

Report of the Independent Panel for Pandemic Preparedness and Response: making COVID-19 the last pandemic



In May, 2020, with COVID-19 affecting just about every country on the planet, the World Health Assembly requested the WHO Director-General to initiate an independent, impartial, and comprehensive review of the international health response to the pandemic. He asked us to convene an independent panel for this purpose. The members of the Independent Panel for Pandemic Preparedness and Response have spent the past 8 months examining the state of pandemic preparedness before COVID-19, the circumstances of the identification of SARS-CoV-2 and the disease it causes, and responses globally, regionally, and nationally, particularly in the early months of the pandemic. The panel has also analysed the wide-ranging impacts of the pandemic on health and health systems, and the social and economic crises that it has precipitated.

The panel has produced a definitive account to date of what happened, why it happened, and how it could be prevented from happening again. This report¹ was published on May 12, 2021, together with a companion report² that describes 13 defining events which have been pivotal in shaping the course of the COVID-19 pandemic. In addition, the panel is publishing a series of background papers representing in-depth research, including an authoritative chronology of the early response. As the panel's Co-Chairs, we have been asked to present the report to the 74th World Health Assembly, to be held from May 24 to June 1, 2021.

COVID-19 exposed the extent to which pandemic preparedness was limited and disjointed, leaving health systems overwhelmed when actually confronted by a fast-moving and exponentially spreading virus. The panel's conclusion is that closing the preparedness gap not only requires sustained investment, but also requires a new approach to measuring the leadership dimensions of preparedness and strengthened accountability in a system of universal periodic peer review of country preparedness.

It is clear to the panel that the international alert system does not operate with sufficient speed when faced with a fast-moving respiratory pathogen, and that the legally binding International Health Regulations (IHR) (2005) are a conservative instrument

that constrain rather than facilitate rapid action. The panel's chronology presented in the report and in the accompanying documents shows the time lost to IHR processes as SARS-CoV-2 spread internationally. The declaration of a Public Health Emergency of International Concern by the WHO Director-General on Jan 30, 2020, was not followed by forceful and immediate responses in most countries, despite the mounting evidence that a contagious new pathogen was spreading around the world. February, 2020, was a lost month in many countries, when steps could and should have been taken to curtail the epidemic and forestall the pandemic.

On the basis of the panel's comparative analysis of 28 countries from across the spectrum of responses that is published alongside the report,¹ it is clear that countries with successful responses had timely triage and referral of suspected COVID-19 cases to ensure swift case identification and contact tracing, and provided designated isolation facilities, either for all or for those unable to self-isolate. High-performing countries also developed partnerships on multiple levels across government sectors and with groups outside government, communicated consistently and transparently, and engaged with community health workers and community leaders as well as the private sector.

Countries with poor results had uncoordinated approaches that devalued science, denied the potential impact of the pandemic, delayed comprehensive action, and allowed distrust to undermine efforts. Many had underfunded health systems beset by long-standing problems of fragmentation and undervaluing of health workers. They had insufficient capacity to mobilise rapidly and coordinate between national and subnational responses. The denial of scientific evidence was compounded by a failure of leadership to take responsibility or develop coherent strategies aimed at preventing community transmission.

Importantly, COVID-19 has been a pandemic of inequality, exacerbated between and within countries, with the impact being particularly severe on people who are already marginalised and disadvantaged. Inequality has been a determining factor in explaining why the

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For the members of the Independent Panel for Pandemic Preparedness and Response see <https://theindependentpanel.org/panel-members/>

Panel: Transformational change recommended by the Independent Panel for Pandemic Preparedness and Response

- Establish a high-level Global Health Threats Council led by heads of state and government. Adopt a political declaration by heads of state and government at a Special Session of the UN General Assembly committing to transforming pandemic preparedness and response. Adopt a Pandemic Framework Convention within the next 6 months.
- Establish the financial independence of WHO based on fully unearmarked resources and applying an increase in member states' fees to equate to two-thirds of the WHO base programme budget. Strengthen the authority and independence of the WHO Director-General, including by having a single term of office of 7 years with no option for re-election. The same rule should be adopted for WHO Regional Directors.
- Focus WHO's mandate on normative, policy, and technical guidance; empower WHO to take a leading, convening, and coordinating role in operational aspects of an emergency response to a pandemic, without, in most circumstances, taking on responsibility for procurement and supplies.
- All national governments to update their national preparedness plans against targets and benchmarks to be set by WHO within 6 months, ensuring that there are appropriate and relevant skills, logistics, and funding available to cope with future health crises.
- WHO to formalise universal periodic peer reviews as a means of accountability. The International Monetary Fund needs to include routinely a pandemic preparedness assessment, including an evaluation of economic policy response plans, as part of the Article IV consultation with member countries.
- WHO to establish a new global system for surveillance, based on full transparency by all parties, using digital tools.
- The World Health Assembly to give WHO both the explicit authority to publish information about outbreaks with pandemic potential immediately without requiring the prior approval of national governments and the ability to dispatch experts to investigate pathogens with pandemic potential with rapid and guaranteed right of access.
- Future declarations of a Public Health Emergency of International Concern should be based on the precautionary principle where warranted and on clear, objective, and published criteria.
- Transform the present ACT Accelerator into a truly global end-to-end platform to deliver the global public goods of vaccines, therapeutics, diagnostics, and essential supplies. Secure technology transfer and commitment to voluntary licensing in all agreements where public funding has been invested in research and development.
- Establish stronger regional capacities for manufacturing, regulation, and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, as well as for clinical trials.
- Create an International Pandemic Financing Facility to mobilise long-term (10–15 year) contributions of approximately US\$5–10 billion per annum to finance preparedness. This facility should have the ability to disburse up to \$50–100 billion at short notice in the event of a crisis. Use existing global and regional organisations, based on their functions, to manage and channel the funds. There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-overseas development assistance budget lines and additional to established overseas development assistance budget levels.
- The Global Health Threats Council will have the task of allocating and monitoring funding from this instrument to existing regional and global institutions, which can support development of pandemic preparedness and response capacities.
- Heads of state and government should appoint national pandemic coordinators who are accountable to them, and who have a mandate to drive whole-of-government coordination for pandemic preparedness and response.

COVID-19 pandemic has had such differential impacts on peoples' lives and livelihoods.^{3,4}

The combination of poor strategic choices, unwillingness to tackle inequalities, and an uncoordinated response system allowed the pandemic to trigger a catastrophic human and socioeconomic crisis.

The panel's report also highlights strengths on which to build. Open data and open science collaboration were central to alert and response. For example, sharing of the genome sequence of the novel coronavirus on an open platform quickly led to the most rapid creation of diagnostic tests in history. COVID-19 vaccines were developed at unprecedented speed. Doctors, nurses, midwives, long-term caregivers, community health workers, and other front-line workers, including at country borders, are still working tirelessly to protect people and save lives.

The panel's recommendations flow from the diagnosis made of what went wrong at each stage of the pandemic in preparedness, surveillance and alert, and early and sustained response. These recommendations have two objectives: first, to end the pandemic, and second, to prevent a future disease outbreak from becoming a pandemic.

To end COVID-19 the panel recommends the following three immediate actions. First, high-income countries with a COVID-19 vaccine pipeline for adequate coverage should, alongside their scale-up, commit to provide at least 1 billion vaccine doses to the 92 low-income and middle-income countries of the Gavi COVAX Advance Market Commitment, no later than Sept 1, 2021, and more than 2 billion doses by mid-2022. Second, major vaccine-producing countries and manufacturers should convene, under the joint auspices of WHO and the World Trade Organization, to agree to voluntary licensing and technology transfer with intellectual property rights to be waived immediately if voluntary action, including action on the required technology transfer, does not occur within 3 months. Third, the G7 should immediately commit to 60% of the US\$19 billion required for the Access to COVID-19 Tools (ACT) Accelerator in 2021 for vaccines, diagnostics, therapeutics, and strengthening of health systems, and a burden sharing formula should be adopted to fund such global public goods on a continual basis.

To prepare the world for the future so that the next disease outbreak does not become a pandemic, the

panel calls for a series of crucial reforms that will address gaps in high-level coordinated leadership globally and nationally, funding, access to what must become global goods, and WHO's independence, focus, and authority. Some of these reforms are shown in the panel.

The message for change is clear: COVID-19 should be the last pandemic. If the global community fails to take this goal seriously, we will condemn the world to successive catastrophes.

EJS and HC are Co-Chairs of the Independent Panel for Pandemic Preparedness and Response. We declare no other competing interests.

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- 1 Independent Panel for Pandemic Preparedness and Response. COVID-19: make it the last pandemic. 2021. <https://theindependentpanel.org/> (accessed May 12, 2021).
- 2 Independent Panel for Pandemic Preparedness and Response. How an outbreak became a pandemic. The defining moments of the COVID-19 pandemic. 2021. <https://theindependentpanel.org/> (accessed May 12, 2021).
- 3 Perezniato P, Oehler I. Social costs of the COVID-19 pandemic, background paper commissioned by the Independent Panel for Pandemic Preparedness and Response. 2021. <https://theindependentpanel.org/> (accessed May 12, 2021).
- 4 Furceri D, Loungani P, Ostry JD, Pizzuto P. COVID-19 will raise inequality if past pandemics are a guide. *Vox*, May 8, 2020. <https://voxeu.org/article/covid-19-will-raise-inequality-if-past-pandemics-are-guide> (accessed May 10, 2021).