A FRAGILE STATE OF PREPAREDNESS
2023 REPORT ON THE STATE OF THE WORLD’S PREPAREDNESS
Summary for Policy-makers
Key messages

1. The world’s capacity to deal with a potential new pandemic threat remains inadequate.

2. The GPMB Monitoring Framework has revealed significant weaknesses or declining capacities in several critical areas of preparedness, including global coordination of research and development (R&D) efforts to address misinformation, community engagement, participation of low- and middle-income countries in decision-making, domestic and international financing of preparedness, independent monitoring, and meaningful involvement of relevant actors. Where there are signs of improvement, they are fragile, and in urgent need of reinforcement.

3. The trust deficit between countries and between communities is a significant impediment to progress in strengthening preparedness. Urgent steps are needed to build trust through operationalizing principles of equity, leadership and accountability, and coherence within all measures to strengthen pandemic prevention, preparedness and response (PPPR).

4. Evidence-based monitoring, including independent monitoring, is essential to increase effectiveness, ensure accountability, and build trust.

5. PPPR financing requires fundamental reform to free it from the limitations of development assistance and place it on a sustainable footing, based on burden-sharing. Strengthening PPPR requires ensuring sustainable financing for WHO and other international organizations working on PPPR.

6. Strengthening regional capacities for R&D, manufacturing and supply will help to address the inequities in global access to medical countermeasures.

7. There is a need to strengthen mechanisms for coordination across the many sectors that play a key role in PPPR, nationally, regionally and globally.
The widespread perception that COVID-19 is over and that pandemic threats have receded is dangerously misguided, as the world continues to face serious outbreaks of disease. This year, these have included mpox, an outbreak of Ebola Zaire in Uganda, simmering Nipah virus outbreaks in South Asia and a cholera upsurge in several countries.

Momentum and commitment to strengthen PPPR are fading, leaving the world dangerously exposed to the next pandemic. The United Nations General Assembly High-Level Meeting on PPPR in September 2023 reiterated the need for stronger preparedness, but fell short of setting firm targets and made no commitment to independent evidence-based monitoring.

Trust between countries is at a low point, not only due to geopolitical rivalries but also as a result of the unequitable response to the COVID-19 pandemic. The trust deficit underlines the GPMB's concern expressed in its 2021 Report about a fragmented and broken world. Restoring trust will be a long-term exercise and must begin now with the implementation of trust-building measures, including making governance more inclusive, engaging civil society, taking preparedness closer to the populations most in need, and investing in monitoring as the foundation of mutual accountability.

The WHO Pandemic Agreement can be central to building trust if countries commit to decisive actions to strengthen preparedness. WHO Member States need to maintain their resolve to deliver an ambitious, comprehensive and effective WHO Pandemic Agreement in time for the World Health Assembly in May 2024.
STATE OF THE WORLD’S PREPAREDNESS IN 2023

The GPMB Monitoring Framework for Preparedness, published in May 2023, provides a robust, evidence-based methodology to assess global preparedness. It is being applied for the first time in this Report, reporting on 30 indicators that the GPMB identified as most pertinent to equity, leadership and accountability, and coherence, the GPMB’s priority areas for 2023. These indicators relate to monitoring and accountability, financing, global governance, R&D and access to medical countermeasures, inclusivity and community empowerment, adoption of One Health approaches, and multisectoral coordination.

Across these areas of PPPR, the assessment shows that capacities are inadequate to meet the needs of PPPR. There are particular weaknesses in financing, global R&D coordination, addressing the impact of misinformation, and including relevant sectors and actors in governance.

Some improvements following COVID-19 have been seen in relation to global information platforms, community engagement, independent monitoring and regional laboratory capacity. However, weaknesses in the global financing system for PPPR and the failure of international commitment to strengthening independent monitoring will weaken future prospects for effective PPPR. Main findings from the GPMB’s assessment of preparedness include that:

- Monitoring and accountability has been insufficiently resourced and institutionalized. There is a need for independent monitoring to complement self-assessment and peer review, at all levels, nationally, regionally and globally.

- Global financing of PPPR is inadequate, inefficient, uncoordinated, and insufficiently aligned to country needs and processes. Countries struggle to make investments in PPPR due to shrinking budgetary spaces. The creation of a Pandemic Fund has been a welcome addition, but its available funding is far short of the US $10 billion originally proposed for such a fund.

- Global governance of PPPR is evolving with key developments including the negotiations of a WHO Pandemic Agreement, and potential amendments to International Health Regulations, but progress has been slow.

- Limited national and regional R&D capacities leave countries dependent on a global system that cannot ensure innovation is delivered equitably. Global coordination of pandemic-related R&D is weak.

- Misinformation and disinformation contribute to the global trust deficit. Yet there is currently no global mechanism to effectively address health-related misinformation and disinformation.

- Initiatives to enhance community engagement made during COVID-19 are at risk now that the urgency of the crisis has faded.

- A One Health approach has not been integrated effectively into preparedness.

- Global coordination has critical weaknesses including coordination across sectors beyond health, equal participation of all countries, and a lack of mechanisms for the consistent inclusion of civil society and the private sector.
Assessing the status of 30 indicators from the GPMB Monitoring Framework

Figure 1: Heatmap
THE WAY FORWARD

Global, regional and national leaders need to fully institutionalize preparedness measures that work in the collective interests of all. Strengthening preparedness goes hand in hand with global efforts towards the Sustainable Development Goals (SDGs), and many of the gaps in pandemic preparedness are shared with the areas that have been most challenging in progress towards the SDGs.

The GPMB makes four key recommendations to repair the weaknesses in global preparedness: strengthen monitoring and accountability; reform the global financing system for PPPR; achieve more comprehensive, equitable and robust R&D and supply chains; and enhance multisectoral, multistakeholder engagement.

**Recommendation 1:** Strengthen PPPR monitoring and accountability by improving national monitoring, investing in better data and evidence collection, and strengthening global multisectoral independent monitoring.

Mechanisms for self-assessment, peer-review, and independent monitoring are needed to strengthen monitoring and accountability at the local, national, regional and global levels and support countries, organizations and actors to be more resilient. Monitoring should be integrated into the governance of PPPR, most importantly in the WHO Pandemic Agreement.

A strong multisectoral independent monitoring mechanism is needed to support national monitoring and to provide broad, objective, evidence- and science-based analysis. The GPMB will soon reach the end of its first mandate. The need for the GPMB – or a similar multisectoral independent monitoring mechanism – is as important today as it was when it was created. The end of its first mandate offers an opportunity to assess the GPMB’s mandate.

Monitoring, especially independent monitoring, can help countries track their progress in improving PPPR, uncover challenges and gaps, and identify areas where they need further action and support. It can facilitate prioritisation and targeting of investment. There are major blind spots in our understanding of PPPR because insufficient investments have been made in building global, regional and national data collection capacities. As a priority, countries, international bodies and funders must invest in these capacities, building on existing data collection systems.

The GPMB calls on:

1. **Member States to ensure the WHO Pandemic Agreement includes both a universal periodic peer-review mechanism for PPPR and a Conference of Parties with the mandate of reviewing compliance with its measures.**

2. **All countries to invest in building their national capacity for data collection and analysis on PPPR, in collaboration with regional bodies.**

3. **International organizations and other actors such as the G7, G20, CEPI, GAVI and the Global Fund, with support from funders, to invest in building data collection and analyses to support a better understanding of PPPR capacities globally.**

4. **WHO and the World Bank Group to carry out an independent review of the work of the GPMB to identify gaps and areas of improvement and consider expanding the GPMB Co-Conveners to include other relevant international organizations, for example, FAO, IMF, UNEP, UNICEF, WIPO, WOAH, and WTO, or to derive its mandate from the United Nations Secretary General.**
Recommendation 2: Strengthen the global financing system for PPPR by addressing immediate funding gaps and reforming the global financing system to enable greater national investments and bolster international financing through new modalities and sources of financing.

The global financing system for PPPR requires comprehensive reform to make it fit for purpose. This will require addressing urgent funding gaps and aligning the system around national priorities and needs, but also identifying new ways to bolster national and international financing. International financing must be expanded through Overseas Development Assistance (ODA) and non-ODA sources to meet identified needs. The fiscal space for domestic resource mobilization must be expanded in those countries where it is lacking to free up domestic financing. Grant, loan and debt relief modalities must be aligned to ensure financing is well-coordinated and optimized. Predictability and timeliness must be ensured across long-term prevention and preparedness capacity-building as well as immediate response and surge financing needs.

The adage "no one is safe until all are safe" remains true after the pandemic. PPPR is a global good that requires ensuring that all countries are better equipped to detect and respond to pandemics. In order to ground financing discussions, definitions of the scope of PPPR need to be agreed, and financing flows better tracked.

The Pandemic Fund is the largest dedicated international mechanism to fund PPPR. Donors should ensure that it is sustainably and adequately funded to meet the US $10 billion a year gap identified by the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response. The GPMB believes that the Pandemic Fund should evolve towards a more sustainable, collective financing mechanism, with improved inclusivity of governance. Beyond the Pandemic Fund, the global financing system should prioritize funding PPPR as a fundamental dimension of advancing well-being and supporting economic stability. Conditions must be in place to increase domestic resource mobilization and identify new modalities and sources of financing.

It will be crucial to identify rapidly deployable sources of financing well in advance of another pandemic or health emergency. Considering the scale of surge financing needed, relying on existing response funds will not provide sufficient resources and new approaches must be identified. The GPMB calls on all countries to develop domestic contingency funds to respond to health emergencies. These funds should be integrated into broader emergency financing.

The GPMB calls on:

1. The World Bank Group, WHO and the G20, as part of the work of the G20 Joint Finance and Health Task Force, to conduct an assessment of PPPR financing needs and flows.

2. Donors to sustainably and adequately fund the Pandemic Fund to meet the US $10 billion a year gap identified by the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response.\(^5\)

3. The Pandemic Fund to conduct an assessment of potential new financial resources outside of ODA and to develop a more bottom-up approach to setting financing priorities, based on countries’ identified needs and to eliminate earmarked funding. The GPMB also reaffirms its 2021 call for the Pandemic Fund to provide funding for global and regional common goods.

4. The Pandemic Fund, the Global Fund, GAVI and other International Financing Institutions that provide funding for PPPR to ensure that the resources they provide are coordinated and aligned with countries’ priorities and needs.
The IMF, the World Bank Group, the G20 as well as public and private creditors to support debt restructuring to improve debt sustainability.

The IMF, the World Bank Group and other public and multilateral development banks to increase their investment in PPPR and provide additional concessional financing for national investments in PPPR. The IMF’s Resilience and Sustainability Trust (RST) should provide support for PPPR projects.

All countries to develop domestic contingency funds to respond to health emergencies. These funds should be integrated into broader emergency financing.

WHO Member States to increase funding for the WHO Contingency Fund for Emergencies to meet the US $500 million day-zero needs and ensure it is sustainably funded, including through non-ODA sources. They should also ensure adequate financing for WHO’s surge capacity.

Multilateral development banks globally and regionally, including the IMF and the World Bank Group, together with the G7, G20 and others, to implement strategies to boost international surge financing.

**Recommendation 3:** Establish baseline regional capabilities to drive more equitable and robust R&D and supply chains.

Within every region, baseline manufacturing capacity is needed for medical countermeasures, early detection and One Health surveillance systems and laboratories, capacity to track and shape pandemic-relevant social and economic trends, and agile stock management across pandemic response needs. These regional capacities should be component elements of a global approach that promotes strategic coherence and coordination.

Long-term investment in building more equitable R&D capabilities is needed, building on the growing efforts of many middle-income countries. Regional ecosystems will need to be embedded in a global framework for R&D and access to medical countermeasures to support global prioritization and coordination of R&D, information sharing across countries, capacity-building and technology transfers, and equitable access to medical countermeasures.

Building sustainable regional capacity will require creating strong regional ecosystems for R&D. These ecosystems can be sustained by establishing regional markets for vaccines and other medical countermeasures, developing regional pooling or stockpiling mechanisms, regulatory coordination across countries, and open information sharing.

Regional ecosystems will need to be embedded in a global framework for R&D and access to medical countermeasures to support global prioritization and coordination of R&D, data generation and sharing across countries, capacity-building and technology transfers, and equitable access to medical countermeasures as well as ensuring coordination between human and animal R&D systems where appropriate.

To ensure investments in R&D can lead to greater equitable access to medical countermeasures, equity should be implemented upstream in the R&D phase. The public sector as well as philanthropic organizations, as key sources of financing for R&D in the context of PPPR, can leverage financing to ensure this is implemented.

The GPMB calls on:

1. Countries and regional institutions to build sustainable regional capacity for R&D, manufacturing, regulatory processes and deployment of medical countermeasures by creating strong regional ecosystems for R&D.
Member States to adopt strong rules to address global R&D in the WHO Pandemic Agreement and to implement these rules through a global R&D roadmap that will include a focus on strengthening regional ecosystems. Countries should also find appropriate mechanisms to ensure that intellectual property rights do not impede access to life-saving medical countermeasures and technologies for PPPR.

WHO to support R&D coordination by publishing the updated list of R&D Blueprint priority pathogens.

Funders (governments and philanthropic organizations) to ensure terms for equitable access to technologies, countermeasures and data and information are included in funding agreements.

The private sector, especially countermeasures manufacturers, to support greater equitable access to medical countermeasures.

**Recommendation 4:** Develop a new approach to multisectoral, multistakeholder engagement for pandemic prevention, preparedness and response.

COVID-19 demonstrated that responding to health emergencies requires the involvement of multiple sectors beyond health. Multisectoral preparedness and cooperation should be strengthened through engagement of sectors outside of health as well as civil society and the private sector. A new structured and coordinated approach which is multisectoral and multistakeholder in character is needed to support a more integrated, coherent response to pandemics and health emergencies.

This new approach should be focused on building a more inclusive and broad movement to support PPPR. Its elements can include creating a forum to discuss policy design and implementation; strengthening citizen-led PPPR and improving social accountability; and promoting coordination, information exchange and harmonization between stakeholder groups.

The GPMB recommends the structured coordination of efforts rather than the creation of new governance bodies or a regulatory approach. Therefore, this process does not need to await the conclusion of intergovernmental negotiations on a WHO Pandemic Agreement – it can commence immediately. This approach can play a key role in supporting the implementation of the Agreement and the IHR (2005).

The GPMB calls on:

1. WHO, in collaboration with key partners including the WOAH, FAO and UNEP, World Bank Group, WTO, WIPO, to work together to develop a structured approach to improving multisectoral, multistakeholder PPPR at all levels.
NEXT STEPS

To give effect to the recommendations above, the full range of institutions engaged in PPPR need to make specific and time-bound commitments. Every month that this action is delayed will further expose the world to pandemic risks. The achievements which were hard-won in the unprecedented scale of the response to the COVID-19 pandemic will rapidly fade unless action is taken now to reinforce global PPPR.

The GPMB therefore calls for the following actions to be taken over the coming year:

→ The INB must complete negotiation of a WHO Pandemic Agreement for adoption by the World Health Assembly in May 2024.

   The draft WHO Pandemic Agreement should include a universal periodic peer-review mechanism and a mechanism for reviewing compliance, as well as the inclusion of independent monitoring to support these mechanisms. It should also include strong measures to promote R&D coordination and ensure equitable access to medical countermeasures as well as support data capacity-building.

   The INB and the Working Group on amendments to the International Health Regulations should commission a simulation exercise to test the effectiveness of these instruments and ensure coherence, before the negotiations are finalized.

→ The international community must urgently adopt strategies to boost international surge financing and enable greater national investments and bolster international financing through new modalities and sources of financing.

   At their 2024 Spring meetings, the World Bank Group and the IMF should consider how they can further strengthen support for PPPR, including through the IMF’s Resilience and Sustainability Trust (RST).

   UN Member States should consider proposals to reform the international financing system for PPPR as part of broader discussions during the 2024 UN Forum on Financing for Development in April 2024.

   The 2024 Finance in Common Summit should advance proposals for reinforcing the role of Public Development Banks (PDBs) in supporting PPPR.

   G20 countries at the G20 Summit in Brazil in July 2024 should consider strategies to continue efforts to support debt sustainability and to boost international surge financing, including for early R&D.

   WHO Member States should review the target capitalization of the WHO Contingency Fund for Emergencies and increase it to US $500 million at the 77th World Health Assembly (WHA77) in May 2024.

→ Relevant regional organizations, including the African Union and the European Union, should conduct an exercise to map their regional R&D capacities by mid-2024.

→ Building on the Quadripartite Plan of Action, the Quadripartite with relevant partners should initiate discussions to develop an approach to improving multisectoral, multistakeholder PPPR at their next meeting.

→ WHO and the World Bank Group should conduct an independent review of the work of the GPMB and its future role as the independent monitoring mechanism for PPPR in early 2024.
REFERENCES


The Global Preparedness Monitoring Board (GPMB) is an independent monitoring and accountability body to ensure preparedness for global health crises. Co-convened by the World Health Organization (WHO) and the World Bank Group, the GPMB comprises globally recognized leaders and experts from a wide range of sectors, including health, animal health, environment, human rights, economics, law, gender, and development. The GPMB is tasked with providing an independent and comprehensive appraisal for policy-makers and the world about progress towards increased preparedness and response capacity for disease outbreaks and other emergencies with health consequences. In short, the work of the GPMB is to chart a roadmap for a safer world.

About the GPMB

The Global Preparedness Monitoring Board (GPMB) is an independent monitoring and accountability body to ensure preparedness for global health crises. Co-convened by the World Health Organization (WHO) and the World Bank Group, the GPMB comprises globally recognized leaders and experts from a wide range of sectors, including health, animal health, environment, human rights, economics, law, gender, and development. The GPMB is tasked with providing an independent and comprehensive appraisal for policy-makers and the world about progress towards increased preparedness and response capacity for disease outbreaks and other emergencies with health consequences. In short, the work of the GPMB is to chart a roadmap for a safer world.

Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence. ©World Health Organization (acting as the host organization for the Global Preparedness Monitoring Board) 2023.

Global Preparedness Monitoring Board Secretariat

c/o World Health Organization
20, Avenue Appia
1211 Geneva 27 | Switzerland

gpmbsecretariat@who.int | www.gpmb.org

@TheGPMB

@global-preparedness-monitoring-board