. We anticipate that the forthcoming evaluation requested by the World Health Assembly⁵⁸ will help to guide steps to further strengthen WHO and international preparedness, with the resources and authority needed to act rapidly and effectively.

WE CALL FOR STRONG AND AGILE NATIONAL AND GLOBAL SYSTEMS FOR GLOBAL HEALTH SECURITY

Urgent Actions:

- **Heads of government** strengthen national systems for preparedness; identifying, predicting and detecting the emergence of pathogens with pandemic potential based on a ‘One Health’ approach that integrates animal and human health; building core public health capacities and workforce for surveillance, early detection and sharing of information on outbreaks and similar events; strengthening health systems based on universal health coverage with surge capacity for clinical and supportive services; and putting in place systems of social protection to safeguard the vulnerable, leaving no one behind.
- **Researchers, research institutions, research funders, the private sector, governments, the World Health Organization and international organizations** improve coordination and support for research and development in health emergencies and establish a sustainable mechanism to ensure rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution.
- **Heads of government** renew their commitment to the multilateral system, and strengthen WHO as an impartial and independent international organization responsible for directing and coordinating pandemic preparedness and response.

SUSTAINED INVESTMENT



US-FINANCE-IMF-ANNUAL MEETINGS

A participant of the 2017 Annual Meetings walks past a sign outside the International Monetary Fund (IMF) headquarters in Washington, DC, during the 2017 IMF Annual Meetings on October 10, 2017. / AFP PHOTO / Andrew CABALLERO-REYNOLDS (Photo credit should read ANDREW CABALLERO-REYNOLDS/AFP via Getty Images)

Existing financing mechanisms are inadequate for prolonged outbreaks and would not suffice for a fast-moving global pandemic, particularly one involving a respiratory pathogen.

1. Financial institutions must link preparedness with financial risk planning.
2. Development assistance funders must create incentives and increase funding for preparedness

GPMB Annual Report 2019

In its report last year, the Board called on the International Monetary Fund and World Bank to renew efforts to integrate preparedness into economic risk and institutional assessments. It also urged major global health funders, including the Global Fund to Fight AIDS, TB and Malaria and Gavi, the Vaccine Alliance, to include explicit commitments for preparedness. It called for increases in development assistance to help the poorest countries close financing gaps in their national health security action plans.

Progress on 2019 GPMB Call to Action

Existing emergency funding mechanisms are inadequate for a pandemic response.

Although the WHO Contingency Fund for Emergencies and the Pandemic Emergency Financing Facility (PEF)⁵⁹ cash window can be deployed quickly, only a relatively small amount of funds is available through these mechanisms and they can be depleted quickly. While the PEF insurance window has the potential to make more funding available, the trigger conditions for the release of funds limit its usefulness as a rapid pandemic response tool. Although the PEF was designed to be a fast-disbursing surge financing facility, the US\$ 196 million from the insurance window was only triggered in support of the COVID-19 response almost four months into the pandemic.⁶⁰ The World Bank is not planning to renew the PEF insurance window after the current pandemic bonds and swaps matured in July 2020. Although funds were mobilized quickly – the World Bank committed US\$ 6 billion for COVID-19 emergency response to countries in the first 100 days – there is currently no adequate dedicated mechanism to allow the rapid deployment of a large amount of funds at the beginning of a pandemic.

New financing initiatives may incentivize future preparedness investments, but preparedness financing requires a more fundamental reform.

On 17 April 2020, the World Bank announced its plan to establish the Health Emergency Preparedness and Response Multi-Donor Fund (HEPRF), a US\$ 500 million trust fund to provide incentives to low-income countries to increase investments in health preparedness and support the immediate COVID-19 response.⁶¹ While this initiative will provide much needed funds, it is far from sufficient in scope or scale to incentivize the necessary national investments and support global preparedness. As countries and international organizations consider new ways of investing, it will also be essential to focus on “building back better”, so that financing for preparedness becomes more flexible, resilient and sustainable.

Based on these findings and broader analysis of the COVID-19 response, the Board concludes:

The return on investment in preparedness is immense. The costs of this pandemic are measured in trillions of dollars, the costs of preparedness in billions. It would take 500 years to spend as much on investing in preparedness as the world is losing due to COVID-19. The economic imperative to invest in preparedness is beyond argument. Yet despite numerous warnings and similar economic calculations, the world has failed to invest in preparedness at the levels required.

Costs of COVID-19⁶²	Investments in preparedness
<ul style="list-style-type: none">• Over US\$ 11 trillion, and counting, to fund the response• Future loss of US\$ 10 trillion in earnings	<ul style="list-style-type: none">• Additional US\$ 5 per person annually⁶³

Extraordinary events require extraordinary financing. Rapid funding of emergency research and development is hampered by the lack of mechanisms in International Financing Institutions to provide such financing at the global level. Fully funding and implementing national health security action plans, which describe the capacities needed to fulfill the International Health Regulations, would go a long way towards ensuring countries have the tools needed to identify and respond to a modest outbreak. But in addition, COVID-19 has necessitated a variety of other financial supports including: health care system surge capacity; resources for ensuring continuation of

health services beyond those needed for the outbreak; social protection; and economic support for business. Several funding mechanisms, such as the Global Fund and Gavi, have announced grant flexibilities, allowing grantees to use funds received to finance their COVID-19 response and re-purpose equipment and facilities.⁶⁴ This has allowed large amounts of funding to be available almost immediately for the COVID-19 response.

National investments for the COVID-19 response must be sustained to ensure preparedness for future events. The devastating economic and societal costs of COVID-19 have demonstrated the importance of investment in preparedness as a pillar of economic security. In responding to this pandemic, countries have made investments in preparedness and response on an unprecedented scale. This capacity must be maintained, not dismantled, even in the face of an economic downturn and global debt crisis. Governments must ensure that funding for health systems, and emergency preparedness and response, remains a priority to avoid threatening already fragile systems and undermining future pandemic preparedness.

Development assistance is an inadequate model for financing national and global preparedness. In its 2019 report, the Board called on development assistance funders to create incentives and increase funding for preparedness. It is now becoming clear that traditional development assistance is inadequate for preparedness and response. It depends on a small number of generous countries, foundations, and development banks. While this model may have worked for relatively localized outbreaks occurring in a small number of countries, COVID-19 is causing economic stress everywhere. Global health security is the responsibility of all countries, and requires long-term, predictable, flexible and sustained financing, based on global solidarity.

WHO financing is more fragile than ever. Global political tensions have further exacerbated WHO's financial fragility. Despite the increased funding provided for the COVID-19 response, a lack of sustainable financing threatens WHO's capacity to play a central role in global health emergencies, but also to deliver on its broader mandate.

WE CALL FOR SUSTAINED INVESTMENT IN PREVENTION AND PREPAREDNESS, COMMENSURATE WITH THE SCALE OF A PANDEMIC THREAT

Urgent Actions:

- **G20 leaders** ensure that adequate finance is made available now to mitigate the current and future economic and socioeconomic consequences of the pandemic.
- **Heads of government** protect and sustain the financing of their national capacities for health emergency preparedness and response developed for COVID-19, beyond the current pandemic.
- **The United Nations, World Health Organization, and the International Financing Institutions** develop a mechanism for sustainable financing of global health security, which mobilizes resources on the scale and within the timeframe required, is not reliant on development assistance, recognizes preparedness as a global common good, and is not at the mercy of political and economic cycles.
- **The World Bank and other International Financial Institutions (IFI)** make R&D investments eligible for IFI financing and develop mechanisms to provide financing for global R&D for health emergencies.

GOVERNANCE



Seventy-Second World Health Assembly, Geneva, Switzerland, 20–28 May 2019. Source: WHO / Antoine Tardy

Whole-of-government and whole-of-society system planning and engagement for preparedness are frequently lacking.

1. The United Nations must strengthen coordination mechanisms.

GPMB Annual Report 2019

The governance of preparedness for health emergencies encompasses the mechanisms, institutions, structures, rules, and ethos that together ensure the right choices, decisions and actions are taken at all levels. It ensures a whole-of-government and whole-of-society approach to preparedness. Good governance is based on a set of shared values and responsibilities that include accountability, transparency, trust, equity, ethical behaviour, the rule of law, and human rights. It encourages inclusion, participation and mutual respect. It ensures that all stakeholders have a voice, especially the most vulnerable communities, including women and children.

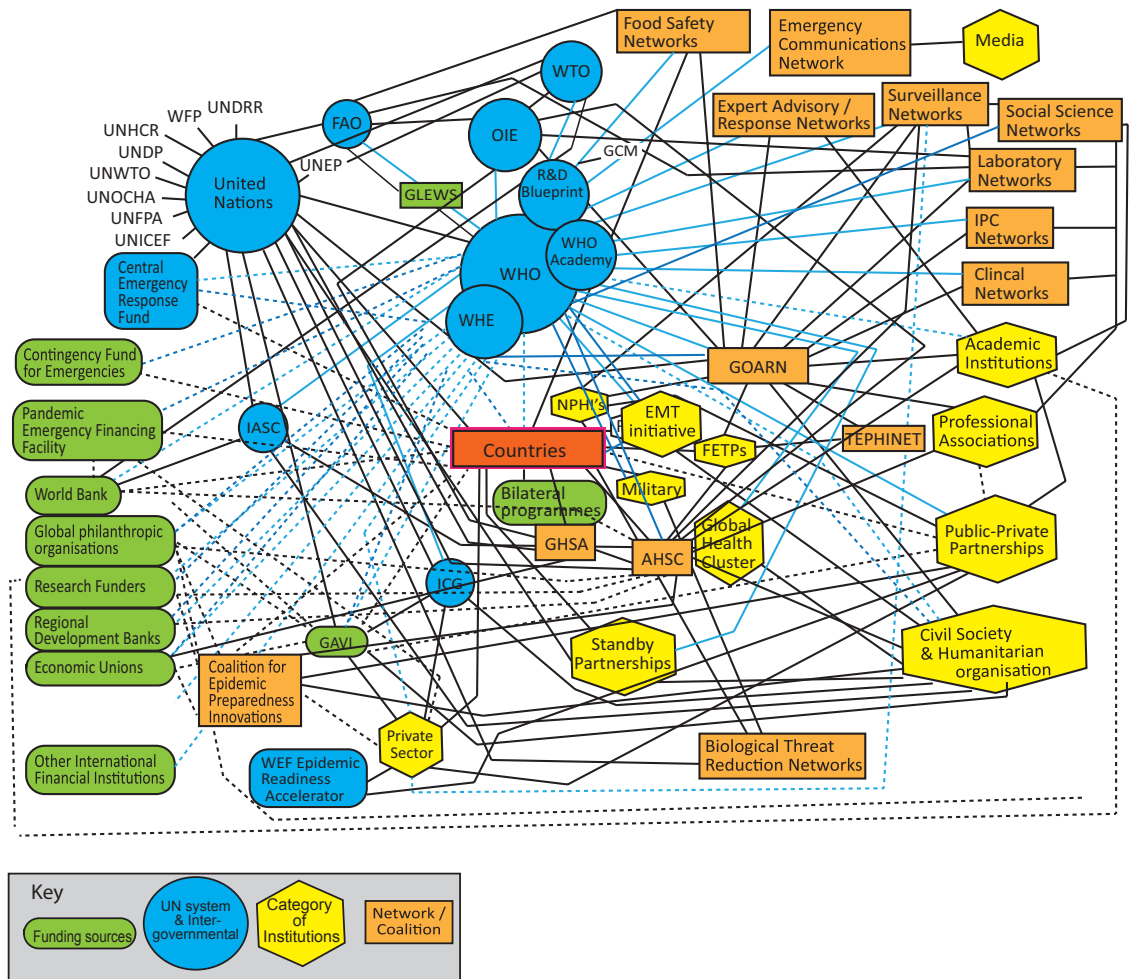
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The United Nations struggles to fulfill its leadership and coordination role. After a slow start, the UN has taken a more active role in the COVID-19 response, with the UN Secretary-General calling for a cease-fire⁶⁵, coordinating a UN-wide funding appeal⁶⁶, developing a plan to tackle the socioeconomic crisis⁶⁷, and the UN General Assembly adopting a resolution on global access to COVID-19 countermeasures⁶⁸. Global political tensions have prevented the UN from playing a strong leadership role in the response, with the Security Council meeting for the first time only three months after the beginning of the pandemic and struggling to agree on resolutions. The UN Supply Chain Task Force has been able to deliver essential supplies worldwide, but competition between agencies, inadequate data, and its limited mandate has reduced its capacity to address key supply chain problems such as the fragility of the global supply system, cross-border restrictions, price gouging, and inadequate production capacities for essential medical goods.⁶⁹ While the UN Crisis Management Team has been coordinating the emergency response, UN agencies have taken a siloed approach to addressing the diverse health, socioeconomic and geopolitical impacts of the pandemic.

The declaration of a public health emergency of international concern (PHEIC) by WHO generates confusion and has led to delayed decisive action by countries. While the global scientific community shared data and information in record time, collaborating on the early development of diagnostics, many countries did not recognize the danger. Even following the declaration of the coronavirus outbreak as a PHEIC, many failed to initiate adequate preparedness and response activities with the necessary speed. At the same time, the decision by WHO to wait several weeks before characterizing COVID-19 as a pandemic, caused controversy, despite the declaration of a pandemic having no legal implications under the International Health Regulations (IHR). Questions have also been raised regarding the process and timing of the declaration, as well as the criteria used to determine a PHEIC. Many, including the GPMB, have raised the need to develop intermediate levels of alert under the IHR to mobilize the wider national, regional and international community at earlier stages of an outbreak.⁷⁰

The governance of preparedness for global health is too complex and therefore underdeveloped. It includes governments, international organizations and numerous other stakeholders from the private sector, civil society and academia, working across many different sectors. While the IHR provide the core governance framework for preparedness, they do not cover all relevant areas and stakeholders. Other mechanisms to facilitate the engagement and contribution of different sectors and stakeholders in health emergency preparedness are relatively ad hoc and less well developed. Addressing this fragmentation is necessary to facilitate stronger collective action.

FIGURE 13 Global architecture of health emergency preparedness and response before COVID-19



The architecture of global preparedness before COVID-19 was extremely complex and challenging to navigate. Source: Adapted from University of Oxford.⁷¹

Based on these findings and broader analysis of the COVID-19 response, the Board concludes:

Current measures of preparedness are not predictive. Our understanding of pandemic preparedness has been inadequate. National measures of preparedness have not predicted the effectiveness of countries' response in stopping viral spread and saving lives, and the critical importance of social protection has been neglected. The ultimate test of preparedness is mounting an effective response; several countries with relatively high scores for core IHR capacities, witnessed extensive spread and high numbers of deaths, while some of the poorest countries with fewer resources were able to mitigate the health and socioeconomic impacts of COVID-19 better than some of the world's richest countries. COVID-19 has highlighted a fundamental issue with how we define and measure preparedness. Our understanding of preparedness is based on a narrow set of public health capacities that do not fully capture the range of national and international capacities necessary to ensure preparedness, including R&D, measures to mitigate the socioeconomic impacts of epidemics and ensure continuity of essential services, international cooperation, and the preparedness of international organizations. In addition, current measures focus more on the presence of an institutional policy rather than a demonstrated capacity to operationalize those capacities, and the critical importance of science-based leadership.

COVID-19 has highlighted significant gaps in the governance of preparedness. Key issues have arisen around the functioning and implementation of the IHR. The declaration of a PHEIC failed to generate the appropriate national and international actions early enough to contain the spread of the virus. Questions have been raised around compliance with IHR obligations, including reporting requirements under Articles 6 and 7, and the management of trade and travel restrictions under Article 43. The lack of enforcement mechanisms has made it difficult for WHO to ensure compliance. Challenges with the financing and coordination of R&D for COVID-19, fragile supply chains, trade restrictions on essential medical goods, and concerns regarding equitable and effective allocation of vaccines have highlighted the need for adequate governance frameworks around R&D, trade and access to medical countermeasures.⁷²

The chronic underfunding of WHO and the dearth of global financing for pandemic preparedness has limited the organization's capacity to fulfill its mandate in responding to health emergencies and undermined its autonomy, but has also been a major impediment to both national and global preparedness. To rebuild trust in the pandemic preparedness and response system, it will be crucial to address these gaps and to ground these changes in the principles of accountability, transparency, participation, equity and the rule of law.

WE CALL FOR ROBUST GLOBAL GOVERNANCE OF PREPAREDNESS FOR HEALTH EMERGENCIES

Urgent Actions:

- **State Parties to the International Health Regulations (IHR), or the WHO Director-General**, propose amendments of the IHR to the World Health Assembly to include: strengthening early notification and comprehensive information sharing; intermediate grading of health emergencies; development of evidence-based recommendations on the role of domestic and international travel and trade recommendations; and mechanisms for assessing IHR compliance and core capacity implementation, including a universal, periodic, objective and external review mechanism.
- **National leaders, the World Health Organization, the United Nations and other international organizations** develop predictive mechanisms for assessing multisectoral preparedness, including simulations and exercises that test and demonstrate the capacity and agility of health emergency preparedness systems, and their functioning within societies.
- **The Secretary-General of the United Nations, the Director-General of the World Health Organization, and the heads of International Financing Institutions** convene a UN Summit on Global Health Security, with the aim of agreeing on an international framework for health emergency preparedness and response, incorporating the International Health Regulations, and including mechanisms for sustainable financing, research and development, social protection, equitable access to countermeasures for all, and mutual accountability.

CONCLUSION & COMMITMENT

The COVID-19 pandemic is providing a harsh test of the world's preparedness. The Board concludes that little progress has been made on any of the actions called for in last year's report and that this lack of leadership is exacerbating the pandemic. Failure to learn the lessons of COVID-19, or to act on them with the necessary resources and commitment, will mean that the next pandemic, which is sure to come, will be even more damaging.

We recognize that the GPMB must also change. Our monitoring and advocacy for preparedness must better reflect the contribution of sectors other than health, the importance of social protection, and be based on improved and predictive measures of preparedness.

GPMB Commitment

As the Global Preparedness Monitoring Board, we pledge to support good governance of global health security by fulfilling our mandate to independently monitor preparedness across all sectors and stakeholders, report regularly on progress, and continuously advocate for effective action.

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. 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, nongovernmental organizations, and the private sector.

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ABBREVIATIONS

ACT Accelerator	Access to COVID-19 Tools Accelerator
CEPI	Coalition for Epidemic Preparedness Innovations
COVAX Facility	COVID-19 Vaccine Global Access Facility
COVID-19	Coronavirus disease 2019
GDP	Gross domestic product
GPMB	Global Preparedness Monitoring Board
HEPRF	Health Emergency Preparedness and Response Multi-Donor Fund
HIV	Human Immunodeficiency Virus
IFI	International Financial Institutions
IHR	International Health Regulations (2005)
IMF	International Monetary Fund
MERS	Middle East respiratory syndrome
NAPHS	National Action Plan for Health Security
PEF	Pandemic Emergency Financing Facility
PHEIC	Public Health Emergency of International Concern
R&D	Research & Development
SARS	Severe acute respiratory syndrome
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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