

COUNCIL OF COUNCILS

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Council of Councils Fourth Virtual Conference *Reading Materials*

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Contents

Session One: Beyond COVID-19: Future Pandemic Preparedness and Response—What Have Recent High-Level Meetings Achieved?

- David P. Fidler, “Multilateral Diplomacy on COVID-19 and Preparing for Future Pandemics,” Council of Councils Background Memo, December 16, 2021.
- Group of Seven, Introduction and Health in “[Carbis Bay G7 Summit Communiqué](#),” June 13, 2021.
- Group of Twenty, Health in “[G20 Rome Leaders’ Declaration](#),” October 31, 2021.
- “[Joint Statement of the International Forum on COVID-19 Vaccine Cooperation](#),” August 6, 2021.
- White House, “[Fact Sheet: President Biden’s Global COVID-19 Summit: Ending the Pandemic and Building Back Better](#),” September 22, 2021.
- World Health Assembly, “[The World Together: Establishment of an Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness, and Response](#),” December 1, 2021.

Session Two: The COVID-19 Pandemic Two Years In—The Current Situation and Pressing Challenges for 2022

- Helpful links with regularly updated information on the COVID-19 pandemic and vaccines
- Samantha Kiernan, Serena Tohme, and Gayeong Song, “[Billions Committed, Millions Delivered](#),” *Think Global Health*, December 2, 2021.
- World Health Organization, “[WHO Advice for International Traffic in Relations to the SARS-CoV-2 Omicron Variant \(B.1.1.529\)](#),” November 30, 2021.
- Ellen Johnson Sirleaf and Helen Clark, “[Losing Time: End This Pandemic and Secure the Future - Progress Six Months After the Report of the Independent Panel for Pandemic Preparedness and Response](#),” *theindependentpanel.org*, November 2021.
- Independent Panel for Pandemic Preparedness and Response, “[COVID-19: Make It the Last Pandemic, A Summary](#),” *theindependentpanel.org*, May 2021.
- G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, “[A Global Deal for Our Pandemic Age: High-Level Summary](#),” June 2021.
- Osman Dar, “[COVID-19: What is needed to address emergent pathogens?](#),” Chatham House Expert Comment, December 1, 2021.

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Session One

*Beyond COVID-19: Future
Pandemic Preparedness and
Response—What Have Recent
High-Level Meetings Achieved?*



Background Memo

Multilateral Diplomacy on COVID-19 and Preparing for Future Pandemics

Council of Councils Fourth Virtual Conference
December 16, 2021

David P. Fidler, Council on Foreign Relations

High-level, multilateral meetings over the last half of 2021 addressed the COVID-19 crisis and the need to improve readiness for future pandemics with mixed results, raising questions about priorities for 2022.

Next month marks the start of the third year of the COVID-19 pandemic. The first year witnessed the [failure](#) of international cooperation within and beyond the World Health Organization (WHO). Multilateralism resurfaced in 2021 as high-level meetings addressed COVID-19 and the need for better pandemic governance. In addition to multilateral efforts, unilateral, bilateral, regional, and multistakeholder initiatives on COVID-19 and pandemic governance also emerged.

Reducing global vaccine inequity dominated diplomacy on COVID-19 in 2021, but the vaccination gap between high-income and low-income countries remained [significant](#) the entire year. On pandemic governance, states did not reach a consensus on reform proposals. Six months after the Independent Panel on Pandemic Preparedness and Response (IPPPR) issued its [report](#) in May, its co-chairs [claimed](#) that governance reforms have not been “fast or cohesive enough” to end the COVID-19 pandemic or prepare the world for the next one.

The identification of the [omicron variant](#) in late November raised alarms around the world. Its emergence reinforced concerns that global vaccine inequity provides fertile conditions for new variants to evolve and sparked controversies over [travel restrictions](#) that highlighted the challenges facing pandemic governance reform.

High-Level Meeting Highlights: May to December 2021

The following brief descriptions of high-level, multilateral meetings convened in 2021 highlight some important outcomes of those diplomatic efforts to address COVID-19 and pandemic governance.

World Health Assembly (WHA) (May 24–31). Before the meeting, WHO Director-General Tedros Adhanom

Ghebreyesus described inequitable vaccine access as “[vaccine apartheid](#),” but WHO members did not adopt a resolution or decision at the WHA on increasing access. WHO members with vaccine supplies did not commit to any game-changing donations during the meeting. On pandemic governance, the WHA did not change how members [finance](#) the organization. It established a [working group](#) to address strengthening the WHO’s capabilities for health emergencies and agreed to convene a WHA [special session](#) to discuss whether to develop a treaty or other instrument to improve pandemic governance (see below).

Group of Seven (G7) Summit (June 11–13). G7 members and partner countries pledged to donate [one billion vaccine doses](#) and to improve collective abilities to prevent, respond to, and recover from future pandemics. Among other things, the summit [communique](#) supported a One Health approach to pandemics, which recognizes the connection between the health of people, animals, and the environment; an improvement in surveillance; an independent outbreak-investigation process; and efforts to make vaccines, therapeutics, and diagnostics available within one hundred days in future pandemics.

International Forum on COVID-19 Vaccine Cooperation (August 5). Launched by China and twenty-two other countries, the [forum](#) recognized vaccines as global public goods and called for increased access in low-income countries through supporting the COVID-19 Vaccines Global Access (COVAX) initiative, increasing funding from international financial institutions, and considering a waiver of intellectual property rights on vaccines at the World Trade Organization (WTO). At the forum, China pledged to make two billion vaccine doses available globally, donate 100 million doses to low-income countries, and provide \$100 million to COVAX by the end of 2021.

Seventy-Sixth Session of the UN General Assembly (September 14–present). Speeches by world leaders at the General Assembly [addressed](#) COVID-19 and pandemic governance. Some leaders, such as U.S. President Joe Biden, [supported](#) the IPPPR’s call for the General Assembly to establish a Global Health Threats Council. As of December 6, the General Assembly had not passed resolutions on COVID-19, pandemic governance, or the call for a council.

Global COVID-19 Summit (September 22). Organized by the United States during the General Assembly, approximately one hundred countries [participated](#) in the summit. The participants [supported](#) increasing equitable vaccine access; addressing the oxygen crisis; expanding the availability of tests, therapeutics, and personal protection equipment; establishing a health security financing mechanism; and tracking progress on these targets. At the summit, the United States announced new commitments, including donating another 500 million vaccine doses.

Group of Twenty (G20) Summit (October 30–31). The summit [declaration](#) supported equitable vaccine access, but the G20 did not take up China’s [proposal](#) for a Global Vaccine Cooperation Action Initiative or make a vaccine-access commitment for its members to meet. Some G20 members, such as Canada and India, unilaterally made new donation pledges. On pandemic governance, the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response [proposed](#) that the G20 establish a Global Health Threats Board and a Global Health Threats Fund. The G20 created a Joint Finance-Health Task Force to report on modalities for a pandemic financial mechanism but did not address the Global Health Threats Board proposal.

Twenty-Sixth Conference of the Parties to the UN Framework Convention on Climate Change (October 31–November 13). COVID-19 prompted increased interest in reducing deforestation to prevent animal pathogen spillover into humans. The [Glasgow Climate Pact](#) created potential synergy between pandemic prevention and climate change mitigation by emphasizing the need to protect and restore forests. While the pact contained no specific forest commitments, 141 countries containing 90 percent of the planet’s forests separately [pledged](#) to stop and reverse deforestation by 2030.

WHA Special Session (November 29–December 1). The WHA [agreed](#) to establish an intergovernmental negotiating body (INB) to negotiate a treaty or other instrument on pandemic prevention, preparedness, and response. Under this decision, the INB will determine the content of the agreement and decide whether it will be a binding treaty or a nonbinding instrument. The INB’s first meeting will take place no later than March 1, 2022, with a working draft of the instrument presented at its second meeting, to be held by August 1, 2022.

WTO Ministerial Conference (November 30–December 3). In 2021, WTO members discussed a proposal made the previous year to waive intellectual property rights to facilitate greater production of, and equitable access to, vaccines. These discussions were scheduled to continue at the WTO’s twelfth ministerial conference. However, concerns about the omicron variant led the WTO to [postpone](#) the conference indefinitely.

Patterns in Multilateral Diplomacy on COVID-19 and Pandemic Governance

Looking across these snapshots of high-level meetings in 2021, some patterns appear:

- States used multilateralism to address COVID-19, including vaccine inequity, and explore pandemic governance reforms. However, differing state interests limited multilateral diplomatic accomplishments on COVID-19 and pandemic governance.
- The most significant vaccine donation commitments were made during club (e.g., G7) or ad hoc (e.g., the International Forum on COVID-19 Vaccine Cooperation) events rather than WHO or UN meetings. This pattern suggests that donating countries connected their efforts to address vaccine inequity with other foreign policy interests best served by club or ad hoc venues.
- Even with many vaccine donation pledges, vaccine inequity remained a crisis. This pattern reveals persistent tensions between the equity imperative emphasized in multilateral forums, the national interests of countries with vaccine supplies and production capacities, and the practical challenges of getting “shots in arms” at scale in low-income countries.
- Countries continued to discuss changes in pandemic governance without agreeing on specific reforms. In particular, the WHA decision to negotiate a pandemic instrument did not determine what issues the instrument would address and whether it would be binding or nonbinding. This pattern highlights the difficulty of governance reform, the complexity of competing proposals, and the lack of agreement among countries about what reforms to support and how to turn proposals into governance mechanisms.
- Geopolitical competition was apparent, for example, in the U.S. effort to leverage the G7 and Global COVID-19 Summit and China’s creation of the International Forum on COVID-19 Vaccine Cooperation. This pattern reflected the same competition seen in regional vaccine diplomacy between the U.S.-led [Quad Vaccine Partnership](#) and China’s [Initiative for Belt and Road Partnership on COVID-19 Vaccines Cooperation](#).

COVID-19, Pandemic Governance, and 2022

Next year, accelerating actions against COVID-19 and strengthening pandemic governance remain pressing challenges for collective action. Although multilateral diplomacy reemerged during 2021, it did not generate decisive momentum among states on equitably taming COVID-19 or radically reengineering pandemic governance. What effect the omicron variant will have on these tasks remains unclear. However, another year of failed or muddled-through multilateralism could well set back global health for decades.

CARBIS BAY G7 SUMMIT COMMUNIQUÉ

JUNE 13, 2021 • STATEMENTS AND RELEASES

We, the leaders of the Group of Seven, met in Cornwall on 11-13 June 2021 determined to beat COVID-19 and build back better. We remembered everyone who has been lost to the pandemic and paid tribute to those still striving to overcome it. Inspired by their example of collaboration and determination, we gathered united by the principle that brought us together originally, that shared beliefs and shared responsibilities are the bedrock of leadership and prosperity. Guided by this, our enduring ideals as free open societies and democracies, and by our commitment to multilateralism, we have agreed a shared G7 agenda for global action to:

- **End the pandemic and prepare for the future** by driving an intensified international effort, starting immediately, to vaccinate the world by getting as many safe vaccines to as many people as possible as fast as possible. Total G7 commitments since the start of the pandemic provide for a total of over two billion vaccine doses, with the commitments since we last met in February 2021, including here in Carbis Bay, providing for one billion doses over the next year. At the same time we will create the appropriate frameworks to strengthen our collective defences against threats to global health by: increasing and coordinating on global manufacturing capacity on all continents; improving early warning systems; and support science in a mission to shorten the cycle for the development of safe and effective vaccines, treatments and tests from 300 to 100 days.
- **Reinvigorate our economies** by advancing recovery plans that build on the \$12 trillion of support we have put in place during the pandemic. We will continue to support our economies for as long as is necessary, shifting the focus of our support from crisis response to promoting growth into the future, with plans that create jobs, invest in infrastructure, drive innovation, support people, and level up so that no place or person, irrespective of age, ethnicity or gender is left behind. This has not been the case with past global crises, and we are determined that this time it will be different.
- **Secure our future prosperity** by championing freer, fairer trade within a reformed trading system, a more resilient global economy, and a fairer global tax system that reverses the race to the bottom. We will collaborate to ensure future frontiers of the global economy and society, from cyber space to outer space, increase the prosperity and

wellbeing of all people while upholding our values as open societies. We are convinced of the potential of technological transformation for the common good in accordance with our shared values.

- **Protect our planet** by supporting a green revolution that creates jobs, cuts emissions and seeks to limit the rise in global temperatures to 1.5 degrees. We commit to net zero no later than 2050, halving our collective emissions over the two decades to 2030, increasing and improving climate finance to 2025; and to conserve or protect at least 30 percent of our land and oceans by 2030. We acknowledge our duty to safeguard the planet for future generations.
- **Strengthen our partnerships** with others around the world. We will develop a new partnership to build back better for the world, through a step change in our approach to investment for infrastructure, including through an initiative for clean and green growth. We are resolved to deepen our current partnership to a new deal with Africa, including by magnifying support from the International Monetary Fund for countries most in need to support our aim to reach a total global ambition of \$100 billion.
- **Embrace our values** as an enduring foundation for success in an ever changing world. We will harness the power of democracy, freedom, equality, the rule of law and respect for human rights to answer the biggest questions and overcome the greatest challenges. We will do this in a way that values the individual and promotes equality, especially gender equality, including by supporting a target to get 40 million more girls into education and with at least \$2¾ billion for the Global Partnership for Education.

We shall seek to advance this open agenda in collaboration with other countries and within the multilateral rules-based system. In particular, we look forward to working alongside our G20 partners and with all relevant International Organisations to secure a cleaner, greener, freer, fairer and safer future for our people and planet.

INTRODUCTION

1. We, the Leaders of the Group of Seven, met together in Cornwall, United Kingdom on 11-13 June 2021 at a critical juncture for our people and planet.
2. We acknowledge the ongoing impacts of COVID-19 in our own societies and around the world, and that those impacts have not been felt evenly. We remember all those who have died as a result of the pandemic and pay tribute to all those continuing to work to overcome the virus.

3. United as open societies and economies and guided by our shared values of democracy, freedom, equality, the rule of law and respect for human rights, we commit to beating COVID-19 everywhere and building back better for all. We are firmly convinced that these values remain the best foundation for the social and economic advancement of all humanity. We affirm that by investing in our people, tackling inequalities, including gender inequality, promoting dignity and championing freedoms, we will release innovation capable of tackling the great challenges of our time.

4. Our agenda for global action is built on our commitment to international cooperation, multilateralism and an open, resilient, rules-based world order. As democratic societies we support global institutions in their efforts to protect human rights, respect the rule of law, advance gender equality, manage tensions between states, address conflict, instability and climate change, and share prosperity through trade and investment. That open and resilient international order is in turn the best guarantor of security and prosperity for our own citizens.

5. We were joined in Cornwall by the Leaders of Australia, India, the Republic of Korea and South Africa, with whom we have agreed a shared statement on the value and role of open societies. We will continue to work together with these and all our partners in tackling global challenges. We reaffirm our commitment to multilateralism and to working with the G20, UN and wider multilateral system to deliver a strong, sustainable, resilient and inclusive recovery.

HEALTH

6. Our immediate focus is beating COVID-19 and we set a collective goal of ending the pandemic in 2022. The COVID-19 pandemic is not under control anywhere until it is under control everywhere. In an interconnected world global health and health security threats respect no borders. We therefore commit both to strengthen global action now to fight COVID-19, and to take further tangible steps to improve our collective defences against future threats and to bolster global health and health security. This includes strengthening the World Health Organization (WHO) and supporting it in its leading and coordinating role in the global health system.

7. We recognise that the pandemic has left no one untouched, impacting not only physical health but also mental health and social wellbeing. We pay tribute to the extraordinary efforts of first responders, health workers, paid and unpaid care workers, scientists, and manufacturers who have developed and deployed COVID-19 medical tools at a pace few

thought possible, opening up a path out of the pandemic. At the same time, we recognise that we have a long way to go to achieve global equitable access to these medical tools, and to manage the risks from new COVID-19 variants which have the potential to reverse our progress.

8. Recognising that ending the pandemic in 2022 will require vaccinating at least 60 per cent of the global population, we will intensify our action to save lives. Our international priority is to accelerate the rollout of safe and effective, accessible and affordable vaccines for the poorest countries, noting the role of extensive immunisation as a global public good. We reiterate our endorsement of the G20 Rome Declaration and the statement agreed by our Foreign and Development Ministers on equitable access. We will work together and with others, leveraging the full spectrum of the capability and capacity we can each deploy to support the global vaccination effort, through finance for and sharing of doses, science, ensuring accessibility through voluntary licensing, manufacturing and ensuring availability through exports, opening supply chains, and supporting final mile delivery.

9. We reaffirm our support for the ACT-A and its COVAX Facility as the primary route for providing vaccines to the poorest countries. Since the start of the pandemic, we have committed \$8.6 billion to the vaccines pillar of ACT-A to finance the procurement of vaccines, including \$1.9 billion since we last met in February. This provides for the equivalent of over one billion doses. We welcome the recent successful COVAX Summit co-hosted by Japan and Gavi which mobilised financing pledges exceeding the COVAX AMC target. Recognising the urgent need to speed up delivery of doses, we are committing to share at least 870 million doses directly over the next year. We will make these doses available as soon as possible and aim to deliver at least half by the end of 2021 primarily channelled through COVAX towards those in greatest need. Taken together, the dose equivalent of our financial contributions and our direct dose sharing mean that the G7's commitments since the start of the pandemic provide for a total of over two billion vaccine doses. The commitments since we last met in February 2021 including here in Carbis Bay provide for one billion doses over the next year. We will work together with the private sector, the G20 and other countries to increase this contribution over the months to come.

10. These commitments build on our wider contributions to the global vaccination effort. These include exports from domestic production, with at least 700 million doses exported or to be exported this year, of which almost half have gone or will go to non-G7 countries, with a commitment to continue exporting in significant proportions; and the promotion of voluntary licensing and not-for-profit global production, which has so far accounted for over 95 per cent of the COVAX supply.

11. We reaffirm our support for all pillars of the ACT-A across, treatments, tests and strengthening public health systems as well as vaccines. As the G7, since our meeting in February, we have committed over \$2 billion in total to the ACT-Accelerator (including vaccines), taking our collective commitment since the start of the pandemic to over \$10 billion. We support discussions regarding the extension of the ACT-A mandate into 2022, noting the planned comprehensive review to optimise its effectiveness and accountability. Efforts on this scale require close monitoring of progress made by ACT-A with reliable, transparent, up-to-date and clear information on procurement and delivery to both donor and recipient countries in close partnership with regional organisations. Progress should be reported to the G20 in Rome.

12. In support of achieving our goal, we commit to an end-to-end approach to boost supply of COVID-19 tools, including vaccines, raw materials, tests, therapeutics, and personal protective equipment (PPE), through more production in more places to sustain a global supply network for this pandemic and the next. This will be based on the principles of open trade and transparency, including through terminating unnecessary trade restrictive measures and supporting open, diversified, secure and resilient supply chains. It will be backed up by a practical and pragmatic approach to breaking down bottlenecks that are holding back the efficient use of current production capacity, as well as promoting partnerships to increase capacity further. To this end, we will support the ACT-A Facilitation Council Working Group together with the World Health Organisation (WHO), the World Trade Organisation (WTO), Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, UNICEF and other partners such as the Medicines Patent Pool and the private sector, to coordinate a global vaccine supply network to optimise manufacturing capacities for safe and effective vaccines and other pandemic tools, and to share information about supply chains. Emphasising the need for equitable access to COVID-19 vaccines, we will support manufacturing in low income countries and, noting the importance of intellectual property in this regard, we will engage constructively with discussions at the WTO on the role of intellectual property, including by working consistently within the TRIPS agreement and the 2001 Doha Declaration on the TRIPS agreement and Public Health. We note the positive impact that voluntary licensing and technology transfer on mutually agreed terms have already made to increasing global supply. We note the positive impact that voluntary licensing and technology transfer on mutually agreed terms have already made to increasing global supply. We will explore all options to ensure affordable and accessible COVID-19 tools for the poorest countries, including non-profit production, tiered and transparent pricing, and sharing by manufacturers of a proportion of production with COVAX, noting the previous precedent of the 10 per cent target in relation to influenza. We support efforts to accelerate manufacturing capacities of COVID-

19 tools on all continents, encouraging new partnerships based on voluntary licensing and technology transfer on mutually agreed terms and in particular will strive to support African efforts to establish regional manufacturing hubs. We will continue to work with partners, regional organisations and recipient countries, including through COVAX, to boost country-readiness, and will maintain our efforts to support vaccine confidence.

13. To get and stay ahead of the virus, we commit to continue our investment in cutting edge research and innovation, seeking to ensure that global vaccines remain effective against variants of concern, and that effective tests and treatments are available. To this end, we will boost global surveillance and genomic sequencing and swift information sharing needed to enable the rapid detection to combat the virus and its emerging variants. G7 countries should extend every effort to achieve, wherever possible, a level of genomic sequencing of at least 10 per cent of all new positive COVID-19 samples during the pandemic phase and share genomic sequencing information with existing global databases.

14. Alongside the above, we will continue and enhance our commitments to support fragile countries in dealing with the pandemic and other health challenges. This includes supporting ACT-A partners such as The Global Fund and Unitaid which have played a crucial role in delivering lifesaving medical and other supplies, including oxygen, tests, therapeutics and PPE, and assisting countries together with WHO to strengthen their health systems, build capacity, manage outbreaks and prevent disease spread. We call on the World Bank Group and the other Multilateral Development Banks (MDBs) to increase the speed of their financial support, and will continue to support ACT-A in this regard.

15. Alongside responding to the current pandemic, we must act now to strengthen the global health and health security system to be better prepared for future pandemics and to tackle long standing global health threats, including Antimicrobial Resistance. We welcome the Rome Declaration, the measures set out within the 'Strengthening WHO preparedness for and response to health emergencies' Resolution as adopted at the 74th World Health Assembly, acknowledge the bold recommendations of the Independent Panel for Pandemic Preparedness and Response (IPPPR), and the work of the International Health Regulations Review Committee (IHR Review Committee) and Independent Oversight and Advisory Committee (IOAC). We look forward to continuing to work with the G20, UN, WHO, WTO and other relevant international organisations, in accordance with their mandates and rules for decision making, to make progress in the swift implementation of recommendations, and to seek the necessary multilateral action, including exploring the potential value of a treaty. We look forward to the special session on pandemic preparedness in the Autumn, as agreed at the World Health Assembly.

16. As G7 countries, we acknowledge our particular role and responsibilities in international efforts to strengthen the global health system, and commit to harnessing our unique strengths to support this. We endorse the G7 Carbis Bay Health Declaration and the G7 Health Ministers' Communique, and the concrete actions outlined to ensure all countries are better equipped to prevent, detect, respond to and recover from health crises including in alignment with the International Health Regulations (IHR). We place particular emphasis on:

- Improving integration, by strengthening a “One Health” approach across all aspects of pandemic prevention and preparedness, recognising the critical links between human and animal health and the environment.
- Strengthening transparency and accountability, including reiterating our commitment to the full implementation of, and improved compliance with, the International Health Regulations 2005. This includes investigating, reporting and responding to outbreaks of unknown origin. We also call for a timely, transparent, expert-led, and science-based WHO-convened Phase 2 COVID-19 Origins study including, as recommended by the experts' report, in China.
- Improving the speed of response by developing global protocols which trigger collective action in the event of a future pandemic.
- Ensuring fairness, inclusion and equity, including the empowerment and leadership of women and minorities in the health and care sectors, and addressing the links between health crises and wider social determinants of health such as poverty and structural inequalities, and leaving no one behind by advancing the achievement of Universal Health Coverage.
- Increasing the resilience of global health systems to deal with outbreaks of emerging and enduring pathogens, including by investing in the health and care workforce worldwide to build capacity and keep health care workers safe.
- Strengthening financing models to support longer-term preparedness, sustainable global health and health security, in particular but not limited to the WHO. We will explore options for building consensus this year, around sustainable global health and health security financing, supported by robust financial reporting, increased and defined accountability, and oversight. We ask our Finance Ministers to work with others, the G20 and its High Level Independent Panel (HLIP) to make progress in this regard. We will explore options to strengthen global accountability, tracking and allocation of global

health security financing, including the IPPPR recommendation toward a Global Health Threats Council.

17. The G7 has a leading role to play in deploying our collective scientific capabilities as part of an enhanced global health response. Data can play a transformative role in supporting effective early warning and rapid response to health crises. We therefore need to improve the quality and coverage of international, regional and national pathogen surveillance to enable us to gather, share and analyse data to identify new variants in our fight against the current pandemic, and to detect and monitor future pathogens with pandemic potential. We support the establishment of the international pathogen surveillance network – a global pandemic radar – and welcome the WHO’s commitment to work with experts and countries to help achieve this, based on a common framework, including standards and rules for sharing data, that builds on existing detection systems such as the influenza and polio programmes but with greater capacity for genomic sequencing and broader in coverage. We note the report to the Presidency on pathogen surveillance by Sir Jeremy Farrar. To this end we welcome the WHO’s Global Hub for Pandemic and Epidemic Intelligence, as well as additional centres as part of this network. This will also need to be supported by capability building at the regional level, thereby increasing global sequencing and pathogen surveillance capacities across the world. We ask that the WHO reports back to Leaders on the progress of the network by the end of this year as part of the G20 process.

18. It is essential that we maintain and build upon the extraordinary innovation, scientific power, and collaboration that we have seen in the response to this pandemic, including the development of COVID-19 vaccines in just over 300 days. As G7 members we have a particular role to play in seeking to make safe and effective diagnostics, therapeutics and vaccines even more quickly available in the future. Recognising the unpredictable nature of future health emergencies, in the event of a future pandemic we will seek to create an adequate framework to have safe and effective vaccines, therapeutics and diagnostics available within 100 days, consistent with our core principles around trade and transparency of equitable access, and high regulatory standards. We thank the UK’s Chief Scientific Adviser and his G7 counterparts, the international organisations, industry representatives and expert advisers involved in the partnership on pandemic preparedness convened by the UK Presidency and note their practical proposals. We welcome the 100 Days Mission, and recognise that this will require continued, concerted collaboration between the public and private sectors, and the leadership of international health organisations, to make what has been exceptional during this crisis become routine in the future. We invite G7 Chief Scientific Advisers or equivalents to review progress and report to Leaders before the end of the year.



G20 ROME LEADERS' DECLARATION

1. We, the Leaders of the G20, met in Rome on October 30th and 31st, to address today's most pressing global challenges and to converge upon common efforts to recover better from the COVID-19 crisis and enable sustainable and inclusive growth in our Countries and across the world. As the premier forum for international economic cooperation, we are committed to overcoming the global health and economic crisis stemming from the pandemic, which has affected billions of lives, dramatically hampered progress towards the achievement of the Sustainable Development Goals and disrupted global supply chains and international mobility. With this in mind, we express our profound gratitude to the health and care professionals, frontline workers, international organizations and scientific community for their relentless efforts to cope with COVID-19.

2. Underlining the crucial role of multilateralism in finding shared, effective solutions, we have agreed to further strengthen our common response to the pandemic, and pave the way for a global recovery, with particular regard to the needs of the most vulnerable. We have taken decisive measures to support Countries most in need to overcome the pandemic, improve their resilience and address critical challenges such as ensuring food security and environmental sustainability. We have agreed upon a shared vision to combat climate change, and taken important steps towards the achievement of gender equality. We have also further advanced in our common efforts to ensure that the benefits of digitalization are shared broadly, safely and contribute to reducing inequalities.

3. **Global economy.** Over 2021, global economic activity has been recovering at a solid pace, thanks to the roll-out of vaccines and continued policy support. However, the recovery remains highly divergent across and within countries, and exposed to downside risks, in particular the possible spread of new variants of COVID-19 and uneven vaccination paces. We remain determined to use all available tools for as long as required to address the adverse consequences of the pandemic, in particular on those most impacted, such as women, youth, and informal and low-skilled workers, and on inequalities. We will continue to sustain the recovery, avoiding any premature withdrawal of support measures, while preserving financial stability and long-term fiscal sustainability and safeguarding against downside risks and negative spill-overs. Central banks are monitoring current price dynamics closely. They will act as needed to meet their mandates, including price stability, while looking through inflation pressures where they are transitory and remaining committed to clear communication of policy stances. We remain vigilant to the global challenges that are impacting on our economies, such as disruptions in supply chains. We will work together to monitor and address these issues as our economies recover and to support the stability of the global economy. We commit to advancing the forward-looking agenda set in the G20 Action Plan as updated in April 2021 and we welcome the



fourth Progress Report. We reaffirm the commitments on exchange rates made by our Finance Ministers and Central Bank Governors in April 2021.

4. **Health.** Recognizing that vaccines are among the most important tools against the pandemic, and reaffirming that extensive COVID-19 immunization is a global public good, we will advance our efforts to ensure timely, equitable and universal access to safe, affordable, quality and effective vaccines, therapeutics and diagnostics, with particular regard to the needs of low- and middle-income countries. To help advance toward the global goals of vaccinating at least 40 percent of the population in all countries by the end of 2021 and 70 percent by mid-2022, as recommended by the World Health Organization (WHO)'s global vaccination strategy, we will take steps to help boost the supply of vaccines and essential medical products and inputs in developing countries and remove relevant supply and financing constraints. We ask our Health Ministers to monitor progress toward this end and to explore ways to accelerate global vaccination as necessary.

5. We will reinforce global strategies to support research and development as well as to ensure their production and swift and equitable distribution worldwide, also by strengthening supply chains and by expanding and diversifying global vaccine manufacturing capacity at local and regional level, while promoting vaccine acceptance, confidence and fighting disinformation. To this end, we commit to refrain from WTO inconsistent export restrictions and to increase transparency and predictability in the delivery of vaccines. We reiterate our support to all pillars of the ACT-Accelerator, including COVAX, and will continue to improve its effectiveness. We support the extension of ACT-A's mandate throughout 2022 and acknowledge the formation of the Multilateral Leaders Task Force on COVID-19. We welcome the work undertaken by the COVAX ACT-A Facilitation Council Vaccine Manufacturing Working Group and its report aimed at creating a broader base for vaccine manufacturing. In particular, we will support increasing vaccine distribution, administration and local manufacturing capacity in LMICs, including through technology transfer hubs in various regions, such as the newly established mRNA Hubs in South Africa, Brazil and Argentina, and through joint production and processing arrangements. We will work together towards the recognition of COVID-19 vaccines deemed safe and efficacious by the WHO and in accordance with national legislation and circumstances, and to strengthen the organization's ability regarding approval of vaccines, including optimizing procedures and processes, with the aim of broadening the list of vaccines authorized for emergency use (EUL), while continuing to protect public health and ensuring privacy and data protection. As a collective G20 effort, and in light of the enduring vaccination gaps, we commit to substantially increase the provision of and access to vaccines, as well as to therapeutics and diagnostics. We will enhance our efforts to ensure the transparent, rapid and predictable delivery and uptake of vaccines where they are needed. We call on the private sector and on multilateral financial institutions to contribute to this endeavor. We acknowledge the work of the World Bank Group in this respect and of the IMF and the WHO through the vaccine supply forecast dashboard.

6. We reaffirm our commitment to the Global Health Summit Rome Declaration as a compass for collective action and are committed to strengthening global health governance. We support the ongoing work on strengthening the leading and coordination role of an adequately and sustainably



funded WHO. We acknowledge that financing for pandemic prevention, preparedness and response (PPR) has to become more adequate, more sustainable and better coordinated and requires a continuous cooperation between health and finance decision-makers, including to address potential financing gaps, mobilizing an appropriate mix of existing multilateral financing mechanisms and explore setting up new financing mechanisms. We establish a G20 Joint Finance-Health Task Force aimed at enhancing dialogue and global cooperation on issues relating to pandemic PPR, promoting the exchange of experiences and best practices, developing coordination arrangements between Finance and Health Ministries, promoting collective action, assessing and addressing health emergencies with cross-border impact, and encouraging effective stewardship of resources for pandemic PPR, while adopting a One Health approach. Within this context, this Task Force will work, and report back by early 2022, on modalities to establish a financial facility, to be designed inclusively with the central coordination role of the WHO, G20-driven and engaging from the outset Low- and Middle-Income Countries, additional non-G20 partners and Multilateral Development Banks, to ensure adequate and sustained financing for pandemic prevention, preparedness and response.

7. We reaffirm our commitment to achieve the health-related SDGs, in particular Universal Health Coverage. We welcome multilateral efforts aimed at supporting and strengthening pandemic preparedness and response, including consideration of a possible international instrument or agreement in the context of the WHO, and at strengthening implementation of and compliance with the International Health Regulations 2005. We commit to pursue a One Health approach at global, regional, national and local levels. To this end, we will enhance global surveillance, early detection and early warning systems, under the coordinating role of the WHO, FAO, OIE and UNEP, and address risks emerging from the human-animal-environment interface, particularly the emergence of zoonotic diseases, while pursuing global efforts to fight antimicrobial resistance, while ensuring access to antimicrobials and their prudent stewardship, and continuing to address other critical issues, including non-communicable diseases and mental health. Acknowledging the importance of swiftly reacting to pandemics, we will support science to shorten the cycle for the development of safe and effective vaccines, therapeutics and diagnostics from 300 to 100 days following the identification of such threats and work to make them widely available.

8. We reaffirm the importance of ensuring the continuity of health services beyond COVID-19 and of strengthening national health systems and primary health care services, in light of the repercussions of the pandemic on mental health and well-being, due to isolation, unemployment, food insecurity, increased violence against women and girls and constrained access to education as well as health services, including sexual and reproductive health, paying special attention to women and girls and to the needs of the most vulnerable. We will continue to support initiatives aimed at fighting AIDS, Tuberculosis and Malaria. We will pursue our efforts to enhance innovation in digital and other health-related technologies, taking into account the need to protect personal health data, encourage voluntary technology transfer on mutually agreed terms, and work with the WHO towards updating and reinforcing public health workforce operation standards through enhanced health curricula and training materials. To this end, we will pursue our engagement with the Global Innovation Hub for Improving



Value in Health and we welcome the launch of the WHO Academy and initiatives such as the Public Health Workforce *Laboratorium* proposed by the Italian G20 Presidency.

9. **Sustainable Development.** We remain deeply concerned about the impacts of the COVID-19 crisis, especially in developing countries, which has set back progress towards the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda. We reaffirm our commitment to a global response to accelerate progress on the implementation of the SDGs and to support a sustainable, inclusive and resilient recovery across the world, able to promote equity and accelerate progress on all SDGs, recognizing the importance of nationally owned strategies, SDG localization, women and youth empowerment, sustainable production and responsible consumption patterns, and access to affordable, reliable, sustainable and modern energy for all. We will strengthen our actions to implement the G20 Action Plan on the 2030 Agenda and the G20 Support to COVID-19 Response and Recovery in developing countries, building on the 2021 Rome Update, with particular regard to the most vulnerable countries. We welcome the progress made and reiterate our continued support to African Countries, in particular through the G20 Initiative on Supporting the Industrialization in Africa and LDCs, the G20 Africa Partnership, the Compact with Africa and other relevant initiatives. We remain committed to addressing illicit financial flows.

10. **Support to vulnerable countries.** We welcome the new general allocation of Special Drawing Rights (SDR), implemented by the International Monetary Fund (IMF) on 23 August 2021, which has made available the equivalent of USD 650 billion in additional reserves globally. We are working on actionable options for members with strong external positions to significantly magnify its impact through the voluntary channelling of part of the allocated SDRs to help vulnerable countries, according to national laws and regulations. We welcome the recent pledges worth around USD [45] billion, as a step towards a total global ambition of USD 100 billion of voluntary contributions for countries most in need. We also welcome the ongoing work to significantly scale up the Poverty Reduction and Growth Trust's lending capacity and call for further voluntary loan and subsidy contributions from countries able to do so. We also call on the IMF to establish a new Resilience and Sustainability Trust (RST) – in line with its mandate – to provide affordable long-term financing to help low-income countries, including in the African continent, small island developing states, and vulnerable middle-income countries to reduce risks to prospective balance of payments stability, including those stemming from pandemics and climate change. The new RST will preserve the reserve asset characteristics of the SDRs channelled through the Trust. Our Finance Ministers look forward to further discussion of surcharge policy at the IMF Board in the context of the precautionary balances interim review.

11. We welcome the progress achieved under the G20 Debt Service Suspension Initiative (DSSI), which is also agreed to by the Paris Club. Preliminary estimates point to at least USD 12.7 billion of total debt service deferred, under this initiative, between May 2020 and December 2021, benefitting 50 countries. We welcome the recent progress on the Common Framework for debt treatment beyond the DSSI. We commit to step up our efforts to implement it in a timely, orderly and coordinated manner. These enhancements would give more certainty to debtor countries and facilitate the IMF's

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Joint Statement of the International Forum on COVID-19 Vaccine Cooperation

2021-08-06 16:37

Jointly launched by Argentina, Brazil, Chile, China, Colombia, the Dominican Republic, Ecuador, Egypt, Hungary, Indonesia, Kenya, Malaysia, Mexico, Morocco, Pakistan, the Philippines, Serbia, South Africa, Sri Lanka, Thailand, Turkey, the United Arab Emirates and Uzbekistan at the first meeting of the International Forum on COVID-19 Vaccine Cooperation on August 5, 2021.

1. We recognize that solidarity and cooperation are key to fighting against the COVID-19 pandemic, a challenge confronting all countries in the world. We must champion the vision of building a global community of health for all, put people and their lives first and make concerted and coordinated efforts to address the challenge.
2. We recognize the importance of COVID-19 vaccination as a global public good, and call upon all parties to step up efforts to make vaccines more accessible and affordable in developing countries, including making utmost efforts to provide vaccines for developing countries, LDCs in particular.
3. We call upon all countries, in cooperation with the relevant stakeholders, to increase national, regional and global capacities, carry out vaccine research and development as well as production in line with strict standards according to the World Health Organization (WHO) regulations, and provide safe, effective and high-quality COVID-19 vaccines.
4. We support the WHO in promoting access to COVID-19 vaccines through the Access to COVID-19 Tools (ACT) Accelerator and its COVAX Facility, encourage capable vaccine-producing countries to provide more vaccines to COVAX, and call upon multilateral financial institutions and other international organizations to provide inclusive financial support for vaccine procurement and for strengthening production capabilities in developing countries.
5. We underline the importance of vaccine multilateralism and call upon countries to enhance international cooperation mechanisms and collaboration, reject vaccine nationalism, lift export restrictions on relevant vaccines and raw materials, support enhanced cooperation on vaccine research and development, production, equitable distribution and ensure cross-border flows of vaccines.
6. We call upon countries to encourage the ongoing consideration on possible waiver of intellectual property rights for COVID-19 vaccines at the World Trade Organization, stressing the need for flexibility, pragmatism and a sense of urgency. We encourage countries to further strengthen international cooperation on vaccine production capacity by conducting joint research and development, authorized production and technology transfers, and continue to adopt concrete measures to raise the vaccine production capacity of developing countries.
7. We emphasize the scientific nature and importance of World Health Organization Emergency Use List, and call on governments, while conducting study on easing national entry regulations for the vaccinated, to follow the principle of fairness, equity, science and non-discrimination, respect the suggestions proposed by the WHO based on this principle, and strengthen communication and coordination on vaccine certification and regulation policies.
8. We hear the report by the representatives of the vaccine companies and welcome their cooperation outcomes achieved. We are determined to take further joint actions to engage companies and all stakeholders and support their participation in international cooperation efforts on increasing vaccine production and distribution, jointly promote fair, affordable, timely, universal and equitable distribution and strengthen local production of vaccines around the world, and welcome more partners to come aboard, including through transfer of technology.

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FACT SHEET: President Biden's Global COVID-19 Summit: Ending the Pandemic and Building Back Better

SEPTEMBER 22, 2021 • STATEMENTS AND RELEASES

September 22, 2021

Today, President Biden convened heads of state and leaders from international organizations, the private sector, philanthropies, non-government organizations, and other partners for the Global COVID-19 Summit: Ending the Pandemic and Building Back Better, a virtual summit on the margins of the UN General Assembly.

The President called on leaders to elevate global ambition to end the COVID-19 pandemic in 2022 and to build back better global health security to prevent and prepare for future pandemics. As emerging variants have set back global response efforts, President Biden challenged the world to advance this agenda with new, focused urgency and to cooperate to rapidly advance our collective response to this crisis to secure our future.

Conquering COVID-19: Measuring Progress, Collective Action, Common Targets

Throughout the Summit, world leaders answered the President's call and embraced a set of ambitious global targets across four themes:

- **Vaccinate the World** by enhancing equitable access to vaccines and getting shots in arms;
- **Save Lives Now** by solving the oxygen crisis and making tests, therapeutics, and personal protective equipment (PPE) widely available;
- **Build Back Better** by preparing in all countries, establishing a sustainable health security financing mechanism, and demonstrating political leadership for emerging threats to prepare for and prevent future pandemics; and
- **Calling the World to Account** by aligning around common global targets, tracking progress, and supporting one another in fulfilling our commitments.

The full set of targets is available [here](#) .

New U.S. Commitments toward Ending the Pandemic and Building Back Better

President Biden has prioritized ending the COVID-19 pandemic since day one, when he launched the [National Strategy on COVID-19 Response and Pandemic Preparedness](#) and took [critical steps to elevate pandemic preparedness and response](#) as a top national security priority. The United States has donated more vaccines than all other countries combined, and earlier this year, launched a comprehensive [U.S. COVID-19 Global Response and Recovery Framework](#).

The United States is leading the way toward ending the pandemic. During his remarks, the President called the world to action and announced several bold new U.S. commitments to accelerate progress toward these targets, including:

Vaccinating the World

- **Donate an Additional Half-Billion Pfizer COVID-19 Vaccines to the World:** Today, President Biden will announce that the U.S. is donating an additional half a billion Pfizer-BioNTech COVID-19 vaccines to low and lower-middle income countries around the globe, with shipments starting in January 2022. This monumental commitment brings the total number of vaccines donated by the U.S. to over 1.1 billion doses, including the 500 million Pfizer-BioNTech doses the U.S. already purchased in June and began shipping in August. With today's announcement, the U.S. is donating three doses to the world for every one shot it has administered at home. To date, the U.S. has already shipped nearly 160 million doses to 100 countries – donating more vaccines than all other countries combined – for free and with zero strings attached, with millions more shipping each day.
- **Getting Shots into Arms:** The U.S. Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) plan to provide an additional \$370 million for global vaccine readiness and capacity to get shots in arms where they are most needed. The U.S. International Development Finance Corporation (DFC) will provide more than \$383 million in political risk insurance to Gavi, The Vaccine Alliance to facilitate shipments of vaccines to nine countries across three continents, accelerating vaccine delivery to regions in greatest need.
- **Expanding Local Production:** DFC, with support from our partners and the International Finance Corporation, has invested in several vaccine manufacturing facilities across Africa

and India, which will collectively have the capacity to produce 2 billion COVID-19 vaccine doses for developing countries by 2022.

- **Expanding Regional Capacity:** The United States calls on countries, vaccine manufacturers, and other partners to expand global and regional production of mRNA, viral vector, and/or protein subunit COVID-19 vaccines for low- and lower-middle income countries and to enhance transparency for data on production, availability, and projections for dose manufacturing..
- **Enhancing Transparency for Delivered Doses:** The United States urges vaccine manufacturers to make information on the supply and distribution of vaccines publicly available, so that countries and global partners can plan how to fill gaps and prioritize vaccine deliveries where they are needed most urgently.
- **Support for a COVID-19 TRIPS Waiver:** Extraordinary times call for extraordinary measures. The United States supports a waiver of intellectual property protections in the WTO TRIPS Agreement for COVID-19 vaccines in service of ending this pandemic.

Saving Lives Now

- **Reducing Disease and Deaths, and Responding Rapidly:** USAID and CDC are providing nearly \$1.4 billion to reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats. Within this total, USAID is providing \$100 million to prioritize rapid response interventions.
- **Making Oxygen Available:** USAID plans to provide \$50 million to expand access to oxygen, with a focus on bulk liquid oxygen.
- **Enhancing Testing:** CDC will provide \$56 million in COVID-19 testing support.
- **Strengthening Health Systems to Fight COVID-19:** The President's Emergency Plan for AIDS Relief (PEPFAR) will provide \$250 million to support response efforts by leveraging its existing investments in health systems, infrastructure, and workforce to support screening, testing, PPE, and vaccine readiness and administration, while also combating HIV/AIDS.
- **Enhancing the Global Fund:** The U.S. is providing \$3.5 billion to the Global Fund for its COVID-19 response mechanism.
- **Improve the detection, monitoring and mitigation of new COVID-19 variants:** The United States will stand up the Center for Forecasting and Outbreak Analytics to

support enhanced global variant tracking and analyses capabilities, including through cooperation with those developing the concept of a global pandemic radar, the World Health Organization (WHO)'s Global Hub for Pandemic and Epidemic Intelligence and additional centers through this network.

Building Back Better

- **Financing Global Health Security:** The United States calls on countries to design and establish a Global Health Security Financial Intermediary Fund (FIF), as recommended by the G20 Presidency's High Level Independent Panel and other international experts. Working with Congress, we will commit \$250 million now in seed funding towards a FIF to combat this pandemic, which will also help prevent the next. We have also requested an additional \$850 million for the FIF from Congress. Taking action this year will help us further build capacity so that all countries, everywhere, are able to prevent, detect, and respond to biological threats and mitigate outbreaks in their communities. This commitment will build on, and not replace, the \$630 million in health security funding and Global Health Security Agenda support in Fiscal Year 2021.
- **Catalyze political leadership and attention for biological** crises, including by establishing a leader-level entity, such as the Global Health Threats Council (GHTC) in 2021.
- **Special Drawing Rights (SDRs):** The United States strongly supported the new \$650 billion allocation of SDRs to help countries boost reserves and fund critical spending to protect public health and minimize economic scarring. To amplify the benefits of the allocation, we call on countries who can afford to do so to channel some of their SDRs to poor and vulnerable countries through the International Monetary Fund's Poverty Reduction and Growth Trust and through a new Resilience and Sustainability Trust (RST). We encourage other members of the International Monetary Fund to endorse establishing an RST focused on helping countries pursue long-term structural reforms to improve pandemic preparedness and prevention and facilitate investments in a green economy.
- **Bringing Health and Finance Leaders Together:** The United States supports the G20 Presidency's call-to-action to establish a ministerial health and finance board to strengthen coordination between health and economic policymakers.

Accounting for Action: All Countries and Organizations must play their part

All countries and public and private organizations must commit to urgent actions this fall. The United States will lead by convening others so that, collectively, we take the action necessary to

end the pandemic. This is necessary to save lives now, and for all of us—including the private sector—to make a down payment on the resilience of our economic future. Going forward, the United States will champion accountability, in partnership with multilateral mechanisms. The President stressed that a critical element of success in ending the pandemic and building back better will be to hold ourselves and the world accountable by making those investments today. To this end, he announced a new effort to measure progress against our shared targets and maintain global momentum to end the pandemic.

The Secretary of State will convene foreign ministers at the end of the year to update on our collective progress and maintain global urgency to cross the finish line and end the pandemic in 2022.

The United States will champion accountability so that the world can measure our progress and meeting our commitments.

Specifically:

- The United States will work with a range of key partners in tracking results, including partner governments, the United Nations Secretary-General, the Multilateral Leaders' Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics for Developing Countries established by the International Monetary Fund, World Bank, World Trade Organization (WTO) and WHO, the private sector and the philanthropic community.
- In early October 2021, we will bring together the Task Force, members of the private sector, the philanthropic community, and other key partners to analyze data that will enable us to evaluate our collective progress in advance of the G20 Summit, at other international gatherings, and on a regular basis.
- We will work with governments, the international financial institutions and multilateral development banks, companies, foundations, and advocates to track and transparently report progress towards ending the pandemic.
- We will work with global vaccine manufacturers to expand global and regional manufacturing for mRNA, viral vector, and/or protein subunit COVID-19 vaccines and to enhance transparency for data on production and projections for dose manufacturing.

###

The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response

The Second special session of the World Health Assembly,

Recalling resolution WHA74.7 and decision WHA74(16), and welcoming the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR),¹

Expressing appreciation for the ongoing work of the WGPR under resolution WHA 74.7, including to identify the tools to implement the recommendations that fall under the technical work of WHO and further develop proposals to strengthen the International Health Regulations (IHR (2005)) including potential targeted IHR (2005) amendments, and elements that may most effectively be addressed in other venues;

Acknowledging the need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, as well as strengthening health systems and their resilience with a view to achieving UHC;

Emphasizing the need for a comprehensive and coherent approach to strengthen the global health architecture, and recognizing the commitment of Member States to develop a new instrument for pandemic prevention, preparedness and response with a whole-of-government and whole-of-society approach, prioritizing the need for equity;

Stressing that Member States should guide their efforts to develop such an instrument by the principle of solidarity with all people and countries, that should frame practical actions to deal with both causes and consequences of pandemics and other health emergencies.

1. DECIDES:

(1) to establish, in accordance with Rule 41 of its Rules of Procedure, an intergovernmental negotiating body open to all Member States and Associate Members² (the “INB”) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB;

¹ Document SSA2/3.

² And regional economic integration organizations as appropriate.

(2) that the first meeting of the INB shall be held no later than 1 March 2022, in order to elect two co-chairs, reflecting a balance of developed and developing countries, and four vice-chairs, one from each of the six WHO regions, and to define and agree on its working methods and timelines, consistent with this decision and based on the principles of inclusiveness, transparency, efficiency, Member State leadership and consensus;

(3) that as part of its working methods, the INB shall determine an inclusive Member State led process, to be facilitated by the co-chairs and vice-chairs, to first identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022, at the end of which the INB will identify the provision of the WHO Constitution under which the instrument should be adopted in line with paragraph 1(1);

(4) that the process referred to in paragraph 1(3) should be informed by evidence and should take into account the discussions and outcomes of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, considering the need for coherence and complementarity between the process of developing the new instrument and the ongoing work under resolution WHA74.7, particularly with regard to implementation and strengthening of the IHR (2005);

(5) that the INB shall submit its outcome for consideration by the Seventy-seventh World Health Assembly, with a progress report to the Seventy-sixth World Health Assembly;

2. REQUESTS the Director-General to support the INB by:

(1) convening its first meeting no later than 1 March 2022, and subsequent meetings at the request of the co-chairs as frequently as necessary;

(2) holding public hearings, in line with standard WHO practice, prior to the second meeting of the INB to inform its deliberations;

(3) facilitating the participation, to the extent the INB so decides, in accordance with relevant Rules of Procedure and resolutions and decisions of the Health Assembly, of representatives of organizations of the United Nations system and other intergovernmental organizations with which WHO has established effective relations, Observers, representatives of non-State actors in official relations with WHO, and of other relevant stakeholders and experts as decided by the INB, recognizing the importance of broad engagement to ensure a successful outcome;

(4) providing the INB with the necessary services and facilities for the performance of its work, including complete, relevant and timely information and advice.

Fifth plenary meeting, 1 December 2021
SSA2/SR/5

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Session Two

*The COVID-19 Pandemic Two Years
In—The Current Situation and
Pressing Challenges for 2022*



Helpful Links

The COVID-19 Pandemic Two Years In—The Current Situation and Pressing Challenges for 2022

Council of Councils Fourth Virtual Conference

December 16, 2021

- World Health Organization, [WHO Coronavirus \(COVID-19\) Dashboard](#) (regularly updated information on the COVID-19 pandemic).
- African Union, [Africa Centre for Disease Control and Prevention](#) (regularly updated information on COVID-19 in Africa).
- GAVI, [COVAX Vaccine Roll-Out](#) (regularly updated information on COVAX activities on COVID-19 vaccines).

Billions Committed, Millions Delivered

The Mixed Record of Vaccine Diplomacy and Donations

By Samantha Kiernan, Serena Tohme, and Gayeong Song

For the past year, experts and global health officials have warned that failure to ensure all nations have access to efficacious vaccines against COVID-19 would increase the risk of outsized death tolls, uneven economic recovery, and emergence of new variants capable of evading the protection conferred by existing vaccines.

On November 25, South African researchers may have just validated such concerns. We do not know yet whether the new variant those researchers sequenced emerged in Southern Africa, but Omicron—with cases now reported in more than 30 countries—has sparked global panic and has demonstrated how variants may upend the hard-earned progress against COVID. Within days of identification, highly vaccinated countries across the Americas, Asia, and Europe moved to tighten their borders and [called](#) for broader uptake of boosters. Vaccine-makers [Moderna](#), [Sinovac](#), and [Pfizer-BioNTech](#) are preparing to reformulate (and redistribute) their vaccines if necessary.

As high-income countries worry whether their third doses will hold up against Omicron, concerns are particularly grave for the 94 percent of people in low-income countries who have yet to receive even a first dose. With most vaccine donors slow to turn existing pledges into reality and the multilateral vaccine sharing initiative COVAX [struggling \[PDF\]](#) to procure doses, U.S. President Joe Biden has [demanded](#) other high-income countries step up their donation efforts. But given that previous meetings—such as the recent [Global COVID-19 Summit](#), [G7 Summit](#), and [G20 ministerial](#)—have been long on commitments and short on deliveries, if, where, and when these doses will materialize is unclear.

Based on government websites, official statements, COVAX information, and media reports, Think Global Health has identified 76 countries that have donated 1.16 billion doses to 151 nations. The first third of this tracker will explore how higher-income countries have followed through on their commitments to donate doses. The tracker will then analyze how donated doses have been distributed, both bilaterally and through COVAX. Finally, the tracker will conclude by looking at specific vaccine donation and diplomacy efforts by leading donors: the United States, China, Europe, and Japan.

A full database with sources is included below. This tracker will be updated regularly.

Unrealized Promises

As of November 29, higher-income countries have collectively committed to donate 2.74 billion doses around the world. Seventy percent of these doses—1.95 billion—have been committed by just two nations: the United States and China. China recently octupled its commitment from 100 to 850 million doses with new pledges to [African](#) and [Asian](#) nations. Germany, France, and the United Kingdom follow distantly behind, each having pledged to donate between 100 and 175 million doses.

Higher-Income Countries Have Committed to Donate 2.74 Billion Doses

Most doses are now expected to arrive in 2022

Country	Commitment	Timeline	Region	Source
United States	1,100,000,000	2022	LMIC	1
China	850,000,000	2022	Africa, Asia-Pacific	2, 3, 4
Team Europe ¹	500,000,000	Mid-2022	Africa, LMIC	5
Germany	175,000,000	2022	COVAX	6
France	120,000,000	2021	Africa	7
Spain	50,000,000	2022 Q1	Latin America, Sub-Saharan Africa, Eastern Europe	8
Italy	45,000,000	2021	Not specified	9
Netherlands	27,000,000	2021	COVAX	10
Belgium	7,300,000	2021	Not specified	11
Denmark	6,000,000	2021	Africa, Small Island Developing States	12
Sweden	6,000,000	2021	COVAX	13
Norway	5,000,000	2021	Not specified	14
Portugal	4,000,000	2021	Portuguese speaking countries	15
Finland	3,600,000	2021	LMIC	16
Czech Republic	2,390,000	2021	Balkans, Africa, Asia	17
Ireland	1,300,000	2021	COVAX	18
Austria	1,000,000	2021	Balkans	19
Estonia	900,000	2021	Eastern Europe, COVAX	20
Croatia	650,000	2021	COVAX	21
Lithuania	623,700	Unknown	COVAX	22
Luxembourg	409,000	2021	COVAX	23
United Kingdom	100,000,000	Mid-2022	COVAX, LMIC	24
Japan	60,000,000	2021	Asia-Pacific	25
Australia	60,000,000	2022	Asia-Pacific	26
Canada	50,700,000	2021	Latin America, LMIC, COVAX	27
Hong Kong	7,500,000	Unknown	COVAX	28
Switzerland	4,000,000	2021	COVAX	29
Turkic Council	2,500,000	Unknown	Africa	30
New Zealand	2,376,000	2021	Asia-Pacific	31
United Arab Emirates	1,000,000	Unknown	COVAX	32
Total	2,738,076,000			

If donor countries have earmarked doses to go to specific regions or countries, those are reflected under "region." If a donor country has indicated they are allowing COVAX to allocate some or all of their pledged doses, the region is marked as "COVAX."

¹ Team Europe includes the European Union, Iceland, and Norway. Individual pledges from Team Europe countries go towards the 500 million total. As such, only the Team Europe total is included in the final sum of higher-income country commitments.

Table: CFR/Samantha Kiernan

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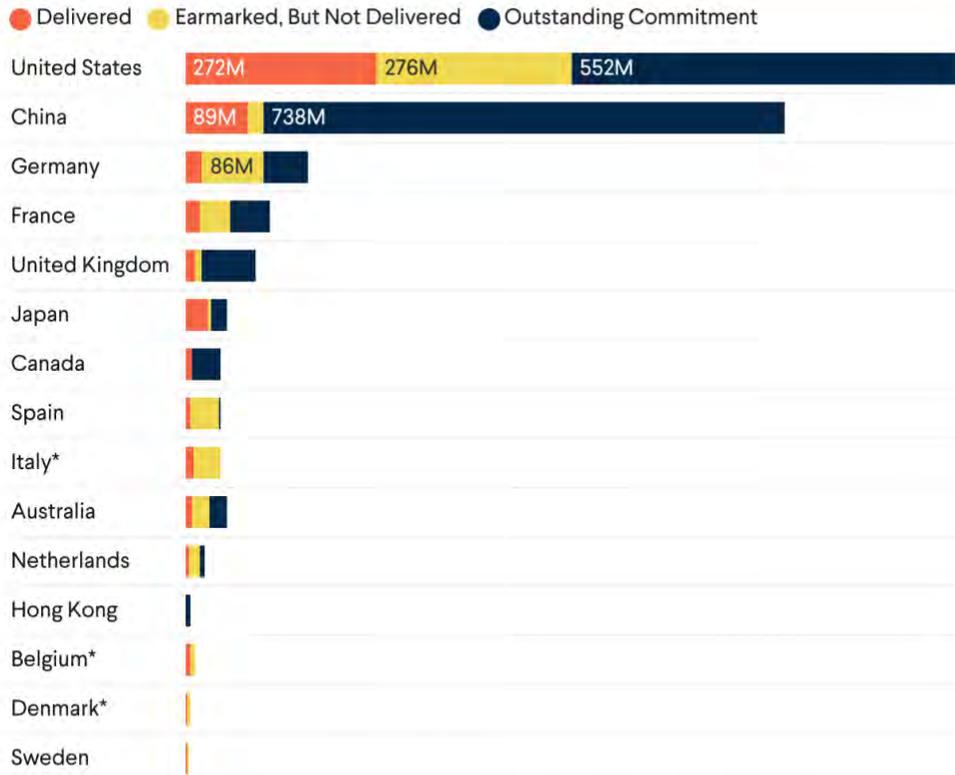
Though these pledges are necessary and welcome, 2.74 billion doses are a far cry from the estimated additional [6–14 billion](#) outstanding doses needed to vaccinate 70 percent of the world, depending on uptake of boosters. Furthermore, the speed at which these commitments have been translated into deliveries has been glacial for most donors. Think Global Health has found that just [20.7 percent](#) (or 567 million doses) of the 2.74 billion

committed shots have been delivered. At the extremes, Belgium has shipped 112 percent of its promised 7.3 million doses, while China has delivered just 10 percent.

Most Donors Are Slow to Follow Through on Vaccine Commitments

Vaccine commitments vs. deliveries by top 15 bilateral donors

View by percent



China recently increased its donation commitment from 100 million to 850 million doses.

*Belgium has already delivered more doses (8.1 million) than it pledged to donate by the end of 2021 (7.3 million), and has earmarked an additional 5.6 million doses to be donated to specific countries. Similarly, Denmark and Italy have delivered or earmarked more doses than their initial donation commitments (6.8 million vs. 6 million by Denmark and 49.5 million vs. 45 million by Italy).

Last updated: November 29, 2021

Chart: CFR/Samantha Kiernan

Think Global Health

In general, European nations have, so far, lagged far behind the United States and China in donations and generally have opted to [donate funds](#) through COVAX rather than share their purchased doses. While Team Europe (the European Union, Norway, and Iceland) has administered 645 million doses at home, these nations have collectively delivered just 111.5 million doses, or 22.3 percent of their total pledged donation of 500 million doses. Germany, one of the leading EU donors in terms of absolute doses, has already [warned](#) it may miss its 2021 donation goal. The United Kingdom has notably fallen behind Team Europe, shipping just 15 percent of its promised doses.

Though the exact reasons for donations delays are not clear, a focus on first reaching full domestic coverage, pursuit of booster shots, and legal and transport hurdles could have all had spoiling effects. Additionally, some delay might lay with COVAX and recipient nations. Spain, for instance, has already [handed over](#) 30 million doses to COVAX, of which just 8 million doses have been delivered, while Germany said roughly [82 million](#) of its donated doses are still being “prepared for dispatch.” COVAX has not stated why these doses have yet to be moved. However, COVAX, the World Health Organization, and the African Union have all warned that ad hoc

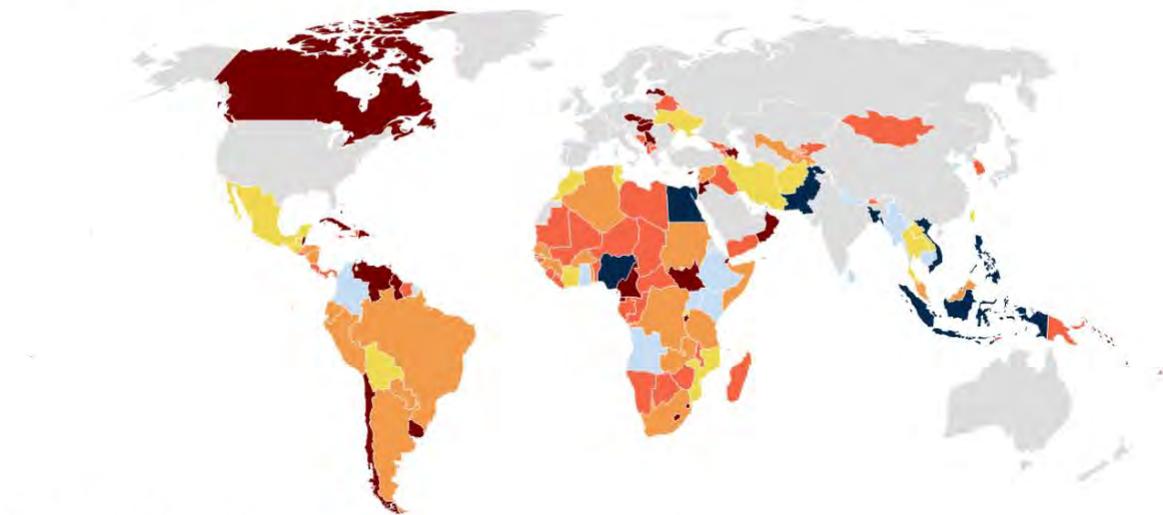
donations threaten to overwhelm domestic [absorptive capacities](#), while [lack of syringes](#) and other supplies have hampered rollout of donated doses in places like Kenya and Rwanda.

Donations as Diplomacy: Asia Remains a Priority

As of today, 76 countries have donated 1.16 billion doses to 151 nations, of which 567 million have been delivered. Due almost exclusively to the efforts of six high-income donors (the United States, France, Germany, Italy, Japan, and Spain), roughly three-quarters of these doses are now going through COVAX. In theory, distributing donations through COVAX should make donations more likely to advance global equity or provide relief to those most in need, rather than be distributed in a manner that cements donors' traditional spheres of influence, as occurred with [bilateral donations](#) earlier in the pandemic.

Vaccine Donations to Countries: Total Donations

Click to view by:



Total doses donated:

● <1M ● 1M–4M ● 4M–8M ● 8M–15M ● 15M–60M ● ≥ 60M

Seventy-six countries have pledged 1.16 billion vaccine donations to 151 countries. To be counted as a donation, doses must be given freely without expectation of return (i.e., not a sale, loan, or vaccine swap) and be donated by a national government, either bilaterally or through COVAX. Only donations that were confirmed by a government source, distribution mechanism like COVAX or UNICEF, or two independent media sources are included.

To date, most donated vaccines have required a two-dose regimen.

Last updated: November 29, 2021

Map: CFR/Samantha Kiernan

Think Global Health

However, when making vaccine commitments, many donors have earmarked their COVAX contributions to go to specific countries or regions. France, for instance, intends its 120 million doses to go primarily to Africa. Meanwhile, Portugal has prioritized Portuguese-speaking nations, and Spain has tagged most of its doses for Latin America. Similarly, the United States released its own [allocation plans](#) for donations through COVAX.

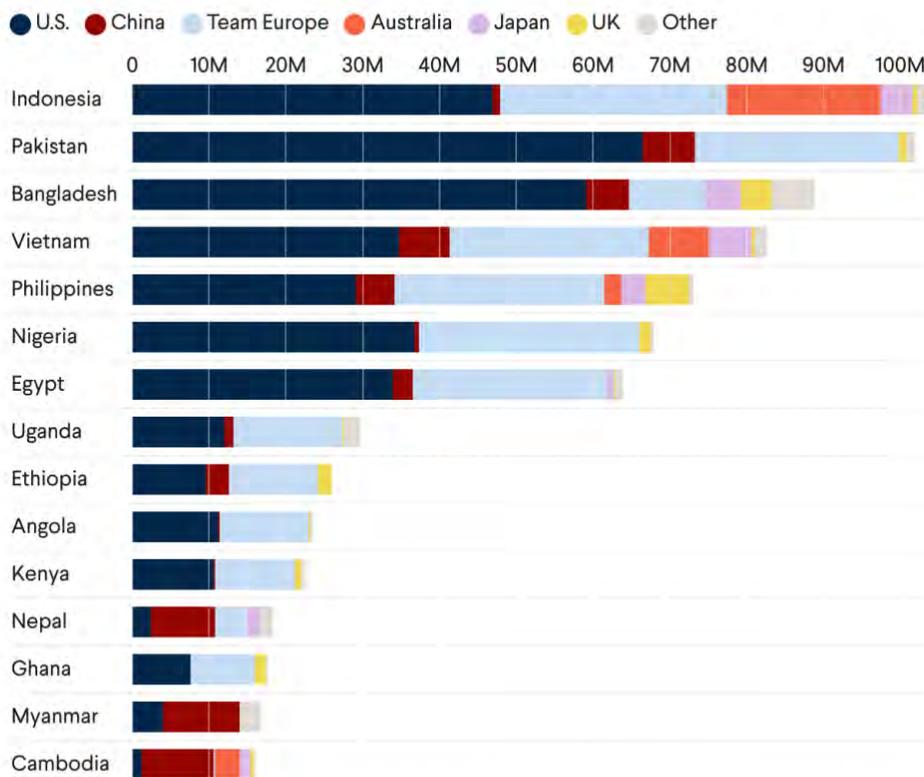
These earmarked donations are not inherently inequitable. If donors coordinated their efforts to ensure global coverage, countries could still pursue an equitable approach to vaccine donations overall, even while advancing their national interest. But so far, that has not been the case.

One method of equitably distributing vaccines is according to population size. The World Health Organization, for instance, has called for the distribution of doses to cover [40 percent](#) of each nation by the end of 2022. However, many small nations, particularly in the Caribbean and Pacific, have received enough donations to vaccinate their entire populations. In contrast, more populous recipient countries—including the Democratic Republic of Congo, Ethiopia, and Venezuela—have received enough donations to fully protect no more than 10 percent of their populations.

Conversely, some countries have received sizable donations regardless of whether their domestic governments have already secured and administered a high number of doses. For instance, Malaysia and Sri Lanka have received donations from multiple donors, despite having fully vaccinated more than 60 percent of their populations. Cambodia has similarly fully vaccinated a higher share of its population (78 percent) than the United States, Canada, and the European Union, yet has received the tenth largest delivery of vaccine donations to date. In fact, Cambodia has received so many doses that it has begun [re-donating](#) those shots [elsewhere](#) in Asia. At the other extreme, there are 42 low- and middle-income countries, representing 1.1 billion people, that have administered fewer than 25 doses per 100 people. These 42 nations have collectively received enough donations to fully vaccinate only 10 percent of their populations.

The Largest Donations Have Been to Asian Nations, With Smaller Amounts Going to African Countries

View by doses delivered



Think Global Health uses World Bank regional groups, which includes Iran in the Middle East and North Africa regional group.

Last updated: November 29, 2021

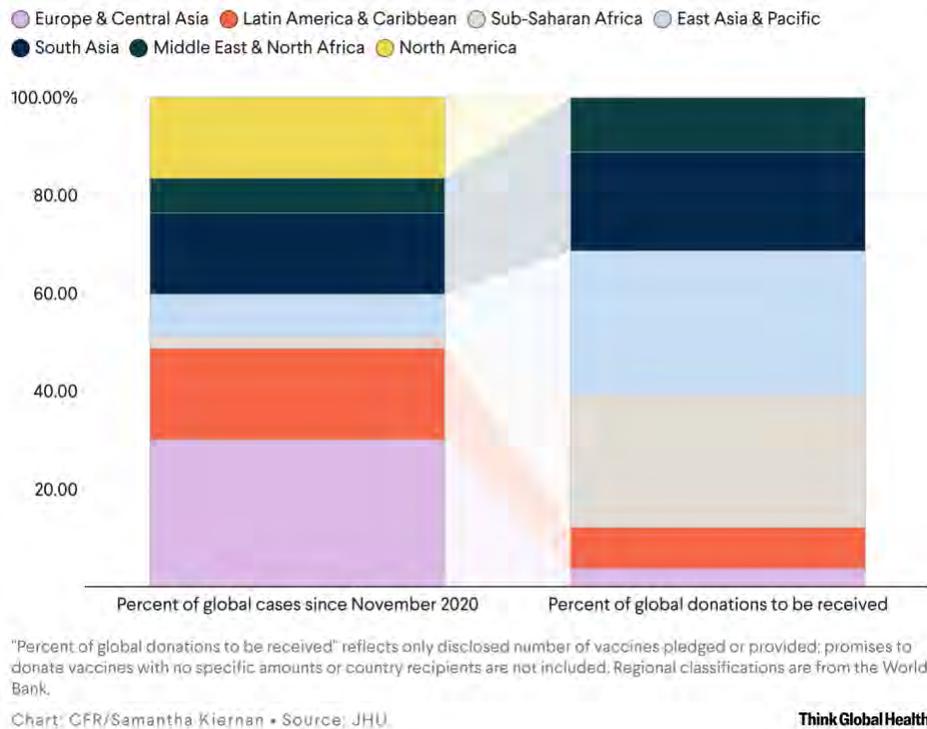
Chart: CFR/Samantha Kiernan

Think Global Health

Donations have not been going to the nations with the highest current or [projected](#) COVID-19 case burdens. Instead, Asian and Pacific countries are receiving 49.6 percent of all donated doses, despite accounting for just 25.3 percent of total global cases since November 2020. In fact, more than one out of every four donated doses

has been delivered to either Indonesia, Bangladesh, Pakistan, or Vietnam. Partially because of the donations it has received, Vietnam has already fully vaccinated 50 percent of its population.

Vaccine Donations Are Still Not Going to Regions With the Greatest Case Burden

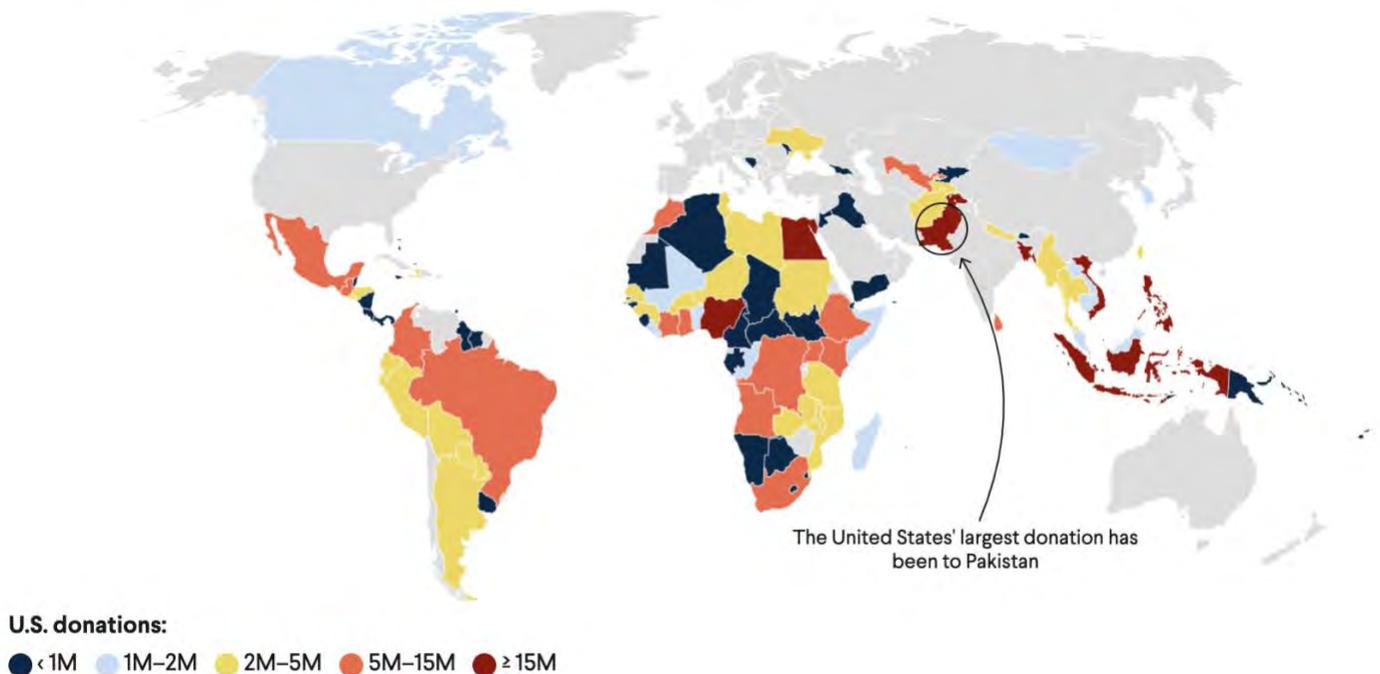


Sub-Saharan African nations have received donations disproportionate to their current case burden, but the region also faces the world's lowest vaccination rates. In contrast, Latin America, non-EU nations in Eastern and Central Europe, and Central Asia continue to receive fewer donations than a need- or risk-based approach to donation would [suggest](#).

If donors are not distributing COVID-19 vaccines solely according to need or equity, what is driving donations? Despite claims by donor governments that their donations are apolitical, donation patterns by the four largest donors, the United States, China, Europe, and Japan, suggest donated doses are still being used for strategic purposes.

The Donors: Cementing Spheres of Influence

The United States Has Focused Donations on Africa and Asia



The United States has earmarked 548 million doses for 112 countries, of which 271.6 doses have been delivered.

Last updated: November 29, 2021

Map: CFR/Samantha Kiernan

ThinkGlobalHealth

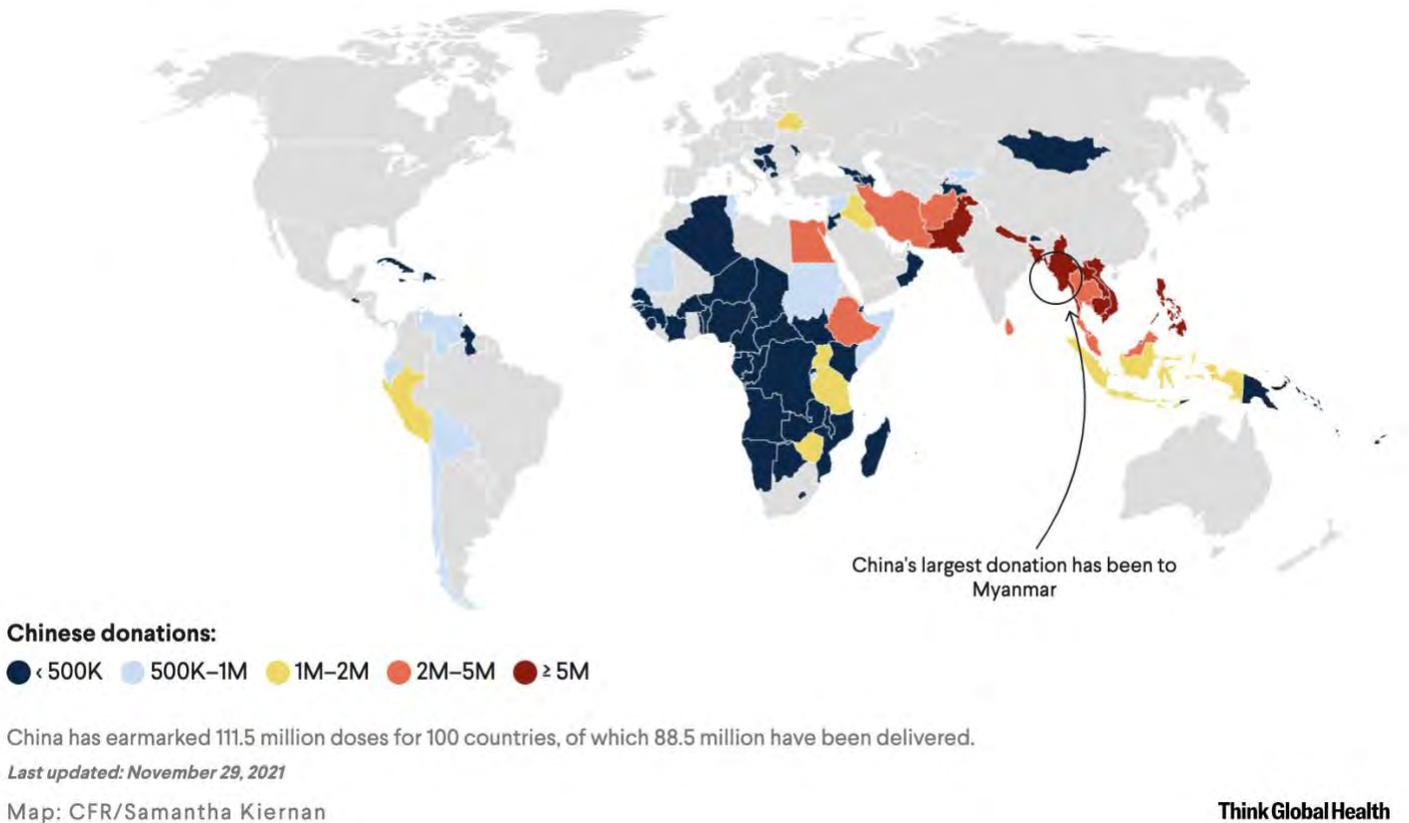
Out of its promise to share 1.1 billion doses, United States has earmarked 548 million doses for 112 countries, of which 271.6 million doses have been delivered. As such, the United States has donated nearly one out of every two gifted doses worldwide.

U.S. officials [have stressed](#) that their donations come without strings attached and are primarily intended to increase global coverage. To their credit, U.S. officials have prioritized Latin American and sub-Saharan African nations to a greater extent than other donor nations, providing doses to 71 countries across the regions. The relative volume of doses allocated among those countries, however, has not always accorded to the population size, case burden, vaccines already administered, and projected risk.

Washington has donated 49.5 percent of all its donated doses to just 22 countries in Asia, mirroring President Joe Biden's strategic focus on the Indo-Pacific. There, the largest donations have gone to countries where the United States is battling with China for influence: Bangladesh, Indonesia, Pakistan, the Philippines, and Vietnam. In a few instances, U.S. doses have been more explicitly linked to political decisions. The United States, for example, delivered [10.3 million doses](#) to Pakistan—the largest recipient of U.S. vaccine donations—just weeks after pulling out of neighboring Afghanistan. The Philippines' President Rodrigo Duterte outright [claimed](#) U.S. doses convinced him not to cancel the U.S.-Philippines Visiting Forces Agreement.

China Has Focused Donations on Asia and BRI Participants

Click to view by: [BRI Participation](#)



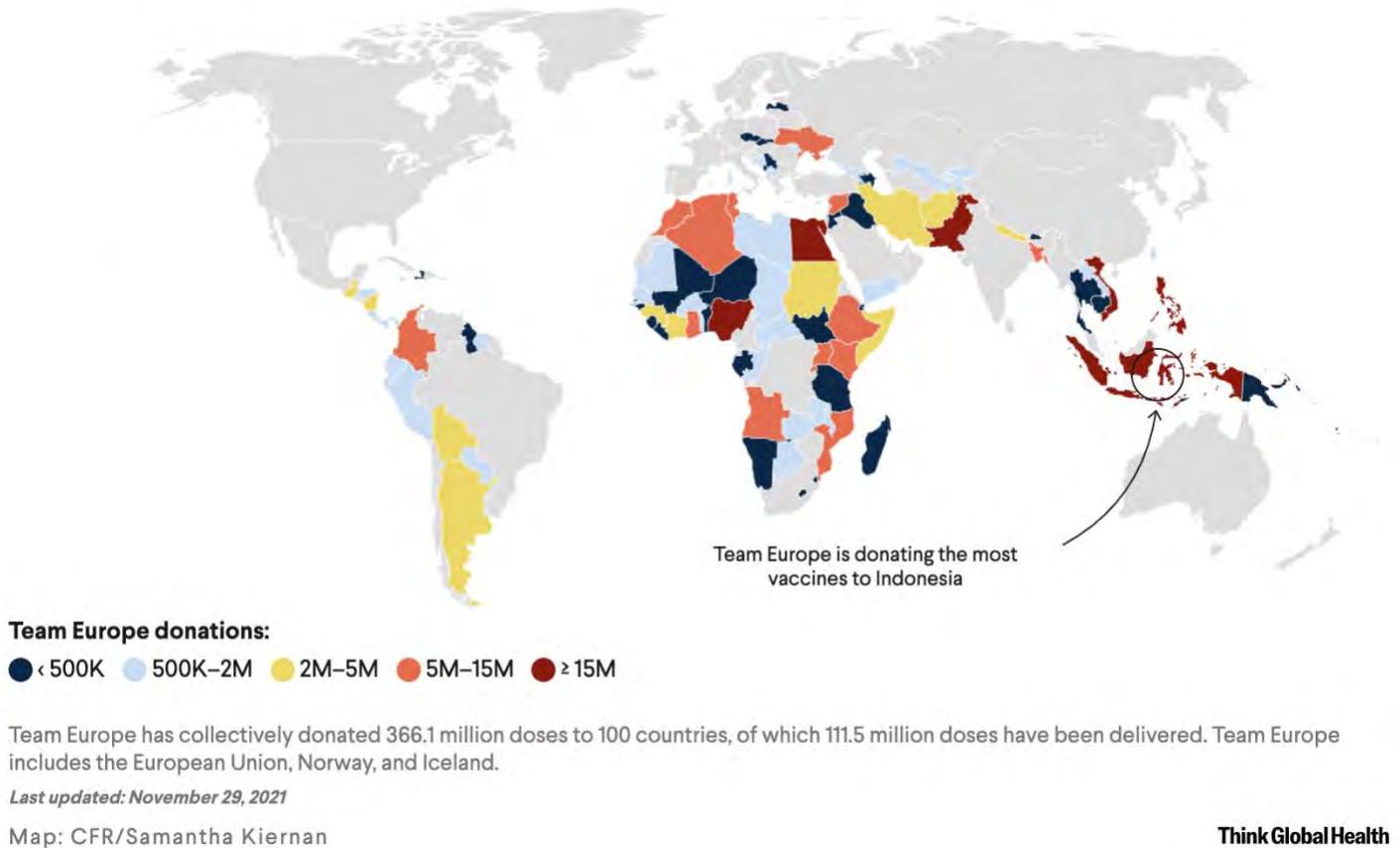
Of its 850 million dose commitment, China has earmarked 111.5 million doses for 100 countries, of which 88.5 million doses have been delivered.

Like Washington, Beijing has [rejected](#) all claims that it is using vaccines to advance national interests or to compete with geopolitical rivals. However, China has provided 67 percent of all its donations to countries in Asia. All but six of the 100 nations to which China has pledged doses are [participants](#) in its [Belt and Road Initiative](#) (BRI), an ambitious global infrastructure project that aims to increase Chinese influence. Beijing has even launched a [dedicated initiative](#) to promote vaccine cooperation, sharing, and production between BRI members.

Beyond the BRI, another potential motivation for Chinese donations is ensuring or incentivizing support for Beijing's positions on Hong Kong, Taiwan, Tibet, and Xinjiang. China, for instance, attempted to wield vaccines to enforce its One China principle—or the stance that Taiwan is an inalienable part of China—in [Guyana and Paraguay](#). Similarly, Western diplomats [alleged](#) that China threatened to withhold vaccines from [Ukraine](#) unless it withdrew support for investigation of human rights abuses in Xinjiang. Conversely, sizable donations have often followed or accompanied explicit stances in favor of China's core interests, such as when 3 million doses arrived just before Pakistan's President Imran Khan told President Xi Jinping he would "[firmly support](#)" Chinese actions in Xinjiang, Taiwan, and Hong Kong.

Team Europe Has More Evenly Donated Vaccines

Click to view: [France](#) [Germany](#)

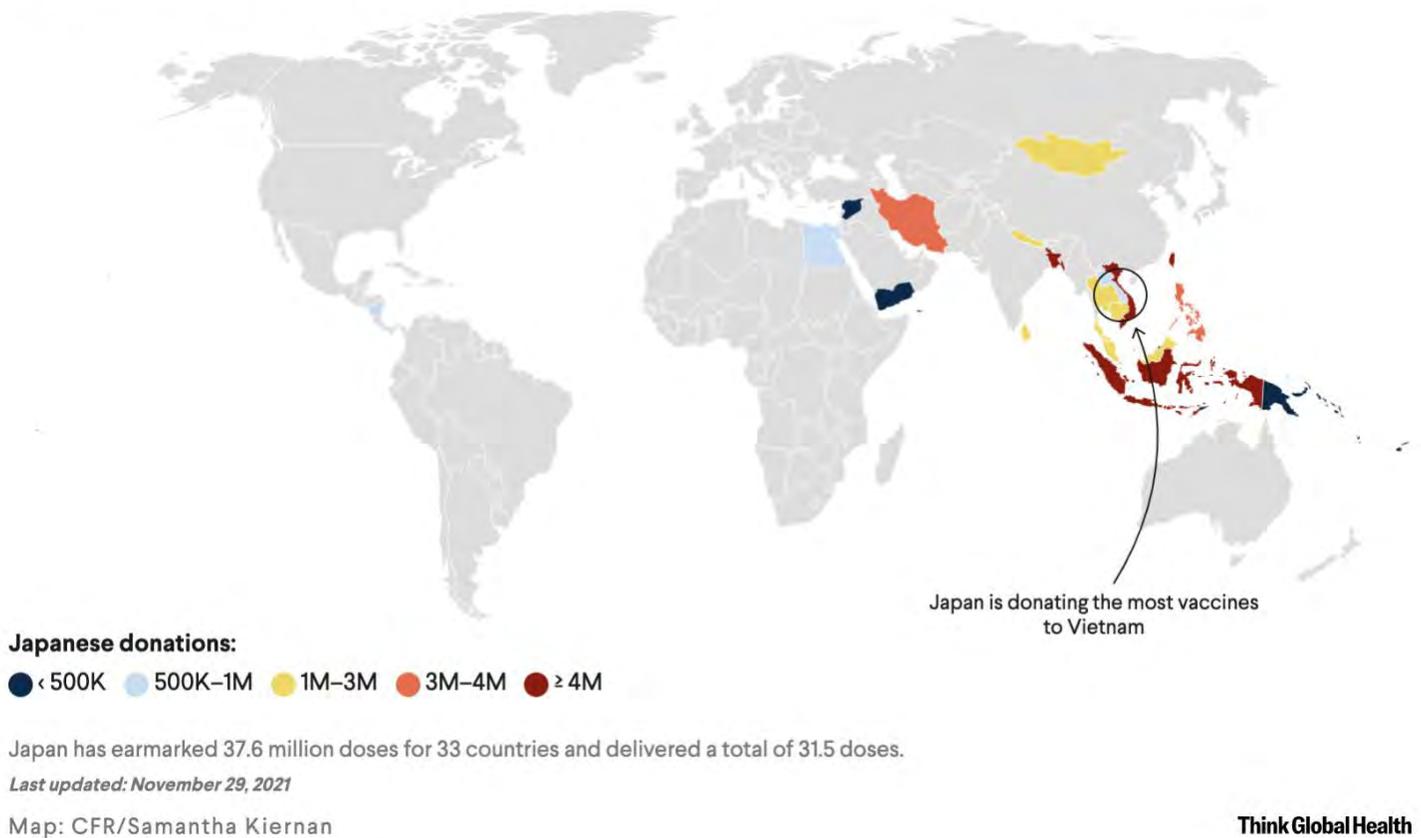


Team Europe has committed to donating 500 million doses in total. To date, EU nations have earmarked 366 million doses for 100 countries, of which 111.5 million doses have been delivered.

Though the European Union has presented its vaccine diplomacy efforts as a united front, individual EU countries have taken vastly different approaches to vaccine donation and diplomacy. Many EU donations have been guided by geographic proximity—Austria, Bulgaria, and Lithuania, for example, have largely focused on Eastern Europe. Other countries, such as Portugal, Spain, and France, have moved doses first to former colonies. As a bloc, the European Union has notably *not* prioritized Asia, though the top recipient of European doses is Indonesia.

The bloc's two largest donors, France and Germany have started to diverge in their donation trends. Over the past month Germany has broken from larger EU trends and donated 54 percent of its doses to countries in the Asia-Pacific region. Additionally, the largest German donations are going to Indonesia, Pakistan, the Philippines, and Vietnam. France, on the other hand, remains focused on Africa, donating 40 percent of all its doses to sub-Saharan Africa and making its largest contribution to Nigeria. Notably, France is the only major donor whose top recipient is an Africa nation.

Japan Has Focused Almost All Donations on Asia



Of its 60 million dose commitment, Japan has earmarked 37.6 million doses for 33 countries and delivered a total of 31.5 million doses.

Like other large vaccine donors, Japan has indicated that it will not use vaccines as a “[diplomacy method](#).” However, unlike other major donors, Japan has not taken a global approach to vaccine donations. Tokyo has directed 88.3 percent of its donated doses to a single region (Asia and the Pacific). Even [through COVAX](#), Japanese donations are overwhelmingly going to Asia. Similar to the United States, Japan is prioritizing countries in Asia where it is battling with China for influence, and the top two recipients of Japanese vaccines—Taiwan and Vietnam—have both fully vaccinated more than 50 percent of their populations.

Vaccine donations remain an essential tool for narrowing the gap between vaccine haves and have-nots. However, donor countries have been both slow to deliver on their pledges of donated vaccines and reluctant to distribute them according to need. Donating through COVAX has not fundamentally changed the politics of vaccine donations either. Rather than advance global equity or provide relief to those most in need, donations continue to cement donors’ traditional spheres of influence.

EDITOR’S NOTE: *The authors would like to thank Thomas J. Bollyky, as well as Bayan Galal and Kailey Shanks for their work on data gathering for previous iterations of this tracker.*

This tracker was first published on September 23, 2021.

WHO advice for international traffic in relation to the SARS- CoV-2 Omicron variant (B.1.1.529)

(updated with correction)

30 November 2021 | COVID-19 Travel Advice

The World Health Organization (WHO) has designated the variant B.1.1.529 a variant of concern (VOC), named Omicron, on the basis of advice from WHO's Technical Advisory Group on Virus Evolution (hereafter referred to as TAG-VE) on 26 November 2021. Following the group's [announcement](#), an increasing number of countries are introducing temporary travel measures, including temporarily prohibiting the arrival of international travellers from Southern African countries and others where the new variant is being detected, including from South Africa, which first reported the variant to WHO on 24 November 2021.

WHO commends South Africa and Botswana for their capacities in surveillance and sequencing and for the speed and transparency with which they notified and shared information with the WHO Secretariat on the Omicron variant in accordance with the International Health Regulations (2005) (IHR). These actions have allowed other countries to rapidly adjust their response measures in the context of the COVID-19 pandemic. WHO calls on all countries to follow the IHR (2005) and to show global solidarity in rapid and transparent information sharing and in a joint response to Omicron (as with all other variants), leveraging collective efforts to advance scientific understanding and sharing the benefits of applying newly acquired scientific knowledge and tools.

As noted in the WHO [announcement](#), the Omicron variant has a large number of mutations, some of which are concerning. Preliminary evidence suggests an increased risk of reinfection with this variant as compared to other VOCs. Current SARS-CoV-2 polymerase chain reaction (PCR) diagnostics continue to be effective in detecting this variant. A technical brief on the latest information on Omicron can be found [here](#).

It is expected that the Omicron variant will be detected in an increasing number of countries as national authorities step up their surveillance and sequencing activities. WHO is closely monitoring the spread of the Omicron variant, and studies are ongoing to understand more about these mutations and their impact on transmissibility, virulence, diagnostics, therapeutics and vaccines. The TAG-VE will continue to evaluate the Omicron variant, and WHO will communicate new findings with IHR States Parties and the public as needed.

While scientific research is underway to understand how the variant behaves, WHO advises the following:

- Countries should continue to apply an evidence-informed and risk-based approach when implementing travel measures in accordance with the IHR, including [the latest Temporary Recommendations](#) issued by the WHO Director-General on 26 October 2021 following the 9th Emergency Committee for COVID-19 and as recommended in the documents [WHO policy and technical considerations for implementing a risk-based approach to international travel in the context of COVID-19](#) issued in July 2021.
- National authorities in countries of departure, transit and arrival may apply a multi-layered risk mitigation approach to potentially delay and/or reduce the exportation or importation of the new variant. Such measures may include screening of passengers prior to travelling and/or upon arrival, including via the use of SARS-CoV-2 testing or the application of quarantine to international travellers. These measures, nonetheless, need to be defined following a thorough risk assessment process informed by the local epidemiology in departure and destination countries and by the health system and public health capacities in the countries of departure, transit and arrival. All measures should be commensurate with the risk, time-limited and applied with respect to travellers' dignity, human rights and fundamental freedoms, as outlined in the IHR (2005).
- Blanket travel bans will not prevent the international spread, and they place a heavy burden on lives and livelihoods. In addition, they can adversely impact global health efforts during a pandemic by disincentivizing countries to report and share epidemiological and sequencing data. All countries should ensure that the measures are regularly reviewed and updated when new evidence becomes available on the epidemiological and clinical characteristics of Omicron or any other VOC.
- Any travel-related risk mitigation measures should be part of an overall national response strategy which, for VOCs, includes the following, in line with the [announcement](#) published on 26 November 2021:

- enhancing surveillance and sequencing efforts to better understand circulating SARS-CoV-2 variants, not only among travellers, but also within the community
- submitting complete genome sequences and associated metadata to a publicly available database, such as GISAID
- reporting initial cases/clusters associated with VOC infection to WHO through the IHR mechanism
- where capacity exists and in coordination with the international community, performing field investigations and laboratory assessments to improve understanding of the potential impacts of the VOC on COVID-19 epidemiology and severity, effectiveness of public health and social measures, diagnostic methods, immune responses, antibody neutralization or other relevant characteristics
- continue to calibrate national public health and social measures according to the changing epidemiological situation and national systems' capacities **to reduce COVID-19 circulation overall, including at points of entry, using a risk-based and scientific approach** .
- Since the beginning of the SARS-CoV-2 outbreak, WHO has been monitoring the international travel measures implemented by countries and sharing this information with National IHR Focal Points via the Event Information Site (EIS). As of 28 November 2021, 56 countries were reportedly implementing travel measures aimed at potentially delaying the importation of the new variant. Countries should continue sharing their public health rationale and relevant scientific information for additional health measures with WHO under the provisions of Article 43 of the IHR (2005).
- **Essential international travel –including travel for emergency and humanitarian missions, travel of essential personnel, repatriations and cargo transport of essential supplies– should continue to be prioritized at all times during the COVID-19 pandemic.**
- In addition, all travellers should be reminded to remain vigilant for signs and symptoms of COVID-19, to get vaccinated when it is their turn and to adhere to public health and social measures at all times and regardless of vaccination status, including by using masks appropriately, respecting physical distancing, following good respiratory etiquette and avoiding crowded and poorly ventilated spaces. Persons who are unwell, or who have not been fully vaccinated or do not have proof of previous SARS-CoV-2 infection and are at increased risk of developing severe disease and dying, including people 60 years of age or older or those with comorbidities that present increased risk of severe COVID-19 (e.g. heart disease, cancer and diabetes) should be advised to postpone travel to areas with community transmission.*

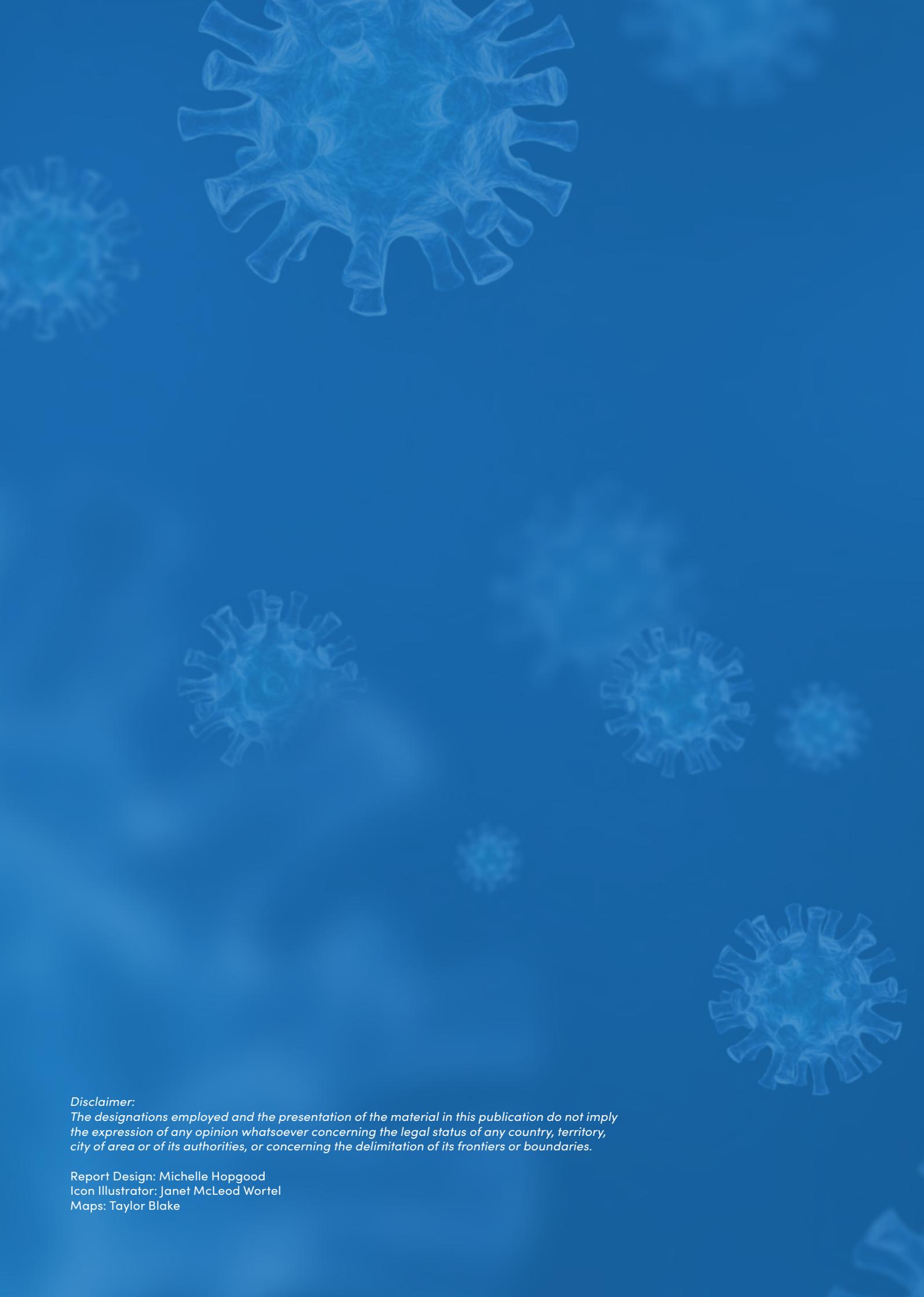
*This paragraph was revised to align with [Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: Interim guidance, 2 July 2021](#)



Losing time: End this pandemic and secure the future

Progress six months after the report of
the Independent Panel for Pandemic
Preparedness and Response

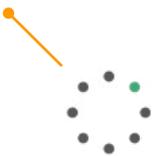
H.E. Ellen Johnson Sirleaf and
Rt Hon. Helen Clark



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Contents

Preface	4
Glossary of terms	6
I. Vaccine inequity	8
II. Global leadership and accountability	14
III. Financing	18
IV. ACT-A and global public goods	20
V. Strengthening and empowering WHO	23
Conclusion: The next six months are critical	26
Annex: Progress against the Independent Panel's recommendations	28
References	34
Acknowledgements	36



Preface

Six months ago, we presented the report of the Independent Panel for Pandemic Preparedness and Response to the World Health Assembly and the world at large. We were honoured to co-chair the Panel and to work with eleven distinguished leaders on a meticulous analysis of the international response to COVID-19 and on recommendations on what needed to change.

We recommended a package of reforms required to help stop a future outbreak from becoming a pandemic, addressing leadership and accountability, governance, financing, equity and global public goods, and WHO's authority and independence. We also recommended urgent actions to end the devastation of COVID-19.

There is progress, but it is not fast or cohesive enough to bring this pandemic to an end across the globe in the near term, or to prevent another. Waves of disease and death continue—as people in the northern hemisphere move indoors, fatigue with restrictions sets in, vaccine coverage and other countermeasures remain uneven, and people in the poorest countries have almost no access to vaccines. The world is losing time.

The trajectory of the pandemic over the past six months has underscored the vital need for a package of reforms to international systems, as our Panel recommended in May. The vast immunization gulf between the richest and poorest countries of the world jeopardizes the health of everyone on the planet. It is also increasingly clear that the challenges of SARS-CoV-2 cannot be solved by vaccination alone, but rather require ongoing public health measures, and sustained whole-of-society efforts to protect the most vulnerable and build community resilience.

Initiatives to create a leader-level council for pandemic response continue to be discussed. Such a mechanism is urgently needed now, both to help halt this pandemic and to prevent a future one. Trust among countries, between citizens and governments, and between science and leadership, continues to falter amid a barrage of misinformation and expression of narrow self-interest.

The manifest failures of the COVID-19 response to date should motivate all stakeholders to make serious reforms and minimise the impact of future disease threats. Countries are making efforts to mobilise resources to sustain a new approach to pandemic preparedness and response.

Much of the groundwork to identify the steps to reform has been done —what is needed now is for countries to make a final push so that the opportunity to create a safer world does not slip through our fingers. Planning for future pandemics and fighting the current one call for the same reforms.

We ask: if this pandemic cannot catalyse real change, what will?

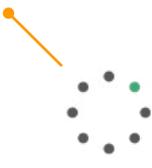


Rt Hon. Helen Clark

Former Co-Chairs of the Independent Panel for Pandemic Preparedness and Response



H.E. Ellen Johnson Sirleaf



Glossary of terms

ACT-A	Access to COVID-19 Tools Accelerator
AVAT	African Vaccine Acquisition Trust
COVAX	COVID-19 Vaccine Facility
COVAX AMC	COVID-19 Vaccine Advance Market Commitment
COVID-19	coronavirus disease 2019
C19RM	COVID-19 Response Mechanism
FIF	Financial Intermediary Fund
G7	Group of 7
G20	Group of 20
HCW	health care worker
HIC	high-income country
HLIP	G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response
IHR	International Health Regulations (2005)
IMF	International Monetary Fund
JEE	Joint External Evaluation
LMICs	low-and middle-income countries
mRNA	messenger RNA
MS	Member States
PP&R	Pandemic preparedness and response
SARS-CoV-2	the virus that causes COVID-19
UN	United Nations
WGSF	Working Group on Sustainable Financing
WHO	World Health Organization
WPRG	Working Group on Strengthening WHO Preparedness and Response to Health Emergencies
WTO	World Trade Organization



The Independent Panel called for 1 billion redistributed doses by 1 September. To date, one quarter of that amount has been delivered to the poorest countries.





I. Vaccine inequity



In the six months since the Panel presented its report, COVID-19 has infected more than 92 million more people and at least 1.6 million more people have died. The reported global death toll, itself an under-estimate, now exceeds five million.¹ The Delta variant, just emerging six months ago, now predominates worldwide. The pandemic continues to have a profound impact on lives and livelihoods and is exacerbating inequality as economic recovery begins to take hold in wealthier countries but falters in the poorest.

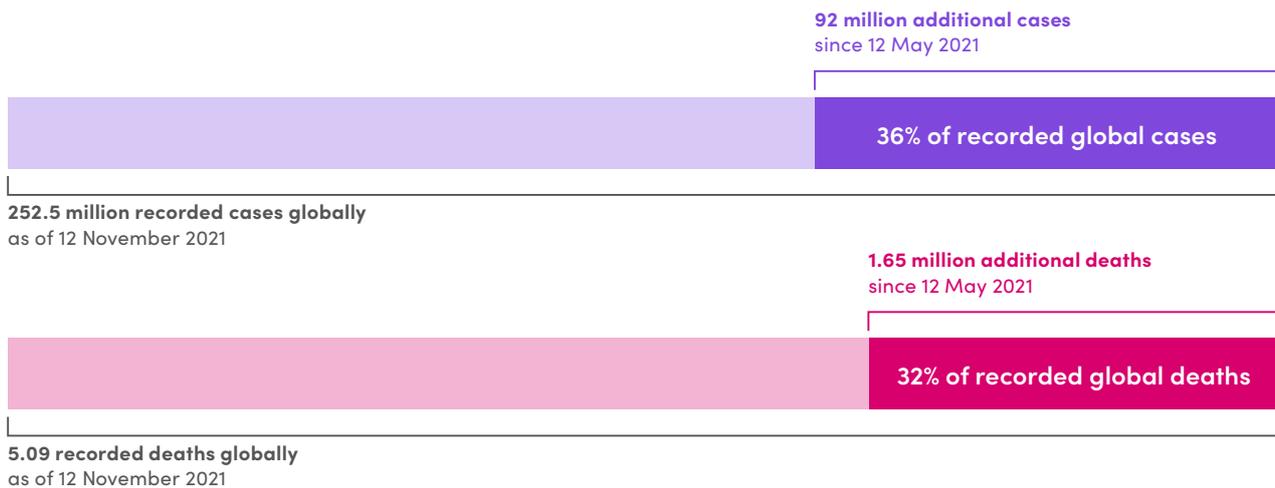
Figure 1: New COVID-19 cases, deaths, and vaccine coverage in the past six months

Source: rounded figures from Our World in Data

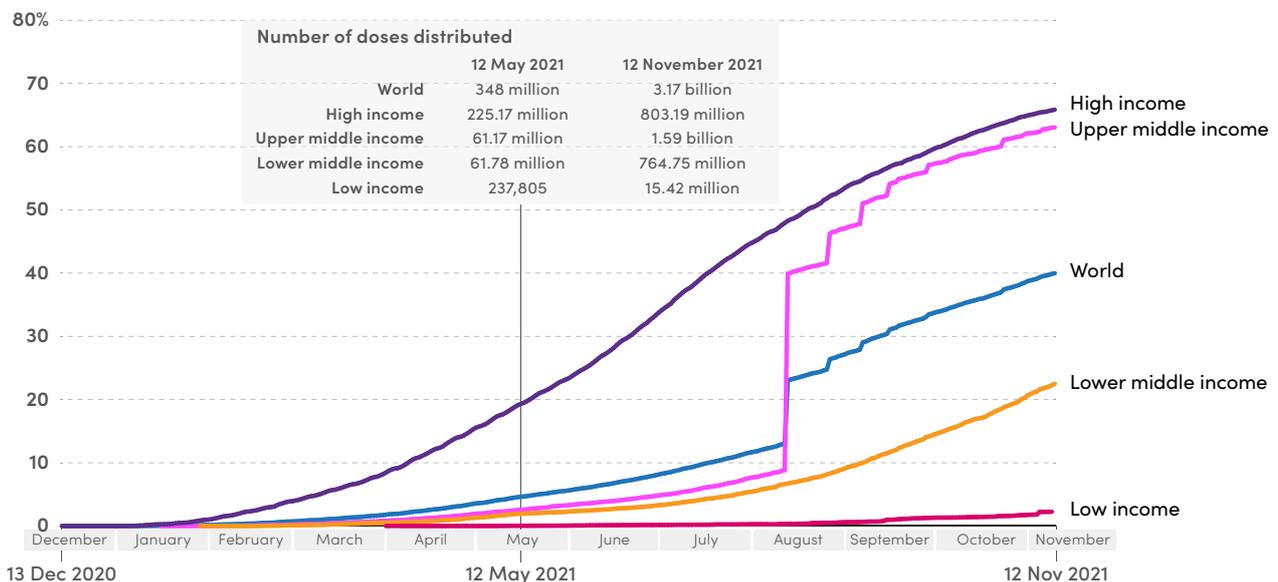
In the last 6 months:

More than 90 million have been diagnosed with COVID-19

More than 1.65 million have died from COVID-19



Share of population fully vaccinated against COVID-19 by country income level (as of 12 November 2021)



World Bank Group/IMF Development Committee Communiqué
15 October 2021

The pandemic has reversed progress on the twin goals of ending extreme poverty and achieving shared prosperity in a sustainable manner, as well as on the SDGs. An estimated 100 million more people have fallen into extreme poverty, about 80% of them in middle-income countries. Millions of jobs have been lost, while informality, underemployment, and food insecurity have increased. Children, especially girls, have lost schooling and educational gaps are widening, with long-term risks for human capital. Women's economic and social situation has worsened, underscoring the importance of promoting gender equality through recovery. The pandemic has also heightened vulnerabilities in low- and middle-income countries and in situations of fragility, conflict, and violence.²

More than 67% of the population of all high-income countries has been fully vaccinated against COVID-19, but in low-income countries fewer than 5% of people have received even one dose, and that figure hovers even lower in many. World Health Organization (WHO) targets call for 40% of the population of each country to be fully vaccinated by the end of 2021 and 70% by mid-2022. These targets represent a minimum achievable goal based on vaccine supply forecasts—clearly vaccination rates would need to be far higher to protect health systems from overload. Yet even so, the world is failing to meet them. On the current track, 75 countries will miss the 40% target set for the end of this year.

The Independent Panel called for high-income countries with an adequate supply pipeline to redistribute at least one billion vaccine doses to LMICs by 1 September 2021. They did not meet that target. As of 16 November, 1,494 billion doses have been committed through the Advance Market Commitment (AMC) window of the COVAX Facility, of which 256.5 million had been delivered.³ Meanwhile, the capacity of low- and middle-income countries to purchase vaccines is squeezed by confidential high-cost deals between manufacturers and wealthy countries as they add booster doses to their immunization programmes, despite powerful arguments against this on equity grounds.^{4,5}



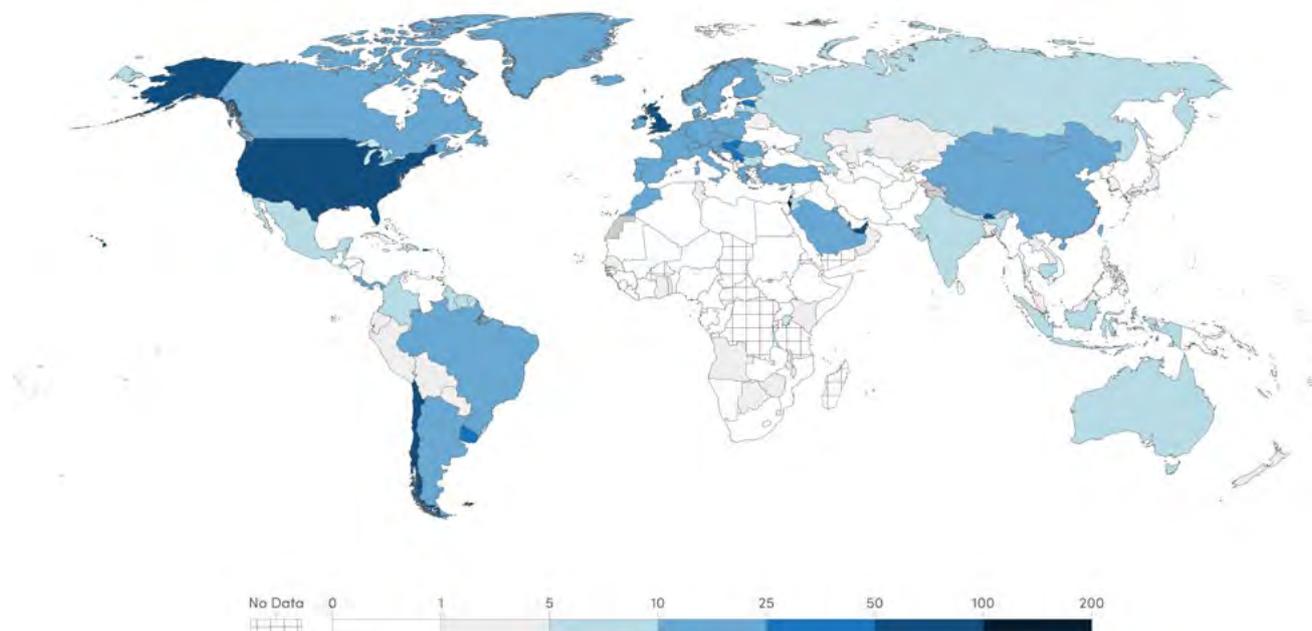
“How many more deaths must it take before the ... excess vaccines in the possession of the advanced countries of the world will be shared with those who [have] simply no access to vaccines?”

Prime Minister Mia Mottley of Barbados, at the 76th UN General Assembly⁶

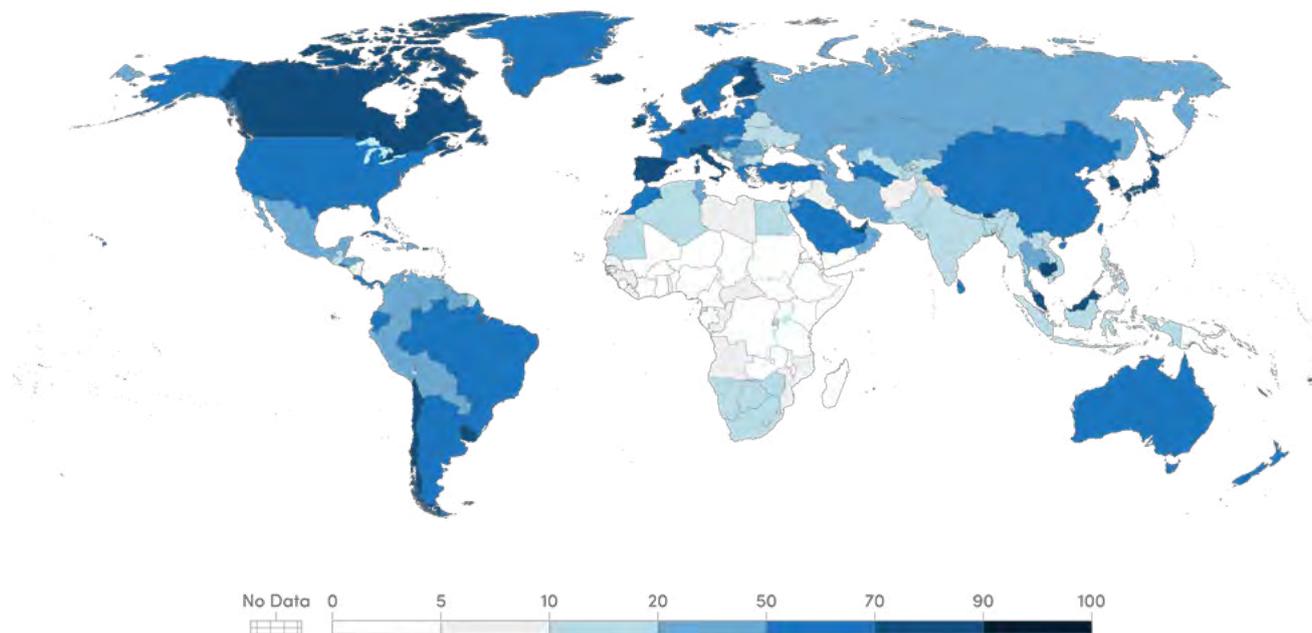
Figure 2: Low-income country vaccination coverage

Source: <https://covid19.who.int>

Total COVID-19 vaccine doses per 100 people as of 21 April 2021



Number of persons fully vaccinated for COVID-19 per hundred as of 8 November 2021



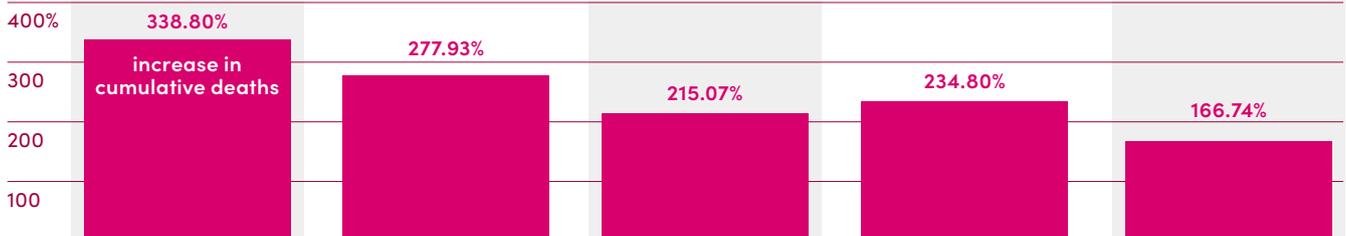
Proportion of the population fully vaccinated, low-income countries				
Source: Our World in Data (as of 9 November 2021)				
Data not available	<1%	<5%	<10%	>10%
Burundi	Uganda (0.88%)	Sierra Leone (3.09%)	The Gambia (8.87%)	Rwanda (15.54%)
Eritrea	Guinea-Bissau (0.72%)	Malawi (2.86%)	Mozambique (7.54%)	
Korea, Dem. People's Rep	Yemen, Rep. (0.71%)	Syrian Arab Republic (2.8%)	Liberia (7.17%)	
	Madagascar (0.65%)	Somalia (1.93%)	Central African Republic (6.54%)	
	South Sudan (0.58%)	Niger (1.60%)	Afghanistan (6.39%)	
	Chad (0.36%)	Burkina Faso (1.38%)	Guinea (5.53%)	
	Congo, Dem. Rep (0.04%)	Mali (1.30%)	Togo (5.26%)	
		Sudan (1.30%)		
		Ethiopia (1.16%)		

Figure 3: Deaths have increased fastest in the regional groups with the lowest vaccination rates

Source: Johns Hopkins Center for Health Security, data as of 10 October 2021, and as published in *Navigating the World that COVID-19 Made*³⁴

Notes: Population vaccinated (doses administered per 100 people) compared to increase in cumulative deaths since 2 December 2020. Doses administered per 100 people may be higher than 100 due to two-dose vaccination courses.

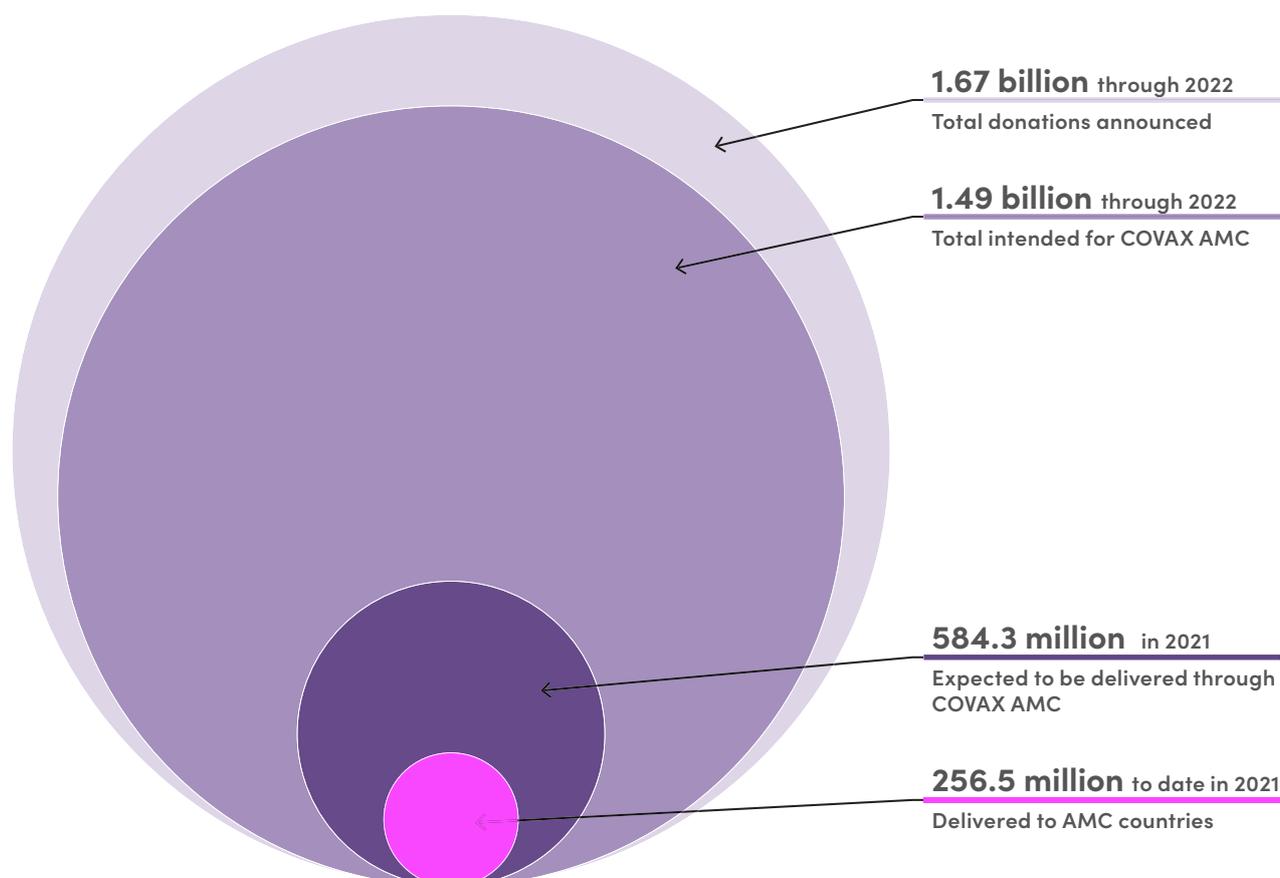
Doses administered per 100 people by region/country income level



Percent increase in cumulative deaths since 2 December 2020 by region/country income level

Figure 4: Vaccine dose donations pledged and delivered by 20 high-income countries/areas as of 16 November 2021

Source: IMF-WHO Vaccine Supply Forecasts



Countries and manufacturers have made substantial commitments to provide access to additional doses globally both bilaterally and through COVAX, but delivery has fallen far short of these promises. In low-income countries especially, actual delivery of doses is running at only 15% of the expected or secured number of doses.⁷ The G7 nations have promised two billion vaccine doses for lower income countries over 2021 and 2022, but largely without transparent plans for delivery.⁸ Similarly, China also announced that it would provide two billion vaccine doses to the world by the end of 2021 and has committed to donate 5% of those (100 million doses) to developing countries.⁹ A number of other countries have made commitments either to share doses or fund the purchase of vaccines, bilaterally and through COVAX.

The lack of transparent vaccine delivery schedules makes it difficult to track the extent to which commitments are being honoured and undermines planning for immunization programmes in low- and middle-income countries. Important regional initiatives, such as the African Delivery Vaccines Alliance and the Africa Vaccine Acquisition Task Team need clarity from the global market and supply system in order to make plans and deliver on them. Inconsistent delivery, including dumping large shipments at the last minute, is a potential waste of vaccine and therefore a wasted opportunity to protect people.



A Global Health Threats Council remains key to the reforms required.





II. Global leadership and accountability



The need for effective multilateral action to respond to this pandemic could not be clearer. Countries,¹⁰ experts, and citizens are unanimous that the status quo cannot continue given the health, economic, and social devastation still being caused by COVID-19. There is encouraging evidence of the will to make change, and champions are emerging. These efforts need more urgency and cohesion. Otherwise, we are simply losing time.

A global summit of Member States convened by the United Nations is needed to secure commitment to strengthened leadership and mutual accountability. Our Panel called for a summit, in the form of a Special Session of the UN General Assembly, to agree on a political declaration on the way forward, with a new Global Health Threats Council as the centrepiece of the new architecture. The trajectory of the COVID-19 pandemic over the six months since we reported underlines the urgency of implementing this recommendation.

A growing number of global actors have raised their voices in support of a UN-convened summit.¹¹ We share the view of the Global Preparedness Monitoring Board that the current momentum for change must be channelled into a coherent plan of action. A summit involving heads of state and government can serve to catalyse the agreement needed.¹²

A growing number of United Nations Member States are advancing discussions to convene a General Assembly Special Session. The President of the General Assembly has made it clear that leadership to confront the COVID-19 pandemic must be at the top of the Assembly's priorities in this year's session. He has signalled his intention to call a high-level thematic debate on vaccine equity with leading experts and world leaders for early in 2022.¹³ An ambitious and forthright declaration of the United Nations General Assembly, with the commitment of all states at the highest level, should tackle issues of equity, leadership and accountability, governance and financing.



“We need a system that can ensure that states are mobilised at the highest level—only leaders can take the responsibility and implement these bold and urgent actions. We need to involve all the sectors concerned, well beyond the health sector alone.”

Charles Michel, President, European Council¹⁴



“The international response to COVID-19 will be the focus of a crucial discussion for the next session of the General Assembly and well beyond.”

H.E. Mr. Abdulla Shahid, President of the 76th UN General Assembly¹⁵

The Global Health Threats Council remains key to the reforms required

Core to the Independent Panel’s recommended package of reforms is the establishment of a Global Health Threats Council by the UN General Assembly to galvanise leadership and accountability to end the COVID-19 pandemic and better prepare to stave off the next.

The Council is not intended to duplicate existing global health architecture or create another locus of power, decision-making, or operations, but to be supportive of existing institutions. It would elevate pandemic preparedness and response to the level of heads of state and government, so that action is backed by the authority, imprimatur, and urgency across all sectors and the international system at large that only this level of leadership can offer.

A high-level leadership and accountability mechanism needs to be legitimate and inclusive. For that reason, the Panel proposed that the United Nations General Assembly nominate two co-chairs of a Global Health Threats Council, with another co-chair nominated by the G20, and for it to include private sector, community, and scientific leadership at the highest level.

The Council as proposed by the Panel has received support from the G20’s High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response as a complement to its financing recommendations,¹⁶ and was among the targets discussed at the COVID-19 summit convened by US President Biden during the 2021 UN General Assembly Leaders’ week in September.

We encourage the momentum towards strengthened leadership and accountability, which must be channelled to action at this urgent point in history. An inclusive leader-level council would be invaluable now in addressing the devastating vaccine divide and ensuring that pledges and lofty aspirations are delivered on. It should be independent of WHO and located outside it, but could benefit from being located in Geneva.

The Panel examined the 16 major reviews and reports on previous health threats occurring in the last decade. It drew the inescapable conclusion that when reform proposals are watered down after a crisis has passed, the world is left without the protection it needs. It is clear to us that the package of reforms needed today must significantly extend the reach and impact of governance and accountability with a remit that extends beyond the health sector.



“For too long, we have allowed a cycle of panic and neglect when it comes to pandemics: we ramp up efforts when there’s a serious threat, then quickly forget about them when the threat subsides.”

*Dr. Jim Kim, former World Bank President¹⁷
- speaking in 2018*



*Governance without
finance lacks teeth;
finance without governance
lacks accountability.*





III. Financing



New, sustainable, and sustained financing for pandemic preparedness and response is a necessary complement to enhanced leadership. Governance without financing lacks teeth; financing without governance lacks accountability.

Estimates of the level of financial needs for preparedness are at least US\$10 billion annually. A mechanism should be lean, housed in existing agencies, fill identified gaps, distribute funds rapidly, and be overseen by the Global Health Threats Council.

Norway and the US, among others, have supported the establishment of a Financial Intermediary Fund housed at the World Bank to support pandemic preparedness. We applaud those who moved earlier to address financing, but were disappointed by the decision of the G20 Leaders meeting in Rome to respond to 22 months of the COVID-19 crisis by setting up a Health and Finance Minister Task Force rather than addressing financing issues with urgency.¹⁸ We note that the task force has been asked to propose modalities for a financing facility early next year.

Ability to pay and response funding

Health security is in the mutual interests of all. Pandemic preparedness and response financing needs to make a decisive move away from a charity model towards some form of assessed contribution based on ability to pay.

Preparedness financing needs to operate in tandem with ready availability of response funding in the event that a pandemic threat emerges. Funds should be pre-allocated so that they are available rapidly as needed at the outset of an emerging health crisis. Incentives for preparedness spending should be built into the design of the financial mechanism to ensure that gaps are filled worldwide.

The return on investment for pandemic preparedness and response funding is immense. Given the impact of COVID-19, it would be a dereliction of duty on the part of every global stakeholder to fail to establish a vigorous pandemic preparedness and response mechanism backed by adequate financing.



Global health cannot be left hostage to a pharmaceutical industry which buys up patents and develops them in the interest of making profits.





IV. ACT-A and global public goods



A recent strategic review of the Access to Covid-19 Tools Accelerator (ACT-A) found that short-term national interests had hampered the mechanism's effectiveness and limited truly coordinated action.¹⁹ There has been a consistent gap between ACT-A's needs and the funding provided to it. In late-October 2021, commitments totalled US\$18.8 billion, with a funding gap of US\$15.9 billion, mainly in support for diagnostics (US\$7.9 billion) and health systems (US\$6.2 billion).²⁰ In line with the Panel's findings, the strategic review found a need for increased ACT-A engagement and participation from low- and middle-income countries and civil society.

These gaps in ACT-A are symptomatic of a wider issue. Since the Panel's May recommendation, the limitations of the current model in delivering equitable access have only become more evident. Global health cannot be left hostage to a pharmaceutical industry which buys up patents for promising products (often originally developed with significant public monies in universities and research institutions) and develops them in the interest of making profits. This system does not achieve the right balance between innovation and global public goods.

Voluntary licensing and technology transfer

In May, the Panel recommended that the World Trade Organisation (WTO) and the WHO convene major vaccine producing countries and manufacturers to agree on voluntary licensing and technology transfer arrangements for COVID-19 vaccines. We said that if agreement was not reached within three months, a waiver of intellectual property rights should take effect. In June 2021 the heads of WTO, WHO, the World Bank, and the International Monetary Fund (IMF) formed the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics to help track, coordinate, and speed delivery of COVID-19 countermeasures.²¹

We are concerned that the promise of this collaboration has not yet delivered adequate access to COVID-19-related products or technologies everywhere they are needed. Despite an overwhelming majority of countries supporting a waiver of intellectual property rights to overcome barriers to vaccine and medicines production, global agreement on this step still has yet to be reached.

Technology transfer is desperately needed to decentralize production and repair broken supply chains. The major scientific breakthrough of the COVID-19 response to date has been the development and deployment of mRNA vaccines. They have the virtue of relatively simple production, in particular because the vaccines can be produced in-vitro rather than in cells.²² High-income country experience in manufacturing mRNA vaccines under contract suggests this technology can be transferred in six to nine months.²³

Technology transfer across all regions has begun, but more of it needs to happen faster. WHO has sponsored the establishment of vaccine manufacturing hubs to develop and produce mRNA vaccines in South Africa, Argentina, and Brazil.^{24 25} In other initiatives, the Presidents of Rwanda and Senegal and mRNA vaccine manufacturer BioNTech agreed in August 2021 on steps towards the development of vaccines and their end-to-end production in Africa.²⁶ Vaccine manufacturer Moderna also has announced its intention to open manufacturing operations in Africa, with locations yet to be confirmed.



“It’s not that we don’t have vaccines that we can share. It’s not that we don’t have therapeutics. It’s not that we don’t have the tools. It’s that we choose not to act.”

Dr. Ayoade Alakija, African Union Vaccine Delivery Alliance²⁷

Vaccines-plus strategy needed

Glaring global inequities have thrust vaccine access into prominence, but it would be a mistake to reduce the question of global public goods to vaccines alone. A “vaccines-plus” strategy is needed to tackle both medical and non-medical measures to counter COVID-19. Reducing SARS-CoV-2 circulation still requires a combination of measures that include vaccines, masks, social distancing, improved ventilation, and contact tracing systems, together with access to diagnostic tests and therapies. The world still lacks a comprehensive and strategic vaccines-plus roadmap.

Waning natural and vaccine-induced immunity will only increase the importance of therapeutics in mitigating the impact of COVID-19. There are promising developments of drugs with significant antiviral effect against COVID and the capacity to reduce hospitalization considerably. Achieving the full benefits of many of these therapeutics requires early case detection, underlining the ongoing importance of testing. The Medicines Patent Pool has made an agreement with pharmaceutical companies Merck and Pfizer to issue non-exclusive sub-licenses for the manufacture of their latest antivirals, the first use of the patents pool in relation to COVID-19.²⁸ While the Medicines Patents Pool Expert Panel recommended the agreement as a significant improvement in access over the existing *status quo*,²⁹ there have been criticisms that some major countries are excluded from their scope and that they seek to undermine the right to patent challenges.³⁰ Meanwhile some effective therapies, such as monoclonal antibodies, are approved by medicine regulatory bodies including WHO, yet are only available in high-income countries. More therapeutics are under development, urgently requiring a robust framework to employ them as global public goods.

The pandemic has demonstrated how important social science, communications, and ethics research are in guiding effective responses. The development of these sciences is critical to being better prepared for the next outbreak.



Strengthening the authority and independence of the WHO and developing new legal instruments are pivotal to the package of reforms required.





V. Strengthening and empowering WHO



The Panel, and many other voices, agree that strengthening the authority and independence of the WHO and developing new legal instruments are pivotal to the package of reforms required. WHO requires more funding and greater ability to investigate and report potential pandemics more quickly and independently.

WHO Member States established two new working groups in May 2021: one on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR); and another on Sustainable Financing (WGSF). There is, however, a manifest mismatch between the lightning pace at which a pandemic threat emerges and mutates and the slow and deliberate pace at which the international system endeavours to reach consensus.

A Special Session of the World Health Assembly at the end of November 2021 will consider the issue of a new pandemic treaty, an agreement or other international instrument. Reforms aimed at strengthening WHO as an organisation are expected to be discussed at WHA in May 2022.

The case for a treaty

The Independent Panel's close examination of the chronology of early events in the COVID-19 pandemic led to the conclusion that the International Health Regulations should be supplemented by a framework convention on pandemics.³¹ The Working Group on strengthening preparedness and response has made significant progress in clarifying that strengthening the International Health Regulations and adopting a new treaty, framework convention, or other forms of legally binding agreement, is not an "either/or" question—rather, multiple approaches can complement one another and address different needs.³²

There has been surprisingly little use of international treaties by WHO, with only the International Health Regulations and the 2003 Framework Convention on Tobacco Control under its regulatory and treaty-making powers, respectively. By comparison, the International Labour Organization oversees more than 150 binding international agreements, and the International Atomic Energy Agency more than a dozen, including the two conventions on nuclear accidents which were agreed within six months of the Chernobyl disaster.

The scale of the COVID-19 disaster must be the impulse for the international community to make more effective use of binding international agreements to secure collective interests across the spectrum of pandemic preparedness and response, from preparedness capacity building to alert and investigation obligations and fair access

to response measures. Work towards these new provisions, however, should not delay the other urgent reforms referred to in our May report and again in this report.

Alert and response

Many of the specific measures recommended by the Independent Panel to strengthen the authority and autonomy of WHO and reinforce its alert and response functions are under way. A package of reinforcing reforms has the capacity to make a qualitative step change in global pandemic protection as long Member States focus on speedy implementation.

Technical, financial, and governance strengthening go hand in hand. For example, there are a number of initiatives to support more agile pandemic early warning, including the UK's Global Pandemic Radar initiative supported by the G7; the Rockefeller Foundation's Pandemic Prevention Institute; and WHO's foray into creating a collective ecosystem for innovation through its new Hub for Pandemic and Epidemic Intelligence in Berlin. These initiatives will maximise their impact if they are brought together strategically, link to the formal surveillance and alert systems that are the backbone of the International Health Regulations, and in turn are integrated with One Health-based animal and environmental surveillance and health protection.

Improve WHO financing

Of critical importance to a stronger, more effective and independent WHO is reforming the way WHO is financed. The Panel made clear recommendations for the organisation only to accept un-earmarked and flexible resources, a substantial increase of the assessed contribution complemented with a replenishment process. The specific Member State led working group has been working intensively on this and Member States must now support the needed reforms.

It is time for Member States to step up and enable the WHO they say they want. For WHO to respond to its full potential to pandemic threats, constraints on it need to be removed, not least through adequate, flexible funding. The Special Session of the World Health Assembly at the end of November needs to signal agreement to move forward on a new legal instrument, and the regular session of the Assembly in May 2022 needs to set in place key reforms and not just initiate discussions of what they may be in the future.



*The next six months
are critical.*





Conclusion: The next six months are critical

In May 2021, the Independent Panel called for the rapid implementation of a package of recommendations to address the current COVID-19 crisis and to mitigate the health, social, and economic impacts of future health threats. In the six months since, the pandemic has continued to cause havoc around the world.

Despite the promise and availability of vaccines, they have not been delivered equitably. Further, widespread vaccine coverage alone cannot end the pandemic—ongoing public health measures will continue to be required. It is clear that the world urgently needs renewed commitment to multilateral leadership and mutual accountability.

We are encouraged that a wide range of voices and forces are expressing determination to make fundamental and systemic change to the global pandemic preparedness and response architecture. That array needs to become a concerted global coalition for action. Different perspectives and national and sectoral interests must not be allowed to stand in the way of effective and lasting change in pandemic preparedness and response.

Successive waves of the pandemic continue to challenge life in every nation, high-, middle- and low-income, and continue to mercilessly batter the most vulnerable. The United Nations General Assembly, as the most inclusive body of all the world's nations, must soon respond to the historic challenge posed by COVID-19.



“The recommendations of the Independent Panel for Pandemic Preparedness and Response must be a starting point for urgent reforms to strengthen the global health architecture.”

António Guterres, UN Secretary-General³³

A political declaration of the United Nations General Assembly, agreed at the highest level and with the commitment of all the world's nations to it, with a new Global Health Threats Council at its centre, would be a critical step towards transforming pandemic preparedness and response. It is urgent also to develop a shared commitment to a practical plan, based on equitable and sustainable foundations and pertinent to every region and every country, to bring the COVID-19 pandemic to a rapid close.

There is no single magic bullet to end pandemics, but there is a combination of measures that will: commitment, finance, global public goods, alerts and preparedness, and leadership.

It's time now to make change happen. We call on all leaders and foreign, finance, and health ministers, working through the mechanisms of the international system, to put their weight behind decisive moves at the UN General Assembly, the World Health Assembly, and the international and regional financial institutions to enable that change.

Annex: Progress against the Independent Panel's recommendations

Urgent calls to stop the COVID-19 pandemic 					
Recommendation	Main actor	Panel recommended due date from May 2021	Status	Completion success	Next steps
All countries to apply systematic and rigorous non-pharmaceutical public health measures; and have highest-level strategy to curb COVID-19 transmission.	National governments	Immediately	Application of public health measures and policy positions continue to be inconsistent between countries. (Source)		Countries must redouble efforts to apply public health measures alongside vaccination commensurate with local and national epidemiological contexts.
High-income countries to commit to provide at least one billion doses for 92 LMICs through COVAX by 1 Sept 2021 and ...	High-Income countries	No later than 1 September	As at 1 November, 410 million doses had been donated through the AMC COVAX facility, of which 159 million had been delivered. (Source)		Transparency in availability of doses, slot swaps to ensure priority to LIC doses through COVAX or AVAT; support for country readiness planning and prioritization of HCWs and vulnerable are key to maximizing benefit of vaccination before end of 2021.
... more than 2 billion doses by mid-2022 through COVAX and other coordinated mechanisms.	National governments	Mid 2022	The G7 nations have promised 2 billion vaccine doses for lower income countries over 2021 and 2022. China aims to provide 2 billion vaccine doses to the world by the end of 2021 and has committed to donate 100 million doses to developing countries. (Source)		Government accountability for timely delivery is key.
G7 countries commit to provide 60% of the US \$ 19 billion required for ACT-A; with remainder from G20/higher income countries.	G7, G20 and nat'l governments of HICs, foundations	Immediately	At 15 October 2021, US\$3 billion in new commitments have been made, leaving a gap of US\$16 billion for 2021. (Source)		ACT-A should urgently take on recommendations of its review. Donors must urgently close ACT-A's 2021 budget gap on path toward fulfilling total of US\$23.4 billion to meet global targets and deliver the tools that are needed over the next 12 months.
WTO & WHO to convene major vaccine producing countries and manufacturers to agree on voluntary licensing and technology transfer for COVID-19 vaccines. If no actions within three months, a TRIPS waiver should come into force immediately.	WTO, WHO and vaccine-producing countries and manufacturers	Immediately	On June 30th 2021 the heads of WTO, WHO, the World Bank and IMF formed a Multilateral Leaders Task Force on COVID-19 vaccines, therapeutics, and diagnostics to increase access, in partnership with key players. (Source) A large majority of countries support an IP waiver. No TRIPS waiver has come into force.		As voluntary licensing agreements have not yet been forthcoming, WTO member states must use upcoming Ministerial Conference (30 Nov to 3 Dec 2021) to align on TRIPS waiver.
Production and access to COVID-19 tests and therapeutics scaled up urgently in LMICs; and fully fund and use GFATM COVID-19 Response Mechanism II (US\$ 1.7 b needed; spend US\$3.7 b).	Test- and therapeutics-producing countries and manufacturers / GFATM and funding partners.	Immediately	As of Oct 2021 0.4% of 3.5 billion tests performed globally were in LICs. As of 20 Oct 2021, C19RM has awarded or recommended for Board approval US\$3,084 million to over 116 applicants. (Source: WHO , The Global Fund)		Donors must urgently close the ACT-A budget gap through 2022. New therapies, including monoclonal antibodies and the promising new oral therapies, must be rapidly deployed to LMICs, if it is authorized as part of test and treat strategies for all countries.
WHO to develop a road map for short, medium and long term response to COVID-19.	WHO	Immediately	On Oct 7, WHO issued a Global COVID Vaccine Strategy to meet global targets of up to 70% vaccination by mid-2022. On Oct 28, the ACT Accelerator released a global strategy through late 2022. Neither represents a complete global roadmap to end the pandemic. (Source: WHO , WHO)		WHO and ACT-A should produce strategic guidance on managing the transition from responding to the current COVID-19 pandemic to future scenarios of evolution of COVID-19 disease.

Recommendation	Main actor	Panel recommended due date from May 2021	Status	Completion success	Next steps
1. Elevate political leadership for global health to the highest levels to ensure leadership, financing and accountability 					
Establish a Heads of State/Government-led Global Health Threats Council endorsed by a UN General Assembly resolution. The Panel proposed membership, functions and terms of reference in its report.	UNGA	Q4 2021 (UNGA Special Session)	The Council has received endorsement from many including some UN Member States, the G20's High Level Independent Panel.		Member States should urgently agree on a means to discuss and negotiate the establishment of a Global Health Threats Council so that it can support mobilisation to end the current pandemic and avert the next.
Adopt a Pandemic Framework Convention within six months, using the power under Article 19 of the WHO constitution.	WHO / National governments	Within 6 months (November 2021)	WHO Member States negotiating the potential of an international instrument since June, 2021. To be discussed at WHA Special Session 29 Nov–1 Dec. (Source)		Member States must seize the opportunity of the special session to align on the value of a framework convention and start a formal negotiation process with a view to completing negotiations in 2022.
Adopt a political declaration by Heads of State and Government at a UNGA Special Session committing to transform pandemic preparedness and response.	United Nations General Assembly	Q4 2021 (UNGA Special Session)	Several Member States have called for a Special Session. Modalities for establishing such a session are under discussion. (Source)		Member States must align on modalities and every effort must be made to convene within the 76th Session of the GA.
2. Focus and strengthen the authority and financing of WHO 					
Focus WHO's mandate on normative, policy, and technical guidance, including supporting countries to build capacity for PP&R and resilient and equitable health systems.	WHA Decision	No later than WHA75	Two working groups are deliberating these issues: (1) the working group on strengthening WHO preparedness and response to health emergencies and (2) the working group on sustainable financing. (Source: WHO , WHO)		Member States should undertake further discussion on this during EB 149 in 2022 in response to WGPR.
Establish WHO's financial independence based on fully unearmarked resources; and an increase in MS fees to 2/3 of the base programme budget with replenishment for remainder.	WHA Decision	No later than WHA75	Under debate in the EB-established Sustainable Financing Working Group. It will present recommendations to EB149 in Jan 2022. (Source)		Member States should support an ambitious set of recommendations from the WGSF and give unambiguous support for higher degree of financial sustainability for WHO.
Strengthen the authority and independence of the WHO Director-General, including a single term of seven years. The same should apply for RDs.	WHA Decision	No later than WHA75	Recommendation documented by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. But current status is unclear. (Source)		Member states should undertake further discussion on this during EB 149 in 2022.
Strengthen the governance capacity of the Executive Board, including by establishing a Standing Committee for Emergencies.	WHA Decision	No later than WHA75	Has been documented and discussed by Member States as part of the WGPR.		Member states should undertake further discussion on this during EB 149 in 2022 in response to WGPR.
Empower WHO to take a leading, convening, and coordinating role in operational aspects of an emergency response to a pandemic.	WHA Decision	No later than WHA75	The WGPR has discussed this.		Member states should undertake further discussion on this during EB 149 in 2022 in response to WGPR.
Resource and equip WHO Country Offices to respond to technical requests for PP&R.	WHO Secretariat	Immediately	Unable to fully assess implementation with publicly available data.		
Prioritize the quality and performance of WHO staff, and de-politicize recruitment	WHO Secretariat	Short-term	This recommendation has been documented and is expected to be discussed by the WGPR. (Source)		Member states should undertake further discussion on this during EB 149 in 2022 in response to WGPR.
3. Invest in preparedness now to create fully functional capacities at the national, regional and global level 					
WHO to set new and measurable targets and benchmarks for pandemic preparedness and response capacities.	WHO / National governments	Q3–4 2021	Refining or setting new targets and benchmarks for IHR compliance through JEE would occur after MS agree via WGPR to address this.		WGPR to prioritise this beyond the November WHA Special Session.
National governments update and resource their preparedness plans against WHO benchmarks, ensuring whole-of-government and whole-of-society coordination.	National governments	Within 6 months	Not being systematically tracked.		National governments should report on progress at WHA75.
WHO formalize universal periodic peer reviews of nat'l PP&R capacities against WHO targets.	WHO / National governments	Q4 2021	The WHO has consulted with multiple countries on the development of Universal Periodic Reviews. The first country pilot is expected to begin in Quarter 4 2021.		WHO and Member States should move towards creating a full peer review program.
As part of the Article IV consultation with member countries, the IMF should routinely include a pandemic preparedness assessment; with five-yearly Pandemic Preparedness Assessment Programs in each member country.	International Monetary Fund	Q3–4 2021	There has been no progress on discussions to include pandemic preparedness assessments as part of the article IV consultation.		This should be discussed at the IMF Spring Meetings in 2022

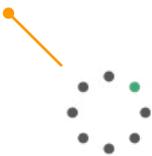
Recommendation	Main actor	Panel recommended due date from May 2021	Status	Completion success	Next steps
4. Establish a new agile system for surveillance, validation and alerts 					
WHO to establish a new global system for surveillance based on full transparency, state-of-the-art digital tools and include animal and environmental health surveillance, with appropriate protections of people's rights.	WHO Secretariat	Q4 2021	On May 24, 2021 WHO launched its BioHub for pathogen storage, sharing and analysis in partnership with Switzerland. On September 21, 2021 WHO inaugurated its Hub for Pandemic and Epidemic Intelligence in partnership with Germany. (Source: WHO , WHO)		MS should fully finance the hubs and establish norms for data sharing.
WHO to be given explicit authority by the WHA to publish information about outbreaks with pandemic potential immediately. WHO to be empowered to investigate pathogens with pandemic potential in all countries at short notice. Future PHEIC declarations should be based on the precautionary principle where warranted (e.g. respiratory infections). The Emergency Committee must be fully transparent. When PHEIC is declared, WHO to issue same-day guidance on actions to take.	WHA Decision	No later than WHA75	No substantive progress to date, though potentially debated by WGPR in early 2022.		WGPR should prioritise these areas in time for decisions at WHA75.
5. Establish a pre-negotiated platform for tools and supplies 					
Transform the current ACT-A into a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies delivered as global public goods.	National governments / Member States	Medium-term	The ACT Accelerator Strategic Review focused solely on near term solutions to extend and strengthen its work for one additional year. The G7's 100 Day Mission articulated a set of principles and approach to speeding R&D and equitable access. It is unclear how this will be taken forward. (Source: WHO , 100 Days Mission)		MS should review ACT-A comprehensively in 2022 with a view to designing and creating an end-to-end platform that includes support for non-exclusive intellectual property licensing and technology transfer and an international legal instrument supporting sharing of R&D.
Ensure technology transfer and commitment to voluntary licensing are included in all agreements where public funding invested in research and development.	National governments	Medium-term	Progress towards this recommendation is unclear. There is progress towards vaccine manufacturing in some African countries as described on page 19-20 of this report. (Source: AFRO , World Bank , European Commission , European Commission)		MS should provide sustainable financing for pooled technology access (including WHO C-TAP), the Medicines Patent Pool and WHO-facilitated technology transfer hubs.
Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials.	National governments / WHO / IFIs / regional institutions / private sector	Medium-term			MS, WHO and IFIs identify resource needs and mobilize funds for building manufacturing capacity for pandemic countermeasures in low- and middle-income countries and to enhance regional self-sufficiency.
6. Raise new international financing for the global public goods of pandemic preparedness and response 					
Create an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and ensure rapid surge financing for response in the event of a pandemic.	G20 and Member States	Before the end of the year	G20 discussions have led to a Health and Finance task force which will continue to discuss the issue but there was no consensus or funding announced. The US/Norway have shared a proposal to create a Financial Intermediary Funds. An initial US\$250 million was announced by the US gov't in September. (Source: G20 , US Government)		An inclusive coalition of fast movers should support the calls for a FIF and make financial commitments to reach the projected goal of \$10B per annum. The World Bank should immediately signal their willingness to host the FIF.
7. Put in place effective national coordination for pandemic preparedness and response based on lessons learned and best practice 					
The Independent Panel called for several actions within countries for national coordination for PP&R. Progress on these are not are not being systematically tracked.					

For full recommendations see [COVID-19: Make it the Last Pandemic](#).

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COVID-19: Make it the Last Pandemic

A Summary



COVID-19 remains a global disaster. Worse, it was a preventable disaster. That is why the recommendations of the Independent Panel for Pandemic Preparedness and Response are urgent and vital. The world needs a new international system for pandemic preparedness and response, and it needs one fast, to stop future infectious disease outbreaks from becoming catastrophic pandemics.

The Independent Panel has found weak links at every point in the chain of preparedness and response. Preparation was inconsistent and underfunded. The alert system was too slow – and too meek. The World Health Organization was under-powered. The response has exacerbated inequalities. Global political leadership was absent.

Now, a priority is to end illness and deaths from COVID-19. Current national waves of transmission are causing the same human traumas as those witnessed last year – especially tragic when we know that public health measures could prevent them. Vaccine distribution is blatantly unjust and not strategic. Vaccine variants are emerging as SARS-CoV-2 spreads, and ever new ones are possible. The burden on people and nations is intolerable. That is why the Panel calls for essential short-term measures.

But the world cannot afford to focus only on COVID-19. It must learn from this crisis, and plan for the next one. Otherwise, precious time and momentum will be lost. That is why our recommendations focus on the future. COVID-19 has been a terrible wake-up call. So now the world needs to wake up, and commit to clear targets, additional resources, new measures and strong leadership to prepare for the future.

We have been warned.



The Panel's key findings

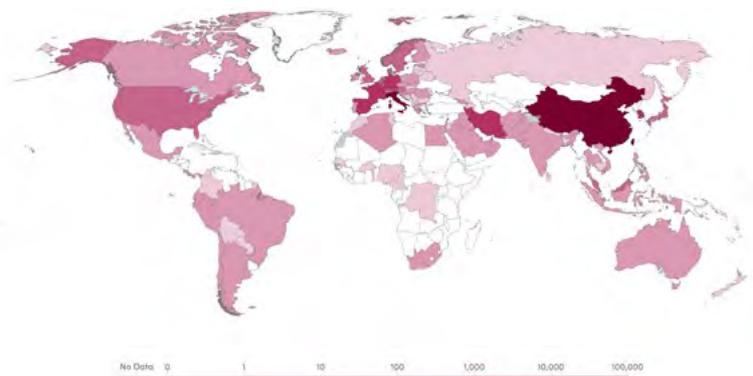
The initial outbreak became a pandemic as a result of gaps and failings at every critical juncture of preparedness for, and response to, COVID-19:

- Years of warnings of an inevitable pandemic threat were not acted on and there was inadequate funding and stress testing of **preparedness**, despite the increasing rate at which zoonotic diseases are emerging.
- Clinicians in Wuhan, China, were quick to spot unusual clusters of pneumonia of unknown origin in late December 2019. The formal notification and emergency declaration **procedures under the International Health Regulations**, however, were much too slow to generate the rapid and precautionary response required to counter a fast-moving new respiratory pathogen. Valuable time was lost.
- Then, for the month following the declaration of the Public Health Emergency of International Concern (PHEIC) on 30 January 2020, **too many countries took a 'wait and see' approach rather than enacting an aggressive containment strategy** that could have forestalled the global pandemic. As COVID-19 spread into more countries, neither national nor international systems managed to meet the initial and urgent demands for supplies. Countries with delayed responses were also characterized by a lack of coordination, inconsistent or non-existent strategies, and the devaluing of science in guiding decision-making.
- **Coordinated, global leadership was absent.** Global tensions undermined multilateral institutions and cooperative action.
- **Preparedness was under-funded and response funding was too slow.** Dedicated financing at the scale required was not available to supply medical equipment, kick-start the search for diagnostics and therapeutics, or ensure vaccines would be available to all. International financing was too little, too late.
- **WHO staff worked extremely hard to provide advice and guidance, and support to countries**, but Member States had underpowered the agency to do the job demanded of it.
- The lack of planning and gaps in social protection have resulted in the **pandemic widening inequalities** with a disproportionate socio-economic impact on women and vulnerable and marginalized populations, including migrants and workers in the informal sector. Health impacts have been compounded for people with underlying health conditions. Education for millions of the most disadvantaged children has been terminated early by the pandemic.

Cumulative COVID-19 cases by country as of 30 January 2020



Cumulative COVID-19 cases by country as of 11 March 2020





The Panel also highlights strengths upon which to build:

- **Health workers have been stalwart in their efforts.** Doctors, nurses, midwives, long-term caregivers, community health workers, and other frontline workers, including at borders, are still working tirelessly to protect people and save lives. The fact that at least 17,000 health workers died of COVID-19 in the first year of the pandemic underlines the need for countries to do much more to support and protect them.
- **Successful national responses** built on lessons from previous outbreaks and/or had response plans which they could adapt. They listened to the science, changed course where necessary, engaged communities, and communicated transparently and consistently.
- **Country wealth was not a predictor of success.** A number of low- and middle-income countries successfully implemented public health measures which kept illness and death to a minimum. A number of high-income countries did not.
- **Vaccines were developed at unprecedented speed.** Within days of confirmation that a new coronavirus caused the outbreak, vaccine development was underway, resulting in a number of approved vaccines in record time. Now they must be distributed much more equitably and strategically to curtail COVID-19.
- **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.





The Panel's recommendations in summary

The recommendations are in two sets. There are immediate recommendations which are aimed at curbing COVID-19 transmission; and there are recommendations which if adopted as a package will transform the international system for pandemic preparedness and response and enable it to prevent a future infectious disease outbreak from becoming a pandemic.



The Panel calls for these immediate actions to end the COVID-19 pandemic:

- High income countries with a vaccine pipeline for adequate coverage should, alongside their own scale up, commit to provide to the 92 low- and middle-income countries of the COVAX Gavi Advance Market Commitment **at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022.**
- **The World Trade Organization (WTO) and WHO should convene major vaccine-producing countries and manufacturers to agree to voluntary licensing and technology transfer for COVID-19 vaccines.** If actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately.
- **G7 countries should immediately commit to provide 60% of the US\$19 billion required for ACT-A in 2021 for vaccines, diagnostics, therapeutics, and strengthening of health systems, with the remainder being mobilised by others in the G20 and other high-income countries, and a formula based on ability to pay should be adopted to fund such global public goods on an ongoing basis.**
- Every country should **apply non-pharmaceutical public health measures systematically and rigorously** at the scale the epidemiological situation requires, with an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.
- **WHO to immediately develop a roadmap with clear goals, targets, and milestones to guide and monitor the implementation of country and global efforts towards ending the pandemic.**



On the basis of its diagnosis of what went wrong at each stage of the COVID-19 response, **the Panel makes the following seven recommendations directed to ensuring that a future outbreak does not become a pandemic.** Each recommendation is linked directly back to evidence of what has gone wrong. To be successful they must be implemented in their entirety.



1. Elevate pandemic preparedness and response to the highest level of political leadership

- Establish a high-level **Global Health Threats Council** led by Heads of State and Government.
- **Heads of State and Government adopt a political declaration at a Special Session of the United Nations General Assembly in September 2021**, and commit to transform pandemic preparedness and response.
- Adopt a **Pandemic Framework Convention**, within the next 6 months.



2. Strengthen the independence, authority and financing of WHO

- Establish the **financial independence of WHO** based on fully unearmarked resources, and on an increase in Member States' fees to two-thirds of the WHO base programme budget.
- Strengthen the authority and independence of the Director-General, including by having a **single term of office of seven years with no option for re-election**. The same rule should be adopted for 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.
- **Resource and equip WHO Country Offices** sufficiently to respond to technical requests from national governments to support pandemic preparedness and response, including support to build resilient equitable and accessible health systems, universal health coverage, and healthier populations.
- **Prioritize the quality and performance of staff at each WHO level**, and de-politicize recruitment (especially at senior levels) by adhering to criteria of merit and relevant competencies.



3. Invest in preparedness now to prevent the next crisis

- **All national governments to update their national preparedness plans** against targets and benchmarks to be set by WHO within six months, ensuring that there are appropriate and relevant skills, logistics and funding available to cope with future health crises.
- WHO to formalize **universal periodic peer reviews** as a means of accountability and learning between countries.
- The IMF should routinely include a pandemic preparedness assessment, including an evaluation of economic policy response plans, as part of the **Article IV consultation** with member countries.



4. A new agile and rapid surveillance information and alert system

- WHO to establish a new **global system for surveillance, based on full transparency** by all parties, using state-of-the-art 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 power to **investigate pathogens with pandemic potential** with short-notice access to relevant sites, provision of samples, and standing multi-entry visas for international epidemic experts to outbreak locations.
- Future declarations of a public health emergency of international concern should be based on the precautionary principle where warranted, as in the case of respiratory pathogens, and on clear, objective, and published criteria.



5. Establish a pre-negotiated platform for tools and supplies

- **Transform the current ACT-A 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.



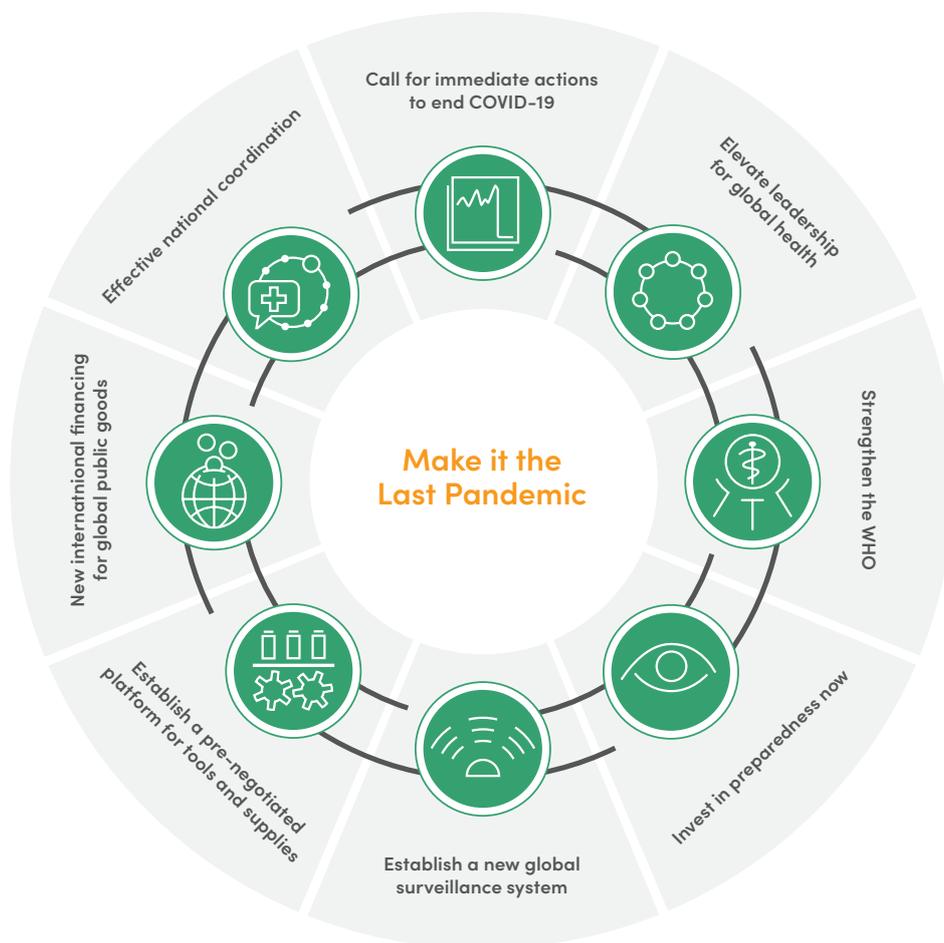
6. Raise new international financing for pandemic preparedness and response

- Create an **International Pandemic Financing Facility** to raise additional reliable funding for pandemic preparedness and for rapid surge financing for response in the event of a pandemic with the capacity to mobilize long term (10-15 year) contributions of approximately US\$5-10 billion per annum to finance preparedness, with the ability to disburse up to US\$50-100 billion at short notice in the event of a crisis.
- There should be an **ability-to-pay formula adopted** whereby larger and wealthier economies will pay the most, **preferably from non-ODA budget lines** and additional to established ODA 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.



7. National Pandemic coordinators have a direct line to Head of State or Government

- Heads of State and Government to 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.
- **National pandemic preparedness and response needs to be strengthened** through increased multi-disciplinary capacity in public health institutions, annual simulation exercises, increased social protections and support to health workers, including community health workers, investment in risk communication, planning with communities and in particular those who are marginalized.



About the Panel

Seized by the gravity of the COVID-19 crisis, the World Health Assembly in May 2020 requested the Director-General to review lessons learned from the WHO-coordinated international health response to COVID-19. The Director-General asked Her Excellency, Ellen Johnson Sirleaf and the Right Honorable Helen Clark to convene an Independent Panel for this purpose. They in turn invited 11 highly experienced, skilled and diverse people to form the Panel. These include other former heads of government, senior ministers, health care experts and members of civil society.

The Independent Panel for Pandemic Preparedness and Response has spent the last eight months reviewing evidence of the spread, actions and responses to the COVID-19 pandemic. It has produced a definitive account of what happened and why it happened and analysed how a pandemic can be prevented from happening again.

The members of the Independent Panel are:
 Co-Chair HE Ellen Johnson Sirleaf, Co-Chair the Rt Hon. Helen Clark, Mauricio Cárdenas, Aya Chebbi, Mark Dybul, Michel Kazatchkine, Joanne Liu, Precious Matsoso, David Miliband, Thoraya Obaid, Preeti Sudan, Zhong Nanshan and Ernesto Zedillo.





**A GLOBAL DEAL
FOR OUR
PANDEMIC AGE**



Financing the
Global Commons for
**PANDEMIC
PREPAREDNESS
AND RESPONSE**

**REPORT OF THE
G20 HIGH LEVEL
INDEPENDENT
PANEL**

High Level Summary

We are in an age of pandemics. COVID-19 has painfully reminded us of what SARS, Ebola, MERS and H1N1 had made clear, and which scientists have repeatedly warned of: without greatly strengthened proactive strategies, global health threats will emerge more often, spread more rapidly, take more lives, disrupt more livelihoods, and impact the world more greatly than before.

Together with climate change, countering the existential threat of deadly and costly pandemics must be the human security issue of our times. There is every likelihood that the next pandemic will come within a decade — arising from a novel influenza strain, another coronavirus, or one of several other dangerous pathogens. Its impact on human health and the global economy could be even more profound than that of COVID-19.

The world is nowhere near the end of the COVID-19 pandemic. Without urgent and concerted actions and significant additional funding to accelerate global vaccination coverage, the emergence of more variants of the virus is likely and will continue to pose a risk to every country. The solutions for vaccinating the majority of the world's population are available and can be implemented within the next 12 months. **More decisive political commitments and timely follow-through will resolve this disastrous global crisis.**

The world is also far from equipped to prevent or stop the next pandemic. Lessons from COVID-19, on how the world failed to prevent the pandemic, why it has been prolonged at such catastrophic cost, and how we can overcome the crisis if we now respond more forcefully, provide important building blocks for the future. We must use this moment to take the bold steps needed to avoid the next pandemic, and not allow exhaustion from current efforts to divert attention from the very real risks ahead.

Plugging Four Major Gaps

Making the world safer requires stepped-up and sustained national, regional and global actions and coordination, leveraging fully the private sector, to prevent outbreaks as well as to respond much faster, more equitably and more effectively when a pandemic emerges. **We must plug four major gaps in pandemic prevention, preparedness and response:**

- **Globally networked surveillance and research:** to prevent and detect emerging infectious diseases
- **Resilient national systems:** to strengthen a critical foundation for global pandemic preparedness and response
- **Supply of medical countermeasures and tools:** to radically shorten the response time to a pandemic and deliver equitable global access
- **Global governance:** to ensure the system is tightly coordinated, properly funded and with clear accountability for outcomes

Investing in Global Public Goods: To Save Immense Costs

We can only avoid future pandemics if we invest substantially more than we have been willing to spend in the past, and which the world is now paying for many times over in dealing with COVID-19's damage.

Countries must step up domestic investments in the core capacities needed to prevent and contain future pandemics, in accordance with the International Health Regulations. Governments will in many cases have to embark on reforms to mobilize and sustain additional domestic resources, so as to build up these pandemic-related capacities and strengthen public health systems more broadly, while at the same time enabling their economies to return to durable growth. Low- and middle-income countries will need to add about 1% of GDP to public spending on health over the next five years.

However, domestic actions alone will not prevent the next pandemic. Governments must collectively commit to increasing international financing for pandemic prevention and preparedness by at least US\$75 billion over the next five years, or US\$15 billion each year, with sustained investments in subsequent years.

The Panel assesses this to be the absolute minimum in new international investments required in the global public goods that are at the core of effective pandemic prevention and preparedness. The estimate excludes other investments that will contribute to resilience against future pandemics while benefiting countries in normal times. These complementary interventions — such as containing antimicrobial resistance, which alone will cost about US\$9 billion annually, and building stronger and more inclusive national health and delivery systems — provide continuous value. Furthermore, the estimated minimum international investments are based on conservative assumptions on the scale of vaccine manufacturing capacity required in advance of a pandemic. Larger public investments to enable enhanced manufacturing capacity will indeed yield much higher returns.

The minimum additional US\$15 billion per year in international financing for pandemic preparedness is still a significant increase. It is a critical reset to a dangerously underfunded system.

These investments are a matter of financial responsibility, besides being a scientific and moral imperative. They will materially reduce the risk of events whose costs to government budgets alone are 700 times as large as the additional international investments per year that we propose, and 300 times as large as the total additional investments if we also take into account the domestic spending necessary. The full damage of another major pandemic, with its toll on lives and livelihoods, will be vastly larger.

Crucially, this additional international funding must add to, and not substitute for, existing support to advance global public health and development goals. It would be short-sighted to scale up efforts for pandemic prevention and preparedness by reallocating multilateral or bilateral Official Development Assistance (ODA) resources from other development priorities, particularly given the likely lasting negative impacts of the current pandemic on economic and human development in low- and lower-middle-income countries. The threat of pandemics to our collective security warrants a new and more sustainable global financing approach, beyond traditional aid, to invest in global public goods from which all nations benefit.

Strengthening Global Governance of Health and Finance

However, money alone will not deliver a safer world without stronger governance. The current global health architecture is not fit-for-purpose to prevent a major pandemic, nor to respond with speed and force when a pandemic threat emerges. As the Global Preparedness Monitoring Board highlights, the system is fragmented and complex, and lacks accountability and oversight of financing of pandemic preparedness. We must address this by establishing a governance mechanism that integrates the key players in the global health security and financing ecosystem, with the World Health Organization (WHO) at the center.

To plug this gap, we propose establishing a new Global Health Threats Board (Board). The proposal builds loosely on the model of the Financial Stability Board, established by the G20 in the aftermath of the 2008 Global Financial Crisis and which has operated successfully as a collective to contain risks to the global financial system.

This new governance mechanism will bring together the worlds of health and finance. The Board should include Health and Finance Ministers from a G20+ group of countries and heads of major regional organizations, with leadership and membership that ensures credibility and inclusivity. It should have a permanent, independent Secretariat, drawing on the resources of the WHO and other multilateral organizations.

This new Board will complement the Heads of State/Heads of Government-level Global Health Threats Council that has been proposed by the Independent Panel for Pandemic Preparedness and Response (IPPPR), to be established by the UN General Assembly. The Panel supports the establishment of this top-level political leadership council, to mobilize the strong collective commitment required for global health security. The Board, on the other hand, will aim more specifically to match tightly networked global health governance with financing, which are both critical enablers to reduce pandemic risks. It should take reference from the initiatives and work of the proposed Global Health Threats Council, to ensure a complementarity of functions.

The Board would provide systemic financial oversight aimed at enabling proper and timely resourcing of capacities to detect, prevent and rapidly respond to another pandemic, and to ensure the most effective use of funds. It must join up the efforts of international bodies, with clearly delineated responsibilities that match their comparative strengths, and ensure that the system fully engages and leverages the capabilities of the private sector and non-state actors. The Board must also track global risks and outcomes, and ensure every country plays its part to enhance global health security.

The Key Strategic Moves

A transformed system, with stronger global financial governance, will require both greater resources for existing institutions, with enhanced mandates where necessary, and a new multilateral funding mechanism that will plug the major gaps in global public goods needed to reduce pandemic risks.

We must make four strategic moves.

First, nations must commit to a new base of multilateral funding for global health security based on pre-agreed and equitable contribution shares by advanced and developing countries. This will ensure more reliable and continuous financing, so the world can act proactively to avert future pandemics, and not merely respond at great cost each time a new pandemic strikes.

This must include a fundamentally new way of financing a reformed and strengthened WHO, so that it receives both enhanced and more predictable resources. The Panel joins the call by the IPPPR for assessed contributions to be increased from one-quarter to two-thirds of the budget for the WHO's base program, which will effectively mean an addition of about US\$1 billion per year in such contributions.

Second, global public goods must be made part of the core mandate of the International Financial Institutions (IFIs) — namely the World Bank and other multilateral development banks (MDBs), and the International Monetary Fund (IMF). They should draw first on their existing financial resources, but shareholders must support timely and appropriately sized replenishments of their concessional windows and capital replenishments over time to ensure that the greater focus on global public goods is not at the expense of poverty reduction and shared prosperity.

The IFIs are a potent but vastly under-utilized tool in the world's fight against pandemics and climate change. The MDBs should partner with countries to **incentivize and increase investments in pandemic preparedness and accelerate closing of critical health security gaps.** This will require enhancing the grant element of their funding through dedicated concessional windows for pandemic preparedness. In this, they should partner with the grant-based global health intermediaries including Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to leverage each other's funding for investments that will strengthen health system resilience.

The IFIs should also **provide swift, scaled-up access to funds in response to a pandemic,** with relaxed rules on country borrowing and automatic access for pre-qualified countries. This should entail new or strengthened pandemic windows in the IMF and MDBs, and the authorization for MDBs to access additional market funding at the onset of a pandemic to finance a scaled-up response. To ensure that these official funds are used to counter the impact of the pandemic, the IMF, working with the relevant stakeholders, should propose a framework of pre-established rules for relief on debt servicing that involves the participation of all creditors in restructurings instituted in future pandemics.

Third, a Global Health Threats Fund mobilizing US\$10 billion per year should be established, and funded by nations based on pre-agreed contributions. This new Fund, at two-thirds of the minimum of US\$15 billion in additional international resources required, brings three necessary features into the financing of global health security. First, together with an enhanced multilateral component of funding for the WHO, it would provide a **stronger and more predictable layer of financing**. Second, it would enable **effective and agile deployment of funds** across international and regional institutions and networks, to plug gaps swiftly and meet evolving priorities in pandemic prevention and preparedness. Third, it would also serve to **catalyze investments** by governments and the private and philanthropic sectors into the broader global health system, for example through matching grants and co-investments. The Fund's functions should be defined to ensure that it complements rather than substitutes for financing of the MDBs' concessional windows and the existing global health organizations.

The new Fund should support the following major global actions:

- **Building a transformed global network for surveillance** of infectious disease threats. This will require a major scale-up of the network, combining pre-existing and new nodes of expertise at the global, regional and country levels, with the WHO at the center.
- **Providing stronger grant financing** to complement MDBs' and the global health intermediaries' support for country- and regional-level investments in global public goods.
- **Ensuring enhanced and reliable funding to enable public-private partnerships** for global-scale supply of medical countermeasures, so we can preclude severe shortages anywhere and avoid prolonging a pandemic everywhere. This added layer of funding will support a permanent network to drive end-to-end global supply, which builds on the lessons learned from the ACT-Accelerator coalition.
- **Supporting research and breakthrough innovations** that can achieve transformational change in efforts to prevent and contain future pandemics, complementing existing R&D funding mechanisms like the Coalition for Epidemic Preparedness Innovations (CEPI).

The Fund will be structured as a Financial Intermediary Fund (FIF) at the World Bank, which will perform the treasury functions, similar to how it hosts other international arrangements like the Global Environment Facility. Governance of the Fund will be independent of the World Bank, under an Investment Board, which could also be constituted as a committee of the Global Health Threats Board, which will determine the priorities and gaps to be addressed by the Fund.

Fourth, multilateral efforts should leverage and tighten coordination with bilateral ODA, and with the private and philanthropic sectors. Better coordination within country and regional platforms will have greater impact in reducing pandemic risks, and enable better integration with ongoing efforts to tackle endemic diseases and develop other critical healthcare capabilities. It will be important to ensure that ODA flows mobilized for pandemic preparedness add to and do not divert resources from other priority development needs.

There is significant scope for governments and the MDBs to mobilize private sector resources for pandemic preparedness and response, especially in developing global-scale capacity for critically-needed supplies, from testing kits and vaccines to oxygen cylinders and concentrators, as well as the whole delivery infrastructure needed within countries. The public sector should also grow partnerships with philanthropic foundations to substantially expand research on infectious disease threats and breakthrough countermeasures. This could include efforts to de-risk early-stage R&D and other high-risk investments, in order to attract private institutional investors.

Significant progress is within reach in the next five years. Strong and sustained political commitment, a recognition of the mutual interests of nations in health security, and long-term financing will be essential.

The collective investments we propose, with equitable contributions by all nations, are affordable. They are also miniscule compared to the US\$10 trillion that governments have already incurred in the COVID-19 crisis.

We must invest without delay. It will be a huge error to economize over the short term and wait once again until it is too late to prevent a pandemic from overwhelming us. The next pandemic may indeed be worse.

COVID-19: What is needed to address emergent pathogens?

Omicron highlights why a global regime is needed to support countries reporting variants, and that a shared sense of well-being has to come to the fore.

EXPERT COMMENT 1 DECEMBER 2021 — 3 MINUTE READ

Dr Osman Dar

Project Director, One Health Project, Global Health Programme



It is important to understand the emergence of the new COVID-19 variant Omicron with all its myriad mutations – on this occasion first detected in South Africa – is not unexpected.

What it highlights are the continuing and fundamental risks to everyone associated with not seriously addressing the governance, structural, technological, and socioeconomic inequalities still at play globally in the fight against disease and poor health.

Mutations such as those present in this latest variant will continue to surface, as in all likelihood will other infectious viruses with pandemic potential.

The Omicron variant – rapidly detected thanks to South Africa's relatively advanced genomic sequencing capability and willingness to engage with international partners and collaborating

agencies – has resulted in a series of travel bans restricting South Africa’s citizens and impediments to international trade.

Race for market share and profit

For drug and vaccine manufacturers, largely based in high income countries, it represents the firing of a start-gun in the next race for market share and profit as they test whether currently-licensed IP-protected vaccines will be effective or whether a new or modified vaccine is necessary.

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There should be a global health and intellectual property architecture which is equitable and represents the interests of all nation states, rather than giving outsized influence to a few powerful and wealthy countries

In effect, this means a low/middle-income nation – along with the continent it sits in – is economically penalized, socially ostracized, and socio-politically stigmatized for demonstrating global solidarity and doing the right thing through timely reporting and sharing of the variant’s genetic data.

Meanwhile a small group of hugely wealthy pharmaceutical companies finds new opportunities to generate exorbitant profits as fear starts to once again grip politicians, policymakers, and the wider public.

On governance, there should be a global health and intellectual property architecture which is equitable and represents the interests of all nation states, rather than giving outsized influence to a few powerful and wealthy countries which largely focus on the narrow range of pathogens relevant to themselves, and on protecting their own pharmaceutical industries.

On structures and technologies, when a new diagnostic, vaccine, or therapeutic solution emerges, access to it and the relevant technology transfer should be rapidly enabled around the world for the global public good, that development and quality-assured manufacturing capacity

is present in every global region, and that sustainable and well-regulated local markets are created to allow both innovation, pricing and prioritization based on local need.

To address the acute needs of the current COVID-19 pandemic, this means persuading – and even compelling – pharmaceutical corporations to immediately suspend intellectual property rights for vaccines, tests, treatments, and other medical tools by agreeing to the proposed waiver of the TRIPS Agreement at the World Trade Organization (WTO).

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For big pharma, the case to protect their IP and income come what may is already on shaky ground given they have received more than \$8 billion in public money

Many national governments already have existing legislation, such as the Defense Production Act (DPA) in the US, which can be invoked during a state of emergency²⁷ so companies have to turn over assets and redirect resources to produce strategic goods during times of crisis if they refuse to do so voluntarily. In the past, the mere threat of using these legal instruments has quickly brought big multinationals to the negotiating table to fulfil their social responsibilities.

In terms of the technology transfer needed, this could be managed transparently and equitably through existing mechanisms for sharing COVID-19 know-how such as the World Health Organization (WHO) COVID-19 Technology Access Pool, as well as through national and regional platforms such as the South Africa mRNA Technology Transfer Hub.

Profit guarantees and purchase commitments

For big pharma, the case to protect their IP and income come what may is already on shaky ground given they have received more than \$8 billion in public money to develop and bring the diagnostics, vaccines, and therapeutics to market, as well as enjoying guaranteed purchase commitments from numerous governments guaranteeing their profits.

They have also been indemnified against any litigation from claimants pursuing damages in the unlikely event the extensively-tested therapies cause unexpected side-effects or directly lead to adverse health outcomes.

Big pharma has not had to carry any of the significant financial risk but effectively has a carte blanche in charging what it likes for what should be global public goods. Already Pfizer-BioNtech and Moderna – makers of two of the most successful vaccines – are projected to make pre-tax profits of more than \$34 billion dollars from vaccine sales² in 2021 alone.

Even for the most hard-nosed free-market capitalists, surely there are some limits to what is a reasonable profit ceiling during a global catastrophe?

Movement restrictions – such as international travel bans – do clearly slow and limit the spread of infectious disease and, as has been seen with the current pandemic, they allow countries time and breathing space to prepare medical countermeasures and adapt strategies to control local outbreaks.

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To limit negative socioeconomic impacts of these restrictive measures on trade and travel, there should be a sufficiently resourced global regime in place which supports countries reporting new variants through the period of significant financial and social hardships which then ensue.

A disaster or pandemic response fund specifically engineered around wide and far-reaching impacts of trade and travel restrictions – and not one simply limited to addressing outbreak-related health service needs – should be part and parcel of a global pandemic treaty.

Addressing these and other socioeconomic inequalities to fight this pandemic ultimately means creating a well-informed and educated public and political class concerned about universal values, common global public goods, and a shared sense of well-being – rather than the tribal arrangements dominated by self-interest and profit currently on display in most areas of the world.