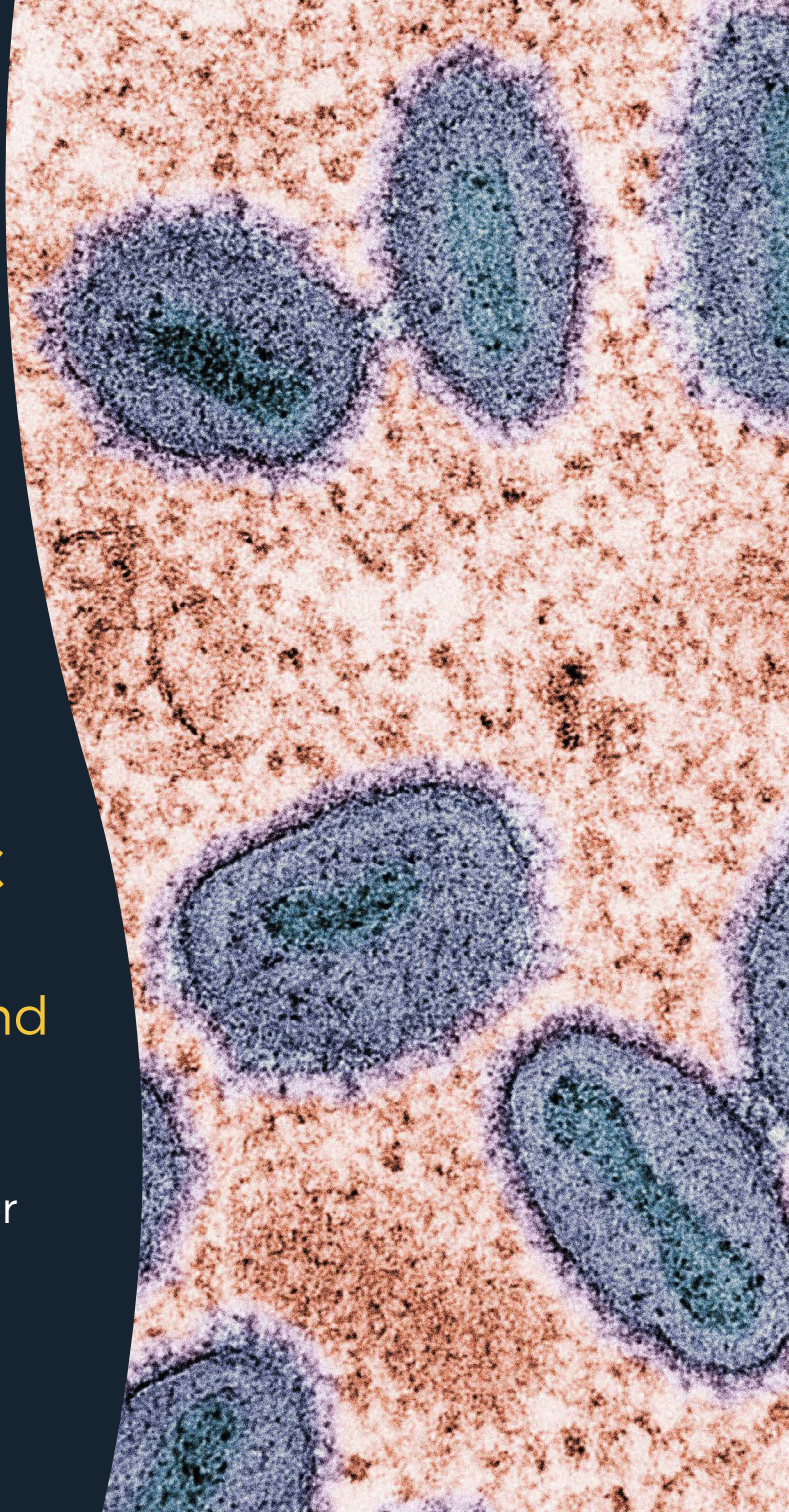
The Elders

Pandemic

Prevention, Preparedness and Response

Policy Position Paper



Nelson Mandela addressing the UN General Assembly, 1990.
Photo: UN Photo / Eskinder Debebe

Cover image: Colourised electron microscope image showing mpox virus particles (in purple and teal) inside an infected cell (brown).
Photo: NIAID

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Elders together at their bi-annual board meeting in London, October 2024.
Photo: The Elders / Jeff Moore

About The Elders

The Elders' strategy for the period 2023-2027 addresses three of the existential threats facing humanity – the climate crisis, pandemics, nuclear weapons – as well as the persistent global challenge of conflict. Drawing on Nelson Mandela's mandate, our approach also incorporates four cross-cutting commitments: to multilateralism, human rights, gender equality and women in leadership, and intergenerational dialogue.

The impact of these threats is already being seen on lives and livelihoods: a rapid rise in extreme weather events, a pandemic that killed millions and cost trillions, wars in which the use of nuclear weapons has been openly raised. But there could be worse to come – maybe much worse. Some of these threats jeopardise the very existence of human life on our planet. We have the power to destroy ourselves as well as the world we live in. Nations seem to lack the ability or will to manage these risks.

This paper sets out The Elders' policy positions on pandemics as of the first half of 2025. It also highlights the type of leadership needed to tackle this existential threat in the short, medium and long term.

The urgency of the interconnected existential threats we face requires a crisis mindset from world leaders – one that puts shared humanity centre stage, leaves no one behind and recognises the rights of future generations. When nations work together, these threats can all be addressed for the good of the whole world. There is still hope.

As Elders, we use our experience and influence to work for peace, justice, human rights and a sustainable planet. We engage with global leaders and civil society through private diplomacy and public advocacy to address existential threats, promote global solutions and encourage ethical leadership that supports the dignity of all human beings.

The Elders and pandemic prevention, preparedness and response

The existential threat to humanity posed by pandemics has long been a topic of interest to many Elders in their individual careers. Successive infectious disease outbreaks this century, including SARS, Ebola and COVID-19, have elevated the urgency of the threat, and made it a priority for the group as a whole.

Ellen Johnson Sirleaf led Liberia through the devastating West Africa Ebola outbreak (2013-2016), which had a fatality rate of 40%. Consequently, she was appointed Co-Chair of the Independent Panel for Pandemic Preparedness and Response (IPPPR) in 2020, which in May 2021 published its flagship report on global lessons from the COVID-19 outbreak. **Helen Clark** was the other Co-Chair of the IPPPR and has been a tireless champion for transforming global pandemic prevention, preparedness and response since the start of the COVID-19 outbreak. **Ernesto Zedillo** was a fellow member of the IPPPR.

Gro Harlem Brundtland was Director-General of the World Health Organization during the global SARS outbreak (2002-2004) and is widely credited for leading efforts to bring the virus under control. She was the founding Co-Chair of the Global Preparedness Monitoring Board, which in its inaugural report in September 2019 presciently warned of the risk of a future pandemic.

Ban Ki-moon has championed global health security, including during his tenure as UN Secretary-General, when he set up the UN's first ever emergency health mission in 2014 in response to the West Africa Ebola outbreak, and commissioned the High-Level Panel on the Global Response to Health Crises in 2015. **Zeid Ra'ad Al Hussein** has convened negotiators in Geneva on the Pandemic Accord, with the aim of finding solutions that help deliver a meaningful and equitable agreement. **Denis Mukwege** was Vice Chairman of the Multi-sectoral Coronavirus Response Committee of South Kivu Province, in the Democratic Republic of the Congo.

The Elders

Founded by Nelson Mandela in 2007, The Elders are a group of independent global leaders working together for peace, justice, human rights and a sustainable planet.

Lakhdar Brahimi, Fernando Henrique Cardoso, Ricardo Lagos and **Muhammad Yunus** are Elders Emeritus.

Kofi Annan (1938-2018) was a founding member of The Elders and served as Chair from 2013-2018. **Desmond Tutu** (1931-2021) was a founding member of The Elders and served as Chair from 2007-2013. **Ela Bhatt** (1933-2022) was a founding member of The Elders. **Martti Ahtisaari** (1937-2023) was a member of The Elders from 2009. **Jimmy Carter** (1924-2024) was also a founding member between 2007 and 2016.

Executive summary

The growing risk of pandemics confronts leaders with an existential challenge.

The science is clear. The next pandemic threat is a matter of when, not if. There is a significant chance that a future pandemic could be some combination of more infectious, more likely to mutate and more fatal than COVID-19.

The world cannot afford to wait to prepare for the next pandemic. Environmental degradation, large-scale movement of people and an ever hotter planet are increasing the risk of transmission of pathogens from animals to humans, and the emergence of more environments that are hospitable for disease-carrying species.

The next pandemic may not be naturally occurring. Expertise in engineering deadly pathogens is expanding. There is insufficient global oversight of biosafety and biosecurity risks.

But despite all these risks, leaders are failing to act. The cycle of panic and neglect that the world has seen following previous Public Health Emergencies of International Concern declared by the World Health Organization continues. The lessons identified from previous pandemics are not being applied. Most of the recommendations from numerous independent expert panels have not been implemented.

Many leaders continue to see pandemics as a health problem. Yet it is clear that the impacts of pandemics are economy-wide and society-wide. Misinformation and disinformation about vaccines and the role of the World Health Organization with respect to global public health emergencies persist. There has not yet been the foresight to invest sufficiently in pandemic prevention, preparedness and response to reduce the risks of another disastrous global pandemic, even as the global economy takes years to recover from the trillions lost from COVID-19. The significant social and health impacts are ongoing.

At The Elders, we embarked on our pandemic strategy in the wake of the COVID-19 response. We watched with dismay how nationalism, failure of leadership and the unchecked power of the pharmaceutical industry led to vast disparities in access to vaccines, diagnostics and treatments. We learned of a fragmented and dysfunctional global surveillance system, which punished rather than rewarded countries which shared vital biological and genetic data. We saw the disproportionate impact of the pandemic on women, caregivers and many other vulnerable communities. In response, we joined with civil society and other global leaders in calling for a clear set of global policies, agreed upon at the highest levels of leadership, which ensure equity and rights in pandemic prevention, preparedness and response.

COVID-19 was the worst pandemic in modern times. It caused an estimated 28 million excess deaths, and tens of trillions of dollars in economic losses. There was further immeasurable impact on the wider human fabric of our societies, including unknown longer-term damage (in particular on children and adolescents). But a future pandemic could be much worse.

Pandemics are inequitable. They hit the most vulnerable people and the countries least prepared for global shocks hardest. During COVID-19 we witnessed large-scale injustice in how poorer countries were unable to access the vaccines, diagnostics and treatments they so desperately needed.

This is a collective action problem. We learned from COVID-19 that none of us are safe unless all of us are safe. Yet, humanity is struggling to put aside individual and national interests and act in our common interest. Some people and governments are actively turning against actions that would significantly reduce risks. How can we break through this impasse?

The Elders' work on pandemics is rooted in our deep conviction that global solidarity must be at the heart of preventing, preparing for and responding to pandemic threats.

In our 2023-27 strategy, the Elders set out an ambition to contribute to a world prepared for future pandemics through a transformed multilateral system that is sustainably financed, inclusive, transparent and equitably governed. We identified three outcomes necessary for success:

1. Strong global political leadership from heads of state and government on pandemics.
2. Transformed pandemic financing, in particular through equitable governance.
3. A clear set of global policies which ensure equity and rights in pandemic prevention, preparedness, and response

This paper outlines what that means in practice.

In the next section, we recall the terrible costs of the COVID-19 pandemic and confront the reality of future pandemic threats as a call for urgent action on prevention, preparedness, and response.

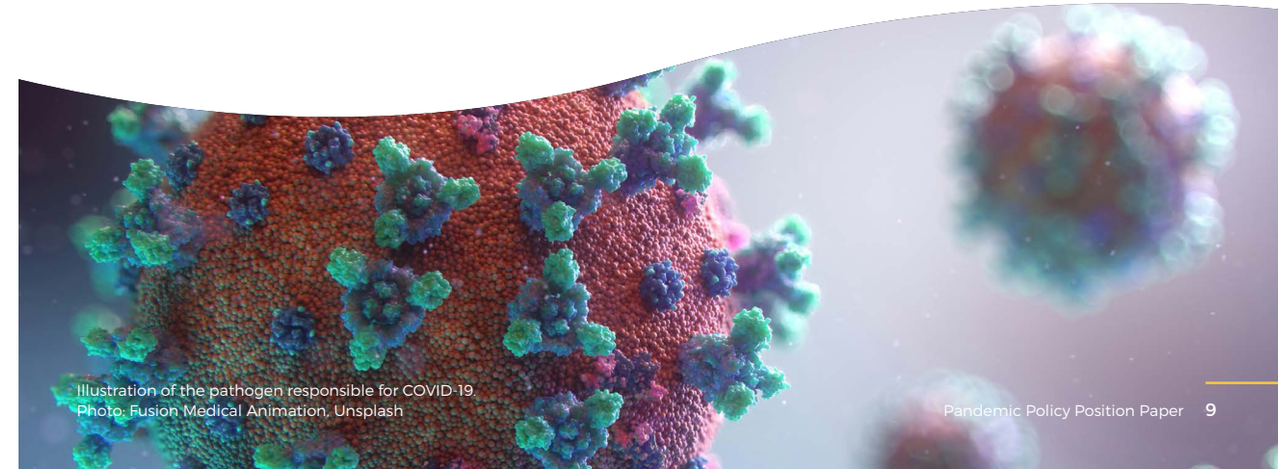

Illustration of the pathogen responsible for COVID-19.
Photo: Fusion Medical Animation, Unsplash

In the following section, we explore six themes that demand action on the global pandemic reform agenda:

1. International attention and global leadership
2. A whole of society approach to pandemics
3. Equity, human rights and global solidarity
4. Sustainable financing
5. Disinformation and politicisation
6. The threats and opportunities of new technologies

We end with a set of recommendations which, if implemented, would go a long way toward breaking the cycle of panic and neglect and reducing the impact of future infectious disease outbreaks.

These are not easy asks. They require a step change in prioritisation and financing. Above all, the changes needed will require bold political leadership. Leaders need to follow the science while also listening to their people. In many countries, people are still suffering the aftershocks of the COVID-19 pandemic – physically, psychologically, economically and socially. Real leadership is a complex iteration of leading and following, requiring a deft political touch and the right policies, as well as moral courage. We are well aware of how difficult that can be.

But if leaders make the right decisions, the impact on the world's pandemic preparedness will be momentous. Systems can be primed to shut down threats before they have the chance to evolve into devastating global crises. That is what current and future generations demand of us.

Seventy-first World Health Assembly.
Geneva, Switzerland, May 2018.
Photo: WHO / Antoine Tardy

The urgency of the pandemic threat

The world cannot afford to wait for the next pandemic threat to arise without reforming prevention, preparedness and response systems.

Scientific evidence shows us that incidences of infectious disease outbreaks are on the rise, and the expansion of biotechnology capabilities increases the risk of accidental or deliberate events that could be catastrophic in scale.

The rapid spread of COVID-19, even after the declaration of a Public Health Emergency of International Concern by the World Health Organization (WHO), showed that countries and health systems were not ready to grapple with the outbreak. Other experiences in recent history also demonstrate the speed at which infectious disease outbreaks can spread.

The 2013-2016 Ebola outbreak saw its first case in Guinea in December 2013, before quickly spreading to the neighbouring countries of Sierra Leone and Liberia. By July 2014, it had reached the capital cities of the three countries. The 2002-2004 SARS outbreak originated in southern China in November 2002, reached Hong Kong in February 2003 and spread rapidly thereafter to 29 countries and regions on five continents in the first half of 2003 alone.

Each of these outbreaks took world leaders by surprise. But today, again, pandemic PPR has fallen far down from the top of policy and political agendas of governments and multilateral institutions. The desire to move on is natural in a world replete with urgent global crises to be addressed. But leaders have a responsibility to learn the lessons of history. Acting on those lessons is critical now as we continue to grapple with the lasting impacts of COVID-19. If we don't, we risk repeating the tragedy of the COVID-19 pandemic or experiencing something even worse.

The traumatic experience of the COVID-19 pandemic has also faded from most of the public's memory. It is receiving less and less coverage in mainstream media – with insufficient parallels made between COVID-19 and current infectious diseases, such as mpox and H5N1.

The COVID-19 pandemic:

What we lost and what we must learn

The World Health Organization estimated that 14.83 million excess deaths took place in the first 18 months of the pandemic. More recent estimates put that number closer to 28 million[1].

Despite forecasts of a modest uptick in global economic growth and a decline in inflation in 2024-2025, the economic impacts of the COVID-19 pandemic continue to be felt across the globe. Estimates vary overall and by country, but global economic losses due to COVID-19 are estimated to be in the tens of trillions of US dollars, with countries continuing to struggle with pandemic-related debt. According to the International Monetary Fund, global GDP fell by 3.4% in 2020.

70 million people were pushed into extreme poverty by the pandemic. This does not take into account what the World Bank refers to as the erosion of human capital, which will have lasting impacts on economic growth and human wellbeing. These impacts include:

- 2020-2022 saw the largest sustained decline in childhood vaccinations in 30 years, causing what UNICEF refers to as a red alert for global children's health outcomes.
- Over a billion children were out of school during the height of the pandemic. Young children in multiple countries lost 34% of learning in early language, which if not addressed could lead to a 25% reduction in earning potential during their adulthoods.
- Women experienced significantly more employment losses than men, given their disproportionate presence in hospitality and retail in particular, and the care burdens they took on due to school closures.
- COVID-19 triggered a 25% increase in anxiety and depression worldwide, with youth at the highest risk of suicidal and self-harming behaviours and women more severely impacted than men.

[1]The Economist (2022): modelling exercise that measured excess deaths during COVID-19. Excess deaths is a standard measurement used to overcome data issues like under-reporting, misdiagnosis and public health events such as prioritisation of one disease over another.

What the science tells us

In the context of the severe loss of life and impact on economic and social wellbeing, and the failure in many places to have a public reckoning with the global trauma caused by COVID-19, we must face the reality that we continue to be at risk of not responding adequately to future and inevitable pandemic threats.

The frequency of such threats is set to increase, in part as a result of the encroachment of more humans into animal habitats, causing increasing spillover events. Many communities already experience continual infectious disease outbreaks and epidemics; for example, the re-emergence in 2024 of mpox in several African countries after the outbreak of 2022. These communities live with the constant, visible threat of a disease outbreak turning into an epidemic and then potentially, turning into a pandemic.

Warmer climates are also providing new habitats for disease-carrying species, meaning in future more of the globe will live with this reality. Global heating raises another threat too: viruses long frozen in the Arctic permafrost being released as the earth warms and the frost melts, releasing ancient pathogens with pandemic potential.

Research published in the Proceedings of the National Academies of Science has found that the chance of a pandemic with a similar impact to COVID-19 is about 1 in 50 in any given year. But the next pandemic could wreak even greater havoc, if the advice of experts is not heeded. A future pandemic could be more infectious, and/or more mutable, and/or more fatal than COVID-19. SARS-CoV-1 and MERS-CoV, for example, have higher fatality rates, making them approximately 5 to 16 times worse than SARS-CoV-2. These viruses did not cause a catastrophe during earlier outbreaks because they were less easily transmitted.

Pandemic Action Network's Eloise Todd moderates a UNGA 2024 discussion featuring Ellen Johnson Sirleaf, Helen Clark, Zeid Ra'ad Al Hussein, Juan Manuel Santos and David Miliband. Credit: Ayano Hisa

People queue for lunch donations in São Paulo, Brazil, during the severe economic crisis brought on by the COVID-19 pandemic in 2020.
Photo: Nelson Antoine / Shutterstock.com

Yet these threats cannot and must not lead to fatalism or paralysis by leaders and policymakers. Following COVID-19 and other past and present disease outbreaks such as mpox and Ebola in Africa, the world does know how to prevent and prepare for the next pandemic. But it must apply what is known to work.

Groups such as the Independent Panel for Pandemic Preparedness and Response (IPPPR, now known as The Independent Panel) and the Global Preparedness Monitoring Board (GPMB) have published several scientifically-informed reports on the practical measures required to transform the global PPR system. Their recommendations aim to ensure that the world never again experiences a pandemic on the scale of COVID-19, and that the glaring inequities it exposed are redressed. These reports also draw on experiences from previous disease outbreaks, such as SARS and Ebola, and are complemented by lesson-learning exercises conducted by national governments, which consider in more detail what happened in individual countries.

The cost of inaction

As is clear from COVID-19, in addition to the loss of life and societal upheaval, the economic cost of failing to prepare is colossal. Groups such as the Independent Panel have identified that an additional $10.5 billion per year needs to be spent on pandemic PPR. This is a drop in the ocean compared to the economic shock of a preventable pandemic, which can wreak havoc on global economies for years and potentially decades.

Initiatives to reform the international financial architecture, for example global tax reform, could release additional financing for global public goods. It is clear that Official Development Assistance is insufficient for the many calls on it. Individual countries must be willing to dedicate the appropriate level of necessary resources to their own preparedness as well as to the various multilateral initiatives, given the extent of the threat and consequences if a new pandemic materialises. For low-income countries in particular, solidarity funding will be necessary to support additional resourcing for this global public good.

To initiate new modes of financing, and to commit increased spending to pandemic PPR, is a political choice. Not to act is also a choice – one which involves gambling recklessly with all our futures.

Biotechnology risks

The next pandemic may not be naturally occurring.

There have been numerous accidental laboratory leaks in the recent past – with such incidents probably vastly under-reported. New laboratories with a need for high biosafety security are proliferating, predominantly in countries with low levels of safeguards. In the latest survey by the Global Health Security Index only about one quarter of countries with laboratories with the highest biosafety level received high scores for biosafety and biosecurity.

Expertise in engineering deadly pathogens is expanding. Rapid advances in technology, including Artificial Intelligence (AI), are making it easier to access and manipulate biological organisms and to create and engineer pathogens and other biological agents.

There is insufficient global oversight of biosafety and biosecurity risks, which are too often treated as distinct from naturally occurring pandemic risks.

The erosion of trust

These threats face us at a time of geopolitical shift. Conflict is on the rise, multilateral cooperation is under duress, and trust between countries is dangerously low. Many low and middle-income countries (LMICs) are struggling with rising debt and insufficient investment, yet are being asked to prepare for pandemic and other future shocks that even the wealthiest shy away from. Inequalities within countries are rising. COVID-19 exacerbated the decline in trust between LMICs and high-income countries. This trend is intensified by declining faith in international institutions and the rise of disinformation. The principle of global solidarity is widely disregarded by governments everywhere.

A better future is not only possible, but essential. Elders have no illusions about the challenges in getting to that better future as urgently as we need to. It requires governments to think beyond short-term priorities and election cycles, and demonstrate long-view leadership, in preparing their citizens for the existential threats with which we now live.

Addressing these threats in a context of geopolitical conflict and polarisation requires honesty, transparency and accountability from leaders. It also demands a deft political touch that is responsive to the needs of many different and sometimes competing national interest groups, as well as the complexities of international politics. But it can and must be done.

Gro Harlem Brundtland delivers a speech at the 75th anniversary of the World Health Organization, emphasising the importance of pandemic prevention, preparedness, response, and strengthening global health security. Photo: WHO / Pierre Albouy

The challenges and our position

International attention and global leadership

No country has the capacity to prevent and prepare for future pandemics on its own. Collective security is only guaranteed if there is concerted global action to identify disease threats with epidemic and pandemic potential before they evolve, and to act quickly wherever they emerge. For example, UN Security Council Resolution 2177 in September 2014, although later than ideal, formed the basis of the international community's response to the West Africa Ebola epidemic, and helped stop it spreading further.

But for the most part, the world continues to follow a path of panic and neglect when it comes to pandemics. When an infectious disease outbreak takes hold, global attention generates a response, often driven by fear and insufficiently informed by previous lessons. Depending on the scale of the outbreak, a brief attempt at lesson learning may follow to prevent a future occurrence. But then neglect quickly sets in as the public and the media lose interest, until the cycle repeats itself. The world moved at alarming pace into the neglect stage following the height of COVID-19.

The report to the World Health Assembly of the Independent Panel in May 2021 made recommendations to guide a new global system for PPR, including coordinated political leadership, national preparedness, new financing, fit-for-purpose surveillance systems, clear rules governing early warnings and global alerts, a more robustly funded WHO, and a system that ensures people everywhere have access to pandemic countermeasures.

But political will to engage on this agenda continues to erode. At the first High-Level Meeting on Pandemic PPR at the UN General Assembly (UNGA) in 2023, only a handful of heads of state and government delivered remarks. Very few concrete commitments were agreed, the importance of concerted action at the UN level was overlooked, and disproportionate emphasis was placed on negotiation of a proposed pandemic accord in Geneva as the primary means to tackle such complex and interlinked challenges.

A significant development in PPR and global health governance was the adoption of amendments to the International Health Regulations (IHR) in June 2024. They include a clear definition of "pandemic emergency", which mandates international collaboration to address pathogens of pandemic potential. They also mandate the establishment of national IHR authorities within WHO Member States to support implementation of the provisions of the regulations. Political will at national and global levels will be necessary to deliver the IHR commitments.

Preventing a global health, economic, political, societal and security catastrophe in future requires a transformation of the multilateral system for responding to pandemics. This will only happen with strong political leadership from heads of state and government on pandemic PPR, taking a long-view approach to disease threats. That leadership is currently absent.

Ambivalence by leaders is compounded (and perhaps caused) by the pandemic fatigue with COVID-19 among their populations which are not seized of the risk of a future pandemic – possibly believing that this generation has had its pandemic and that another will not occur for another century or more. This leaves global PPR vastly under-resourced, uncoordinated and inequitable, with heads of state and government reluctant to engage and under little pressure from their citizens to do so. That also means there is insufficient pressure on relevant international agencies to act. Public attention and pressure are critical to pushing governments to act, and this must be an area of focus for civil society and the scientific community. But we also need leaders to lead their publics responsibly.

It is concerning that the pandemic threat was not reflected in the outcomes of the 2024 UN Summit of the Future. The next focus on pandemics at the UN in New York is not scheduled until 2026. The failure to elevate the issue to the highest political level raises the risk that the world will once again be caught off-guard when a future pandemic threat emerges, and that the major failures of the COVID-19 response will be repeated, possibly with a more lethal or contagious pathogen. It also limits the opportunity for trust in global health security to be rebuilt following the damage done by the COVID-19 response.

World leaders must recommit to pandemic PPR as a high priority, and initiate better coordination across ministries at the national level and agencies at the global level. The WHO must be strengthened and better resourced as the world's major global health entity, and one which has borne the brunt of mis- and disinformation on COVID-19.

The UN's wider leadership must also engage on the urgency of this challenge, given the need for global leadership at the highest levels and the role that UN Secretaries-General can play when there is a major infectious disease outbreak. For example, under Ban Ki-moon's leadership, the UNGA established the first-ever UN Emergency Health Mission in response to the Ebola crisis. The UN Mission for Ebola Emergency Response aimed to deploy a whole-of-system response through coordination, partnership, and creative use of existing tools. Better coordination systems at the UN on addressing pandemic threats need to be built now, not at the outset of a future disease outbreak.

Guinea President Alpha Conde (L) listens to United Nations Secretary-General Ban Ki-moon deliver remarks during a meeting on the Ebola crisis during the International Monetary Fund-World Bank Group annual meetings, October 2014. Photo: Chip Somodevilla via Getty Images

A whole-of-society approach to pandemics

The multilateral system has thus far proven unable to provide the transformation needed to ensure that there are adequate prevention, preparation and response mechanisms to address future pandemic threats. Despite the wide impacts of COVID-19 – which range from a multi-trillion dollar hit to the global economy to vast numbers of missed school days (over 600 million students remained affected by full or partial school closures two years into the pandemic) – governments and multilateral institutions have reverted to the default position of seeing pandemic PPR as merely a global health issue. Siloing of PPR in global health prevents a whole-of-society and government approach, which we know from experience is the only effective way of preparing for and tackling pandemics.

The World Health Assembly has an essential role in supporting the transformation of global PPR through the mandate it provides to the WHO. The adoption of amendments to the International Health Regulations (IHR) in May 2024 represented a major milestone: increasing WHO's ability to raise the alarm on pandemic threats and to mobilise a response. In addition, financing reforms afford opportunities for greater WHO independence and leadership by significantly increasing countries' assessed contributions and decreasing WHO's reliance on ring-fenced donor funding.

But as of January 2025, and as potential pandemic threats increase, only 23% of the WHO's base budget comes from assessed contributions. WHO is continually working to secure more sustainable financing, but these efforts are ever more challenging in the context of some new governments more sceptical of multilateral institutions than their predecessors. We continue to see limited engagement on even the most urgent priorities, like finalisation of a new pandemic agreement, by heads of state and government. In echoes of the deliberate attempts to sabotage the UN's Global Compact on Migration in 2018, the WHO's agenda is being undermined by national political posturing and a surge of disinformation focused on the supposed surrender of sovereignty in new global initiatives to tackle the pandemic threat.

The multisectoral causes and impacts of pandemics, and the existential threat they pose to all of us, should mean pandemic PPR is placed more prominently within the multilateral system and reflected in all crisis and emergency planning. But it is mostly absent from debates outside the WHO, in contrast to the way in which the climate and nature crisis is increasingly understood as a common existential threat.

It is generally accepted that climate change can exacerbate the spread of pathogenic diseases, and the available data on the links between climate and pandemic risk continues to increase. One study found that 58% of infectious diseases have been aggravated by climate hazards. According to WHO, changes in the climate directly affect the prevalence of diseases such as malaria and dengue fever which already kill 700,000 people a year, as well as food and water borne disease which 600 million people already suffer from on an annual basis. Without proactive measures, the incidence of these diseases will undoubtedly rise. Climate change is responsible for the emergence of pathogens in countries where these diseases have not been endemic.

By 2070, in Africa, the number of countries that are projected to develop the ecological conditions suitable for the spread of Lassa virus – which kills around 15% of people hospitalised by the disease – will drastically increase, potentially exposing 700 million people to the virus (up from 92 million today). Hotter dry seasons and wetter rainy seasons bring fire and then floods – causing fleeing rodents to find refuge into villages and human habitats.

Although the annual meetings of the United Nations Framework Convention on Climate Change (UNFCCC) Conference of Parties (COP) now devote time to the climate and health nexus, the multilateral architecture is not appropriately structured to provide sufficient attention and resource to this challenge. The focus needs to shift to comprehensive solutions that ensure resilience against both climate and health emergencies.

Leaders must take a long-view approach to these multifaceted threats, recognising their severity and the breadth of their impacts, and moving beyond short-term political cycles and siloed policy making to address them. The UN has a clear coordinating function to ensure that its agencies work better together to prepare for and respond to future pandemic threats as one of several existential threats facing the world.

Helen Clark and Juan Manuel Santos alongside panellists for a discussion on tackling pandemics and the climate crisis on the front line, 2024. Photo: Natural Expression

A COVID-19 vaccine being delivered by the Health Directorate in Ramallah district, occupied Palestinian territory. March 2021. Photo: WHO / NOOR

Equity, human rights and global solidarity

Since the outbreak of COVID-19, there has been some progress in convening UN Member States to address equity issues. The largely aspirational political declaration, which emerged from the first-ever UN High-Level Meeting on Pandemic PPR in September 2023, included references to equity and human rights throughout. WHO Member States have been negotiating the provisions of a Pandemic Accord with a strong focus on tackling the inequities that characterised the COVID-19 pandemic. The amended IHR include commitments to solidarity and equity in all efforts related to strengthening developing country access to healthcare commodities, including a financing mechanism to help achieve this goal.

But actions speak louder than words. Despite these declarations, there have been few convincing steps taken since COVID-19 struck to improve equitable access to vaccines, diagnostics and treatments. Binding mandates that would require changes in the rules of the game and treat medical countermeasures as global public goods remain elusive. Countries have resisted establishing compliance and enforcement mechanisms that will hold leaders accountable to their commitments to PPR (including in the IHR amendments). This begs the question of whether multilateral negotiations and declarations since COVID-19 were merely performative. Little attempt has been made to define what equity means in practice in the context of pandemic PPR, and this has undermined efforts to progress the issue globally.

Ellen Johnson Sirleaf, Graça Machel, and Mary Robinson visit a health centre in Rwanda to hear from local community health workers and women living with HIV, about their experiences of the COVID-19 pandemic, July 2023. Photo: UNAIDS Rwanda

We are disappointed at the pace, scope, and ambition of global negotiations to develop a robust, rights-focused PPR framework with equity at its heart. But as negotiations on the Accord have proceeded, we have been heartened by the clear articulation of what is needed to achieve equity by civil society, regional public health authorities such as the Africa CDC (Centres for Disease Control and Prevention), impassioned government negotiators (for example from the "Group for Equity"), think tanks, and panels and bodies such as the Independent Panel and the GPMB.

These objectives must be pursued through all channels. Whether through a binding Pandemic Accord established under Article 19 of the WHO constitution, a political declaration focused on action and implementation emerging from the next UNGA High-Level meeting on PPR in 2026, or some other global agreement, an equitable approach to PPR must allow for the prevention of pandemic threats materialising and the provision of pandemic countermeasures as global public goods. Political will at the highest levels will be needed to confront the industry interests that so often stand in the way of this widely shared vision.

From the height of the COVID-19 pandemic until today, we have not seen meaningful examples of voluntary transfer of technology and knowledge to enable local and regional manufacturing of COVID-19 countermeasures. We need an enforceable regime that allows support for research and development in low and middle-income countries, and the transfer of countermeasures technologies (especially where public funding has contributed to them) to incentivise sharing and other collaboration that enables local production.

Similarly, temporary waivers of intellectual property protections of life-saving therapeutics and vaccines must be normalised during public health emergencies to allow for stepped-up regional research, development and manufacturing.

Finally, solidarity and fairness must drive the design of global surveillance efforts such as the proposed Pathogen Access and Benefits Sharing system. Rapid and open sharing of pathogens and sequence data must result in equitable access to countermeasures developed with these materials. Guardrails must be put in place to prevent profiteering by industry players engaging in the mechanism.

COVID-19 highlighted the conflict between medical and public health experts on the one hand, and political decision-makers on the other, where expert advice was not aligned with political goals and industry interests. Solidarity is essential to being prepared to respond to pandemic threats. We must be responsible to one another and to generations to come, whilst recognising the practical imperative: with disease outbreaks, no-one is safe unless everyone is kept safe.

An equitable PPR agenda must include at the heart of national and regional responses the perspectives and needs of people on the front lines of pandemics (such as health workers) and of vulnerable groups (such as people with disabilities, migrants, LGBTI people, ethnic minorities, Indigenous peoples, prisoners, sex workers and all those who are marginalised through poverty, discrimination and/or health inequity). The leadership that some of these groups assumed during the HIV/AIDS pandemic, as well as the mutual support structures and the principles of inclusion that were developed, were critical to community organising for caring and stigma-free responses to COVID-19 and now mpox. Young people are now taking up the mantle of the AIDS activism that transformed the global health system for the better. The Elders will continue to call for the better representation of marginalised groups in global health decision-making.

Sustainable financing

One of The Elders' goals is to influence the design and deployment of international pandemic financing instruments, making sure they are rooted in equity and shared responsibility. While domestic financing remains critical, the international tools that are needed to prevent and contain pandemics are global public goods. Their benefits reach all countries. All countries must contribute financing proportional to their capacity to pay, and all must have a say in resource allocation.

As The Elders launched our pandemic programme in 2023, we were determined that the world should not squander an important lesson of COVID-19: that old ways of financing global health crises, based on donations and charity flows from higher income countries to lower income countries, are no longer sustainable, equitable, or fit for purpose. We called for the full funding of the World Bank's Pandemic Fund, while transforming its governance to align with the principles of Global Public Investment. These principles involve meaningful and equitable participation of every nation in global financing: all decide, all contribute, and allocation is according to need.

Unfortunately, the landscape for financing of PPR is worse than it was at the start of COVID-19. The losses of the pandemic have still not been redressed, and other global priorities are stretching the limits of political attention and commitment. The Institute for Health Metrics and Evaluation estimates that development assistance for health had reached its highest level in history in 2021 at $81 billion but had dropped by 23% by 2023. Today, as we continue

Ellen Johnson Sirleaf delivers a speech at a World Bank reception, calling for global solidarity in financing pandemic prevention, preparedness, and response, April 2023.
Photo: World Bank

to experience the fallout of the global economic impact of the pandemic which ran into the trillions, global leaders still cannot muster the political will and commitment to raise the additional $10.5 billion needed each year for prevention and preparedness. Governance of the financing available is fragmented, with no coordination mechanism to ensure prioritisation and complementarity - particularly vital when a crisis strikes.

Transformed and fully funded PPR financing was needed before COVID-19 and is still needed today. The Pandemic Fund, or another suitable mechanism, must mobilise resources and channel them to countries with insufficient domestic resources for pandemic prevention and preparedness. Funding for national PPR should be contingent on domestic investment from governments. A pre-arranged surge financing mechanism (or coordinated mechanisms) must be in place, with the pre-commitment to deploy funding for an effective response to a future pandemic threat. Any new mechanisms or frameworks should overcome the current fragmentation and be firmly rooted in the IHR's principles on equitable access – and those of a future Pandemic Accord, if one is finalised.

An urgent prerequisite for the success of these efforts is addressing the fragmentation that continues to characterise PPR financing. We need the global health agencies critical for PPR (such as GAVI, CEPI, UNITAID, and the Global Fund) and the specialised UN agencies (WHO, UNICEF, UNFPA, and UNAIDS) to operate in a collaborative manner, with WHO providing normative leadership and guidance on the health aspects of preparedness and response.

Funding scenarios must be pre-negotiated – it is too late when a pandemic strikes to try to develop effective funding and allocation mechanisms. Any proposed new financing mechanisms under the IHR or a future Pandemic Accord must perform an additional or coordinating function, particularly when it comes to surge funding, and not contribute to further fragmentation. Finally, bilateral donors and philanthropists must ensure that their funds incentivise and catalyse coordination and role clarity in the implementation of a negotiated PPR agenda.

Donor financing will not suffice. Nor can it be sufficiently leveraged by low-income country governments to increase the fiscal space they need to build sustainable PPR systems integrated with efforts to prepare for climate and conflict shocks. Much deeper systemic reforms of the International Financial Institutions (IFIs) and global economic systems will be needed. Innovative thinking is needed on additional ways to generate resource flows for global public goods such as health and climate. The Global Public Investment approach – whereby all countries contribute, decide and ultimately benefit – is one which needs serious and urgent consideration in this context.

Many low-income nations were already buckling under the weight of sovereign debt before COVID-19, and many borrowed more at higher interest rates to address the shock brought on by the pandemic. Elders support the Bridgetown Initiative, which has helped bring much needed political attention to the opportunities for and constraints to the IFIs increasing their lending and handling debt distress more sympathetically.

Disinformation and politicisation

COVID-19 has torn at the social fabric across the globe, eroding trust in institutions, science, and governments. Notions of collective action and global common goods for the health and well-being of all have been maligned.

Many forms of political and economic systems have proven vulnerable to or can fuel misinformation (incorrect or misleading information that does not necessarily have malicious intent) and disinformation (false information deliberately spread to deceive people) about pandemic prevention and containment efforts that require individual sacrifice. A 2021 study found that the more individualistic a country, the higher its COVID-19 transmission and death toll, and the less likely its people were to adhere to prevention measures.

Pandemic response tools deployed during COVID-19, like masking, vaccinations, and social distancing, became politicised flashpoints that pitted individual freedoms against collective responsibility. In the USA, for example, confidence in the national public health agency (the Centers for Disease Control and Prevention) dropped nearly 30 points – 79 to 52% – between March 2020 and May 2022.

Authoritarian leaders can exploit the culture of individualism to further divide people in the interest of consolidating their power. The imperative for authoritarian leaders to project strength and thereby behave complacently during COVID-19 fuelled at best a lack of transparency, and at worst misinformation, about the scale and scope of national infection rates and how best to contain them.

Political support becomes increasingly important in polarised environments where disinformation is used to undermine scientific knowledge and best practices. This challenge was exacerbated and weaponised during COVID-19, where the anti-vaccination movement received significant attention due to unchecked social media algorithms, cynical and sensationalist coverage by mainstream media, and political opportunism. Anti-vaxxers seized upon, exacerbated and exploited people's fears.

This disinformation continues, with debates about sovereignty negatively impacting progress on reforms to global pandemic PPR. Examples include the failure of the UN to agree an emergency platform for global shock response during the Summit of the Future, and the hesitancy of wealthy countries about signing up to concrete measures on equity in the Pandemic Accord negotiations (in a context of negotiators being singled out and targeted for attack on social media platforms).

Misinformation and disinformation have had real-world detrimental impact on health beyond COVID-19. Vaccine hesitancy is a significant contributor to a fall in childhood immunisation rates across the globe, which have struggled to recover post-COVID-19.

Leaders must not be distracted by the wrecking tactics of a minority (let alone adopt them for their own purposes). They must be guided by scientific evidence. But it is clear that, in parallel, there needs to be a strategy for tackling misinformation and disinformation to limit their global influence.

People waiting in line for COVID-19 testing. Photo: Shutterstock.com

Researchers incubate cells in a laboratory at the Bureau of Infectious Disease Diagnosis and Control, part of the Korea Disease Control and Prevention Agency, South Korea, 2022. Photo: Woohae Cho / Bloomberg via Getty Images.

The threats and opportunities of new technologies

We are in the midst of fast-paced advances in AI technology, as well as the global expansion of laboratories handling high risk pathogens and materials. Together these developments are having a transformational effect on the infectious disease risk landscape. These technologies and facilities will greatly accelerate scientific progress, making it easier for scientists from around the world to research pathogens with pandemic potential, to help prevent and prepare for future risks. But these tools and facilities also increase the risk of accidents or deliberate misuse by bioterrorists or other rogue actors. It is essential to embed and reinforce mechanisms to ensure that the highest, most current standards of biosecurity and biosafety are practised and maintained around the world.

Pathogen research, whilst critical to pandemic PPR, also by its nature poses a number of risks, in particular given the advances in AI. These include laboratory-acquired infections (LAIs). An academic study identified 309 LAIs globally between 2000 and 2021. There is also known to be significant under-reporting and poor record-keeping around LAIs. Altering the reproduction, replication, or host range of microorganisms can increase or decrease virulence. There is no clear understanding of how many facilities are manipulating pathogens in ways that make them more dangerous than what is found in nature. Publishing sequences of new pathogens makes them easier to access, and therefore to weaponise. Accidental exposure can occur when dangerous pathogens are confused with less dangerous or inactive samples, or when safety precautions are not followed.

Regulation of laboratory safety around the world is fragmented and often relies heavily on scientific institutions policing themselves. There is no comprehensive tracking of which laboratories hold collections of the most dangerous viruses, bacteria and toxins.

AI has the potential to revolutionise pandemic PPR. It was proven effective in helping to mitigate the impacts of COVID-19. It can help detect outbreaks and predict their dynamics, while modelling multiple scenarios and projecting resource use to help policymakers make better choices. AI-enabled marketing and information campaigns can monitor and encourage public adherence to health recommendations and assess public perception related to pandemics. AI has been used to improve patient diagnosis and treatment and has proven critical in accelerating the discovery, design, production, and distribution of new vaccines. But for decades, national and international tools to reduce biological risks have lagged significantly behind technological development. Advances in AI-enabled biology are the latest to surge past existing risk reduction frameworks.

The Elders have called on world leaders to work together on the design of strong international governance of AI, to allow all humanity to take advantage of the opportunities while limiting the risks. Failure to focus on governance of AI for pandemic PPR could be potentially catastrophic.

Gro Harlem Brundtland addresses the World Leaders Forum at Columbia University in September 2019, urging leaders to invest in robust health systems that can effectively respond to both daily challenges and future epidemics. Photo: Columbia University / Eileen Barroso

Our proposals for action

International attention and global leadership

Championing of pandemic PPR by one or more world leaders. The lack of interest by leaders in championing pandemic PPR is the main political obstacle to progress. One or more world leaders (ideally from the G20) must take on this challenge and drive the issue forward in the various multilateral forums.

Establish a global leadership body on pandemic PPR. A standing leadership body is the only way of guaranteeing sufficient political attention and resource to ensure momentum, financing and accountability. As proposed by the Independent Panel in their 2024 report, a group of current, former and future senior leaders could be quickly established to engage across a broad spectrum of politics, sectors and society to make it clear why pandemic reforms are so critical. The group could help advocate for a reformed and fully funded international system, provide a voice of reason in fraught discussions, and counter the misinformation and disinformation that seek to block progress for the common good.

Increase engagement by the UN leadership on pandemics. The threat of pandemics is too existential and multisectoral for it to be left solely to the WHO to coordinate global pandemic PPR. Other senior UN leaders need to take a leading role in coordinating multiagency engagement on the global pandemic PPR effort. The UN Secretary-General should be responsible for convening global leaders when a disease outbreak is at risk of becoming a global emergency. It is therefore important to continue the discussion of the proposed emergency platform and to prepare comprehensively for the next UNGA High-Level Meeting on Pandemics in 2026. The appointment of a Special Envoy on pandemics would elevate this issue, inform the work of the global leadership body and keep the Secretary-General informed on priority developments.

Strengthen political support for the WHO. Global leaders must increase their support to the WHO to discharge its mandate as the centre of excellence on global health, through implementation of the amended International Health Regulations, an increase in assessed contributions, and public support for its mandate to help tackle the spread of mis- and disinformation about the WHO's work.

Develop pandemic monitoring and accountability mechanisms. Global leaders are accountable to their citizens for ensuring that their countries are adequately prepared for global crises now and in future. Rigorous monitoring and accountability mechanisms must therefore be built into existing and new commitments on PPR, for example in the Pandemic Accord and the Pandemic Fund. That is why any Pandemic Accord needs to be adopted under Article 19 of the WHO's constitution – to allow maximum visibility. Should a Pandemic Accord be adopted, a Conference of Parties must be mandated and should create a mechanism to monitor compliance with commitments, as envisioned by the Independent Panel. To be successful, the COP must be enabled through political support, sound procedural mechanisms, a robust and independent secretariat, and financing.

A whole-of-society approach to pandemics

Integrate pandemics into other policies. Leaders should not consider pandemic PPR solely as a distinct area of health policy, and their governments should identify opportunities to implement policies and actions that help tackle intersecting challenges facing their countries. Increasing the resilience of health systems, improving the quality of surveillance systems and taking action to reduce global warming can support all the Sustainable Development Goals. Recognising these wider impacts can also help build broader political coalitions for more urgent action on PPR.

Develop a multisectoral global action plan for pandemics. Elders continue to strongly support calls for a multisectoral approach to leadership for pandemic PPR. Arguably this has been paid least attention by some of the more prominent advocacy bodies and requires a strong push from global leaders. The proposed global leadership body of current, former and future senior leaders could prioritise the development of a multisectoral action plan for pandemics – identifying critical agencies and sectors and explaining the main drivers and impacts of pandemics outside the health space.

Identify solutions that tackle both pandemic and climate risks. There is increasing understanding of the inextricable links between climate change/environmental degradation and the emergence and increasing occurrence of potentially deadly infectious diseases. Where climate and nature action can also reduce pandemic risk, this mutual benefit should be identified and defined to ensure the prioritisation of climate and nature actions that also reduce pandemic risk, and therefore significantly tackle global challenges.

Appoint national pandemic authorities. As stipulated in the 2024 IHR amendments, national IHR authorities must be swiftly appointed to embed countries' pandemic planning, whilst at the same time ensuring coherence and coordination across ministries and agencies. These authorities must include civil society in all planning and oversight functions, and be accountable to the highest levels of government.

Ellen Johnson Sirleaf with Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, and James Chau, WHO Goodwill Ambassador for Sustainable Development Goals and Health, at the 72nd World Health Assembly in Geneva, 2019.
Photo: WHO / Antoine Tardy

People queuing to enter a supermarket during the COVID-19 pandemic.
Photo: SweetHour/Shutterstock.com

Equity, human rights and global solidarity

Operationalise equity in the Pandemic Accord. The Pandemic Accord and other global policies and agreements must promote concrete initiatives in pursuit of global solidarity in response to global challenges. They must propose systemic solutions for equitable access to vaccines, diagnostics and treatments, including tackling barriers to regional research and development and manufacturing of pandemic countermeasures, whilst ensuring sufficient surge capacity in the event of an outbreak.

Support regional and national self-reliance for the development of medical countermeasures. Elders support the Independent Panel's call for public incentives to drive the research, development, manufacture and distribution of medical countermeasures for the common good at regional levels, along the lines of the Alliance for Regional Production and Innovation, which was agreed by G20 Health Ministers under Brazil's 2024 presidency.

Develop fair and unified global pandemic surveillance platforms. A PPR agenda truly rooted in global solidarity must move beyond a transactional framework that links sharing of pathogens to access to lifesaving pandemic countermeasures. Pandemic countermeasures are global public goods that should be made available to all regardless of whether biological materials have been shared to a surveillance platform. The Elders call for surveillance platforms that are based on trust and global solidarity, thereby facilitating a system that includes the open sharing of pathogens with pandemic potential and the development of countermeasures to the benefit of all.

Pursue a meaningful dialogue on the impact of the TRIPS Agreement on availability of pandemic countermeasures. The COVID-19 experience – and more recently mpox – suggests that temporary removal of trade-related barriers to developing countries producing their own vaccines and other pandemic countermeasures would be highly beneficial. Monopoly control of vaccines by pharmaceutical companies should be suspended during health emergencies. The Agreement on Trade-Related Aspects of Intellectual Property (TRIPS), which established minimum standards for regulation of different types of intellectual property, was not able to facilitate rapid development of COVID-19 vaccines at scale. The partial patent waiver eventually agreed in July 2022 was too little, too late. WTO Member States must engage meaningfully in a review of TRIPS to identify how it affected and continues to affect access at times of global crisis, with a view to ensuring future flexibility.

Graça Machel at a health centre in Rwanda to hear from local community health workers and women living with HIV, about their experiences of the COVID-19 pandemic, July 2023.
Photo: UNAIDS Rwanda

Facilitate inclusive policy-making to drive equity. The inclusion of women, youth and communities most vulnerable to pandemic threats is central to ensuring equitable and effective decision-making, as well as to holding leaders to account. People living with and affected by disease, and the organisations that represent them, must be included in policy-making and programming implementation on pandemic PPR at national, regional and global levels.

Embed the vital role of Community Health Workers in the pandemic architecture. In many parts of the world, Community Health Workers (CHWs) are at the heart of the delivery of local health services. They play a fundamental role in both resilience and disease detection and response. Governments should invest in and formalise CHW programmes with a focus on remuneration, sustainability, skills, and resourcing. Pandemic PPR interventions delivered on the back of the free labour of women undermine attempts to improve gender equity.

Invest in gender mainstreaming across the health emergency cycle. The impact of policies on women should be analysed at each stage of prevention, preparedness, detection, response and recovery. Considerations of gender are too often an afterthought or tokenistic in global discussions on pandemic PPR. But we know from successive disease outbreaks that women are uniquely placed both in terms of their role in a response, and how they are affected. Gender advisory and equality impact assessments at national and multilateral levels would support improved gender mainstreaming.

Sustainable financing

Increase and coordinate official development assistance financing for pandemics. The Pandemic Fund should be fully funded at the estimated level required of $10.5 billion annually. To date, donor funding has fallen far short of that amount. The Fund should evolve its governance towards a Global Public Investment model in which all countries contribute, all decide on funding priorities, and funding is allocated according to need.

Coordinate the financing architecture for pandemics. Maximise a mechanism under the amended IHR to coordinate financing flows from multilateral development banks, UN agencies and global health agencies. This must ensure that all countries have access to emergency funding. It should also urgently determine the plan and process to deploy pre-committed surge funding for procurement and distribution of medical countermeasures and other critically needed health and social services.

Reform IFIs to generate more pandemic finance. The World Bank, the International Monetary Fund and other IFIs need to embed pandemic PPR in their strategic goals, significantly increase their lending in this area, help reduce the costs of capital, derisk investment opportunities for private investment and become more transparent and accountable. We are pleased that the IMF, WHO and the World Bank have established principles for coordination for supporting PPR levels among member countries. Technical assistance and PPR policy reform efforts should be supported robustly through the Resilience and Sustainability Trust established by the IMF.

Secure funding flows for pandemics and other global public goods through global tax reform and debt restructuring. Financing institutions should explore all efforts to relieve odious sovereign debt and ensure that a percentage of the fiscal room created is directed to the provision of global public goods for climate and health. Elders strongly support new ideas to raise innovative sources of finance, such as the Brazilian G20 proposal for a wealth tax, and other ideas being looked at by the Global Solidarity Levies Task Force for People and the Planet, and under the UN Tax Convention.

Disinformation and politicisation

Place scientific evidence at the centre of policy development. Governments should not adapt their positioning in an attempt to appease conspiracy theorists and spreaders of disinformation. They should develop their policy on global pandemic PPR based on the scientific evidence base. The threat of these coordinated campaigns is considerable and must be addressed. First and foremost, governments need to act in the best interests of their citizens. Policies must respond to the science and evidence on pandemics.

Include global health security in forums for global debates on tackling misinformation and disinformation. Whilst global health has been a focal point of misinformation and disinformation, the trend playing out on social media goes far beyond pandemics. Forums to consider the most effective tools for tackling this threat horizontally must include consideration of global health security, and governments should take expert advice on how to manage this evolving threat. This should be led at the UN with support from the Secretary-General's Envoy on Technology, and specifically through implementation of the UN's Global Digital Compact and the Global Principles for Information Integrity.

Mainstream disinformation management into pandemic PPR. The Independent Panel has proposed establishing a global mechanism to manage disinformation on pandemic PPR. There should be a global, multisectoral dialogue on this and other options for managing misinformation and disinformation.

Helen Clark meets with Dr Tedros Adhanom Ghebreyesus, WHO Director-General, October 2024. Photo: WHO / Violaine Martin

The threats and opportunities of new technologies

Mainstream biosecurity into the broader global health security dialogues on pandemic PPR. Organisations that work on pandemic PPR are increasingly interested in biosecurity and safety. Biosafety and security must be recognised as a fundamental pillar of pandemic PPR and incorporated into the multisectoral approach for which Elders are calling. Global health experts and biomedical researchers must have access to more forums to engage together in dialogue.

Implement the commitments on biological weapons in the UN Pact for the Future. Article 26 of the Pact for the Future, adopted at the Summit of the Future in September 2024, recommits UN Member States to disarmament efforts, including to strengthen the Biological and Toxin Weapons Convention. This should be taken up as a matter of urgency, to ensure current, emerging and evolving biological threats are addressed through this critical but under-resourced international agreement.

Improve biosecurity regulation to ensure that it responds to fast advances in biomedical research and development, including around laboratory security and AI. Governments and multilateral agencies should engage with global initiatives seeking to improve the regulation of biomedical research. Regulation should ensure that the valuable work that goes into researching potentially deadly pathogens does not undermine global pandemic prevention. Failing to adhere to the highest possible standards of biosafety and security risks inadvertently facilitating access by rogue actors. Elders support calls from the leaders of the Bulletin of Atomic Scientists' Pathogens Project to establish professional norms, codes of ethics, standard operating procedures and other practices for research with known and potential pandemic pathogens.

Malaysian healthcare workers wearing full personal protective equipment during the COVID-19 outbreak, June 2021. Photo: Shutterstock.com

Graça Machel delivers a powerful keynote speech, urging women's leadership in addressing the existential threats facing humanity. Photo: Thierry Ahimana / Small Steps Everyday

Conclusion

Since the declaration of COVID-19 as a Public Health Emergency of International Concern on 30 January 2020, not enough has been done to break the cycle of panic and neglect that characterises the world's approach to pandemics.

This is not for want of evidence or recommendations. It is a failure of political will caused by short-term thinking.

Leaders are confronted with a choice: address pandemic threats before it is too late, or leave ourselves vulnerable to a future pandemic that could be worse than COVID-19.

The scientific and economic analysis is clear: the benefits of investing now to strengthen global pandemic capabilities by far outweigh the costs. Those benefits and costs need to be equitably allocated around the world based on a spirit of solidarity that was tragically missing during COVID-19.

COVID-19 underscored how interconnected and interdependent we are as a human species. It shone an unforgiving light on the failures of nationalist policies and individualistic behaviour at all levels of society.

But it also prompted countless acts of solidarity and sacrifice, from which leaders, policymakers, and civil society should all draw inspiration in the years ahead. Equitable pandemic prevention, preparedness and response is a moral and political imperative. It can only be delivered by leaders who think holistically and take a long view of what is best for their people and the world.

We owe it to all those who died from COVID-19 and their families and communities to ensure that future policies are fair, funded, and fit for purpose. But most of all, we owe it to those who are at risk of dying or having their lives ruined by an even more lethal pandemic – which could be all of us.

A healthy, secure and equitable future is within reach if leaders act now with principle and determination.

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