



COVID-19

BREAK THE CYCLE OF PANIC AND NEGLECT: PREVENTING THE NEXT PANDEMIC

Pandemic threats like COVID-19 may be the new normal.ⁱ Will this crisis be a wake-up call that forces us to ensure the death and economic devastation we have seen in 2020 never happens again? If the past is our indicator, the answer is no.

This cycle of panic and neglect is true of most outbreaks: policymakers approve emergency funding to respond to the crisis and make commitments to fix the problems in the immediate aftermath, but then support wanes as attention shifts elsewhere.

In this scenario, you, dear reader, remain vulnerable. We all do. If viruses exist anywhere, they are a threat to people everywhere. Thankfully, we know what to do to fill the gaps in existing pandemic preparedness plans. In 2005, in the wake of the deadly SARS outbreak, every country agreed to be bound by the new International Health Regulations (IHRs) – a treaty designed to help the world better prepare, detect, and respond to pandemic threats.

Yet 15 years later, no country has fully implemented the IHRs - despite the evidence that the cost of prevention is a small fraction of the costs of pandemic response and recovery. Modest, pre-COVID per capita estimates put the cost of pandemic preparedness at 500 times less than the initial COVID-19 stimulus packages announced by the G20 – and the cost of the response is raising by the day.ⁱⁱ

COVID-19 has not only exposed the grave dangers of continued failures to invest in pandemic preparedness, but also the health, economic and social costs of fighting a pandemic are escalating in real time. COVID-19 will remain a threat to everyone until a vaccine is widely available, and as health systems and economies are more deeply affected, the cost of tackling this crisis and protecting lives and livelihoods will continue to increase. But even as we fight this battle, countries, regional and global institutions must keep an eye on the future to break this deadly cycle of panic and neglect – and ensure that every investment we make in response to this crisis also helps prevent the next one.

We must start treating pandemics as the existential globally catastrophic security threat they are. The world needs an aggressive, fully costed and financed plan to ensure every country is better prepared for future pandemics.

Countries must rigorously evaluate the preparedness of their national health systems for pandemics, develop and implement plans to fill their gaps, and must support the World Health Organization (WHO) and other international organizations in their response and preparedness efforts;

Regional bodies must foster joint problem solving and provide technical assistance and surveillance to support countries to urgently close their preparedness gaps; and

Global institutions and donors must provide reliable funding to low- and middle-income countries to develop and implement their national preparedness plans and hold governments accountable for compliance with the International Health Regulations.

KEY FACTS

- No country in the world is adequately prepared to handle a major pandemic, whether naturally occurring, accidental, or deliberate.
- In 2018, just 14% of development assistance for health went to health systems strengthening. Just 1% of went to pandemic preparedness.
- Modest, pre-COVID estimates put the global costs of pandemic preparedness at 500 times *less* than the G20's initial stimulus package for COVID-19 alone.
- In 2019, NATO allies spent US\$984bn on traditional defense, and the world could not muster the pre-COVID estimate of US\$10bn to keep us safe from the growing security threat of pandemics.ⁱⁱⁱ
- Low- and lower-middle income countries have less capacity to prevent, detect, and respond to outbreaks than high-income countries. As of the end of February 2019, 51 low- or lower-middle income countries and territories had completed pandemic preparedness evaluations. 31 of which had completed a national action plan and 21 had costed them. Yet there has been little progress has been made in paying for these plans and integrating them into national budgets.

THE WORLD DIDN'T PREPARE

COVID-19 is a stark reminder that infectious diseases don't respect national borders. Our collective health security is only as strong as the weakest link in an interconnected world. This means national defences are not enough to protect against the invasion of a deadly disease; our safety depends on the collective global response.

In 2005 following a deadly SARS outbreak, every country in the world agreed to strengthen the International Health Regulations (IHRs), a legally binding international treaty that sets out key elements required to respond to and contain public health threats.^{iv} This includes everything from ensuring sufficient stockpiles of personal protective equipment to methods of timely tracking and reporting disease or death, and rapid control measures to prevent the spread of a disease.^v

Fifteen years later, no country is fully compliant with the IHRs, and few have even met core capacity requirements.^{vi vii viii ix} The Global Health Security Index, which assesses the health security of 195 states parties to the IHRs, shows that on average countries score 40.2 out of 100. When assessed by income group, the outlook doesn't improve much. Rich countries score on average 50 out of 100, while low-income countries score on average 30 out of 100 [Table 1].^x

Income Level	Low	Lower Middle	Upper Middle	High
Average Overall Score	30.0	35.4	37.1	51.3

Table 1. Average Global Health Security Index Score by Income Group (2019)^{xi}

HEALTH SECURITY FUNDING: A BOOM AND BUST BUSINESS

The biggest barriers to pandemic preparedness are not technical; they are financial and, ultimately, political. Absent a crisis, the issue ranks low on the priority list. As a proxy, international funding for health systems strengthening increases when an outbreak occurs and falls once the emergency subsidies (see Figure 1).

Much like traditional defence, health security is a long game; it requires continual investment and enhancement in surveillance, readiness and training, year in and year out. If you're only investing after the enemy strikes, you're likely to lose.

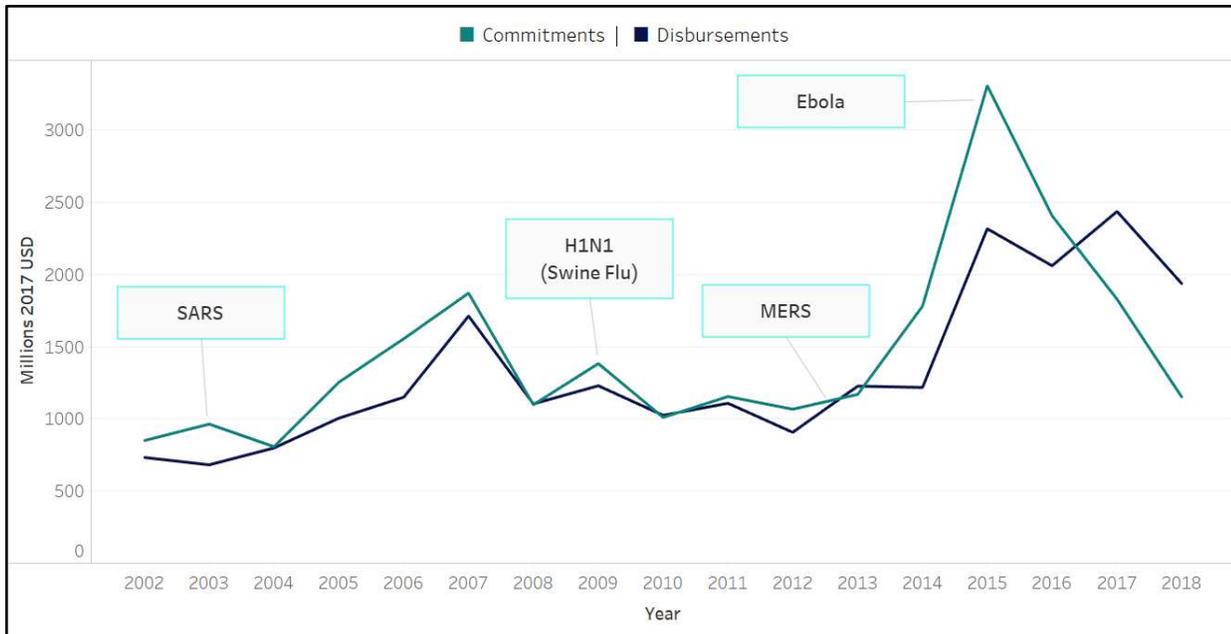


Figure 1: OECD Funding for Infectious Disease Control^{xii}

There has been some progress toward strengthening preparedness in recent years. The Global Health Security Agenda (GHSA), a partnership of 67 countries, was launched in 2014 to share learning and promote multi-sectoral efforts among member countries to strengthen preparedness for infectious disease outbreaks and other biological threats. The GHSA has helped encourage governments to scale up the use of technical expert evaluations (Joint External Evaluations or JEEs) to assess their capacities to prevent, detect, and rapidly respond to public health risks.^{xiii} In 2019, GHSA member countries agreed to the GHSA 2024 Framework, with the target that more than 100 countries will have closed their preparedness gaps by 2024.

Low- and lower-middle income countries have less capacity to prevent, detect, and respond to outbreak than high-income countries. As of the end of February 2020, 51 low- or lower-middle income countries and territories had completed pandemic preparedness evaluations. 31 of which had developed National Health Security Action Plans to address the preparedness gaps identified in the evaluations. 21 of those countries had costed them. Yet there has been little progress has been made in paying for these plans and integrating them into national budgets.^{xiv} Conducting assessments and plans without acting on them is like going for a health checkup and ignoring the doctor’s advice.

PREPAREDNESS PREVENTS FINANCIAL RUIN

Short-term investments in pandemic response without long-term investments in preparedness is akin to putting a bandage on a bullet wound; it’s a temporary fix that will not address the underlying issue over the long term.

Pre-COVID estimates by the World Bank were that as investments as little as US\$4.5 billion per year would begin to enhance prevention, detection, and preparedness in low and middle-income countries;^{xv} with high-income countries, that estimate rises to US\$10 billion annually.^{xvi} That’s between \$1 and \$1.60 per person per year.^{xvii xviii} To put this in context, the COVID-19 stimulus packages announced by the G20 as of late March amounted to 500 times these estimates to strengthen global preparedness.^{xix}

With COVID-19, the costs of country preparedness have undoubtedly risen and must be reassessed. But preparedness will remain a small fraction of the costs of pandemic response and recovery – projected to grow exponentially and are likely to be felt for years, if not decades – with the greatest impact felt by the most vulnerable populations who can least afford it.

Pandemics are a global threat, so it's simply not enough for each country to act alone. Low-income countries with the weakest health systems need substantial support and incentives from the international community to prioritize investments in preparedness and to help close their funding gaps. The World Health Organization (WHO), together with other global and regional organizations, has a critical role to play in providing advice and technical assistance to countries, to oversee the International Health Regulations and lead a multinational response to emerging pandemic threats. Neighboring countries need to have coordinated response plans at the ready to help contain outbreaks at their source. And since an infectious disease pandemic threatens progress in other health areas, global initiatives designed to address specific health needs such as HIV, vaccines or maternal and child health should also be equipped to help enhance overall health system preparedness.

CALL TO ACTION

Pandemics threaten our safety and security on a scale as great as traditional warfare or terrorism. In 2019 alone, NATO allies spent US\$984bn on traditional defense, but the world couldn't muster even the US\$10bn per annum previously estimated to be the minimum investment needed to keep the world safe from pandemics.^{xx}

In response to the crisis, global leaders have on several occasions signaled a strong political commitment to improving health security.^{xxi xxii} These words must be met by sustained global action and investment. They should come together urgently to develop and implement an ambitious, **fully costed and financed global plan** that will ensure all countries are compliant with the International Health Regulations within the next five years. This plan should be based on the lessons learned from COVID-19 and major recent epidemics, and it should be based on the principles of equitable access and putting the most vulnerable countries and populations first.

Countries should:

- Measure their capacity to prevent, detect and respond to public health risks by undertaking a Joint External Evaluation every two years and making it public.
- Develop National Health Security Action Plans with time-bound targets and benchmarks for IHR compliance.
- Fund National Health Security Action Plans through national budgets with international financing to close financing gaps where needed.
- Implement: Improvements should result in improved scores on international health security assessments e.g. JEEs and/or Global Health Security Index, with the aim to reach IHR compliance by 2024.
- Support: Ensure the WHO and other international organizations have the necessary resources and capabilities to guide countries on their preparedness efforts, monitor compliance and lead an effective global response.

Regional bodies like the European and African Union should:

- Coordinate strong regional and sub-regional preparedness capabilities e.g. disease surveillance systems, referral laboratories, local supply chains and stockpiles of personal protective equipment, medicines, and other vital equipment and supplies.
- Strengthen the capacity of the African Centers for Disease Control and other regional health security organizations to provide technical assistance to member countries to promote timely and accurate surveillance, data sharing, adequate supply chains and support the development and implementation of robust national health security action plans.

Global Institutions like the United Nations, the World Bank and international funding agencies should:

- Establish time-bound targets for full compliance with the International Health Regulations and measure progress against international health security assessments, e.g. the JEEs or the Global Health Security Index.^{xxiii}
- Create an integrated real-time data system that can interact across countries to inform the actions, studies, and preparedness of every country allowing the global community to deploy testing efforts, data from field hospitals, and measures of caseload and fatalities.^{xxiv}
- Establish a Global Health Security Challenge Fund to channel additional funding for urgent COVID-19 preparation and detection needs and to close critical preparedness gaps for the next pandemic. The fund should prioritize funding for the implementation of National Action Plans for low-income countries that have completed JEEs and demonstrated commitments to domestic financing.^{xxv}
- Bolster the WHO and ensure it has the mandate and resources necessary to effectively lead a global pandemic response, monitor country preparedness and guide and support countries on their national action plans.
- Ensure other major global health initiatives and financing mechanisms (e.g. Global Fund, Gavi, Global Financing Facility, UHC 2030, SDG3 Global Action Plan) are designed and/or evaluated with a view toward advancing pandemic preparedness.

ⁱ World Economic Forum, 2019, Outbreak Readiness and Business Impact Protecting Lives and Livelihoods across the Global Economy, Geneva, Switzerland, viewed 26 March 2020, <http://www3.weforum.org/docs/WEF%20HGH%20Outbreak%20Readiness%20Business%20Impact.pdf>.

ⁱⁱ G20, 2020, G20 Leaders' Statement: Extraordinary G20 Leaders' Summit Statement on COVID-19, viewed 1 May 2020, [https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99%20Summit_Statement_EN%20\(3\).pdf](https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99%20Summit_Statement_EN%20(3).pdf)

ⁱⁱⁱ Defence Expenditure of NATO Countries (2012-2019) https://www.nato.int/nato_static_fl2014/assets/pdf/pdf_2019_06/20190625_PR2019-069-EN.pdf (viewed 4 April 2020)

^{iv} Centers for Disease Control and Prevention, 2019, International Health Regulations (IHR), viewed 26 March 2020, <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html>

^v U.S. Department of Health and Human Services, Core Capacity Requirements, viewed 1 May 2020, https://www.phe.gov/Preparedness/international/ihr/Documents/Cor%20Capacity%205_12.pdf

^{vi} World Health Organization, 2016, International Health Regulations (2005), Third Edition, Geneva, Switzerland, (viewed 26 March 2020, <https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1>).

^{vii} Centers for Disease Control and Prevention, 2019, International Health Regulations (IHR), viewed 26 March 2020, <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html>

^{viii} Burci, G. and Quirin, J., 2018, American Society of International Law, viewed 26 March 2020, <https://www.asil.org/insights/volume/22/issue/13/implementation-international-health-regulations-2005-recent-developments>

^{ix} Centers for Disease Control and Prevention, 2017, Frequently Asked Questions about the International Health Regulations (IHR), viewed 26 March 2020, <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/ihr-faq.html>

^x Cameron, E., Nuzzo, J., Bell, J., 2019, Center for Health Security, Johns Hopkins Bloomberg School of Public Health, Nuclear Threat Initiative, and The Economist Intelligence Unit, Global Health Security Index: Building Collective Action and Accountability, (viewed 26 March 2020, https://www.ghsindex.org/wp-content/uploads/2019/10/GHS-Index-Report_FINAL_Oct2019.pdf)

^{xi} Cameron, E., Nuzzo, J., Bell, J., 2019, Center for Health Security, Johns Hopkins Bloomberg School of Public Health, Nuclear Threat Initiative, and The Economist Intelligence Unit, Data from Global Health Security Index: Building Collective Action and Accountability, (viewed 26 March 2020, <https://www.ghsindex.org/wp-content/uploads/2019/10/Global-Health-Security-Index-2019-Final-October-2019.zip>)

^{xii} ODA (flow) data for all official donors, from the OECD DAC Creditor Reporting System (CRS) database, last updated February 2020. Analysis by The ONE Campaign. All figures are displayed in 2017 USD prices and exchange rates. <https://stats.oecd.org/Index.aspx?DataSetCode=CRS1>

^{xiii} GHSA Steering Group, 2018, Global Health Security Agenda (GHSA) 2024 Framework, viewed 27 March 2020, <https://ghsa2024.files.wordpress.com/2019/11/ghsa-2024-framework.pdf>

^{xiv} World Bank Group, 2019, Pandemic Preparedness Financing – Status Update, (viewed 19 May 2020, https://apps.who.int/gpm/assets/thematic_papers/tr-4.pdf).

^{xv} CSIS, NTI, CGD, and Georgetown University Center for Global Health Science and Security, 2019, Concept Note: Global Health Security Challenge Fund, viewed 26 March 2020, <https://www.cgdev.org/sites/default/files/GHS-Challenge-Fund-Concept-Note.pdf>

-
- ^{xvi} Method: World Bank estimates suggest it will cost on average US\$1 per person in Upper-Middle and High-Income Countries, and US\$1.69 per person in Low- and Lower-middle Income Countries to fill preparedness gaps. We applied these figures to the respective population in each income group.
- ^{xvii} World Bank. 2017. From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level. Accessed 1 May 2020. <http://documents.worldbank.org/curated/en/979591495652724770/pdf/115271-REVISED-FINAL-IWG-Report-3-5-18.pdf>
- ^{xviii} World Bank. 2019. Pandemic Preparedness Financing STATUS UPDATE. Accessed 1 May 2020. https://apps.who.int/gpmb/assets/thematic_papers/tr-4.pdf
- ^{xix} G20, 2020, G20 Leaders' Statement: Extraordinary G20 Leaders' Summit Statement on COVID-19, viewed 1 May 2020, [https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99%20Summit_Statement_EN%20\(3\).pdf](https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99%20Summit_Statement_EN%20(3).pdf)
- ^{xx} Defence Expenditure of NATO Countries (2012-2019) https://www.nato.int/nato_static_fl2014/assets/pdf/pdf_2019_06/20190625_PR2019-069-EN.pdf (viewed 4 April 2020)
- ^{xxi} G20 Information Center. 2020. Communiqué, Virtual meeting of the G20 finance ministers and central bank governors. Riyadh, Saudi Arabia, April 15, 2020. <http://www.g20.utoronto.ca/2020/2020-g20-finance-0415.html>
- ^{xxii} European Commission. 2020. Coronavirus Global Response: €7.4 billion raised for universal access to vaccines. Viewed 19 May 2020. <HTTPS://AUDIOVISUAL.EC.EUROPA.EU/EN/TOPNEWS/M-004725>
- ^{xxiii} G20, 2020, Communiqué: Virtual meeting of the G20 finance ministers and central bank governors, viewed 30 April 2020, <http://www.g20.utoronto.ca/2020/2020-g20-finance-0415.html>
- ^{xxiv} Dybul, M. et al., 2020, White Paper: COVID-19: A Global Pandemic Demands a Global Response, Georgetown University, <https://georgetown.app.box.com/s/5snwu87gg0szfreu5oaqqdm21qwbs2ty>
- ^{xxv} CSIS, NTI, CGD, and Georgetown University Center for Global Health Science and Security, 2019, Concept Note: Global Health Security Challenge Fund, viewed 26 March 2020, <https://www.cgdev.org/sites/default/files/GHS-Challenge-Fund-Concept-Note.pdf>