The Next Pandemic Won't Wait:

What World Leaders Can Do to Build Managerial and Technical Capacity of Countries to Detect, Prevent, and Respond to Outbreaks

November 2020

Introduction

Greater and well-prioritized investments into preparedness are necessary but not sufficient to protect individuals, communities, and countries around the globe from epidemics, pandemics, and their effects. On the ground, even sufficient and well-prioritized funds often do not immediately translate into capabilities to respond to crises, at national and sub-national levels. In many low- and lower-middle income countries (LMICs), there is a staggering lack of sufficient technical capacities, but also managerial capacity to plan for, and implement, effective preparedness and response efforts.

Additional efforts are needed to help countries with fragile health systems transform financial resources into functional capacities through exchanges of technical knowledge, transfer of skills, and translation of normative guidance into national- and local-level action. Administrations oftentimes lack the bandwidth to manage domestic and donor-driven investments, leaving much needed funds unspent and opportunities for capacity strengthening missed. Managerial capacity needs to be strengthened alongside technical capacities, including for planning and reporting against agreed upon success metrics.

The Pandemic Action Network has put forward two recommendations to strengthen LMICs' capacities to effectively prevent, detect, and respond to infectious disease outbreaks:

1. **Allocate a portion of preparedness funding to build country-level programmatic and managerial capacity.**
2. **Strengthen regional and global networks of institutions designed to facilitate technical assistance and peer-to-peer exchanges to countries in their efforts to strengthen preparedness.**

Overview of key challenges

Findings from global health tools and metrics are not always able to be translated into operational systems and protocols.

Over 110 countries around the world have used the World Health Organization (WHO)'s Joint External Evaluation (JEE) process to assess their health security strengths and weaknesses. About half of these countries have also developed National Action Plans for Health Security (NAPHS), which identify the actions needed to address the gaps identified by the JEE. Some of these plans have been costed, and various levels of domestic and international resources have been mobilized to meet the need. Yet even as resources are identified, the implementation of efforts to address gaps and build capabilities is a complex task. The NAPHS itself involves 19 technical areas and the coordination of multiple government departments and implementing partners and donors.

Disbursement can be slow, threatening future funding and sustainability.

Bilateral funders and multilateral development banks comprise the bulk of financial support for preparedness and response in LMICs. When the World Bank's Regional Disease Surveillance Systems Enhancement (REDISSE) program was established in 2016 to promote investments in outbreak preparedness, progress in the first few years of executing the program were slow. As of September 2018, less than 12 percent of REDISSE funding committed between 2016 and 2017 had been disbursed, about half of the amount projected at the time of approval. Although there has been substantial progress since, the slow disbursement of funds can threaten both successful implementation and the availability of future funding for preparedness.

Approval processes and disbursement requirements can be complex.

The managers who are responsible for oversight and implementation of preparedness activities must have the skills and abilities to successfully implement multi-sector, multi-partner programs. This include mastery of planning tools for managing projects, large and small, outcome-driven accountability frameworks, and effective financial/operation risk management techniques.

Many countries lack sufficient technical resources and hands-on assistance needed to implement priority actions.

Target areas requiring specialized technical support include, but are not limited to, improvement of laboratory capacities and specimen transportation, strengthening data collection and surveillance systems, developing a workforce specialized in field epidemiology, or adjusting legal frameworks to align with the International Health Regulations (IHRs). Yet offers of support to LMICs from international technical partners, while well-meaning, are often haphazard and uneven, with diverging approaches and sets of recommendations depending on which technical partner is engaged. Every country should have ease of access to adequate and sustained support to transform resources into the functional capacities necessary to manage a whole-of-government approach to detect, prevent, and respond to outbreaks at their source.

An agenda for international action

1. **Allocate a portion of preparedness funding to build country-level programmatic and managerial capacity.**

   - **A target five percent of preparedness funding would help strengthen Ministries of Health and other relevant ministries' programmatic and managerial capacity to design, swiftly implement, and robustly evaluate preparedness programs.** This allocation would accelerate the disbursement of preparedness funds at the country level, build the skills necessary to maximize the impact of these investments on the ground, and build greater confidence for ongoing support by increasing transparency around investments. This would also improve management and integration of preparedness more broadly, which is often lacking.

2. **Strengthen regional and global networks of institutions designed to facilitate technical assistance and peer-to-peer exchanges to countries in their efforts to strengthen preparedness.**

   - **Support WHO's Global Strategic Preparedness Networks (GSPN) initiative and the Global Health Security Agenda (GHSA) to realize their full potential to facilitate country preparedness.** The **GSPN** should become a standing network of technical institutions and partners able to deploy experts to countries to accelerate the transfer of technical knowledge and skills, and translate normative guidance into country action. The **GHSA** should also be supported and properly resourced to promote country-level best practices and foster peer-to-peer exchanges between countries facing similar preparedness challenges.

Conclusion

The COVID-19 pandemic has exposed the world's extreme vulnerability in the face of a highly infectious disease threat and underscored the urgency to strengthen both global and national-level preparedness. In addition to addressing LMIC funding needs for preparedness, leaders must also give countries the means to make best use of available funds, bolstering countries' technical and managerial skills to plan, prioritize, execute, and report on progress against agreed success metrics. To truly make the word safe from pandemic threats, world leaders must prioritize and facilitate targeted support to improve the ability of every country to prevent, detect, and respond to infectious disease outbreaks at their source.