



# The Neglected Dimension of Global Security

A Framework to Counter  
Infectious Disease Crises

COMMISSION ON A GLOBAL HEALTH RISK  
FRAMEWORK FOR THE FUTURE

# The Commission

## Objective

- Recommend a global architecture for recognizing and mitigating the threat of epidemic infectious diseases

## Composition

- Independent and multinational group of experts from twelve countries, five continents
- Clinicians, scientists, social researchers, policy experts, industry leaders, financiers, and community leaders

## Study Process (2015)

- *July to November*: Three Commission meetings
- *Summer*: Four workshops on governance, R&D, finance, and health systems
- *Fall*: Multiple consultations with various stakeholders
- *January 2016*: Report release

## Guidance and Support

- Eight sponsors
- International Oversight Group to set up the Commission and provide ongoing guidance
- U.S. National Academy of Medicine provides secretariat and leadership

# Four Key Features

## **Independence.**

- The remit, membership, and processes of the Commission were designed to ensure independence from individual governments, international agencies, and other stakeholders.

## **Forward-looking focus.**

- Devised recommendations for the future, drawing on lessons not just from Ebola, but from previous outbreaks, including SARS, MERS and the H1N1 influenza and HIV/AIDS pandemics.

## **Comprehensiveness.**

- Considered every aspect of an effective framework ranging from models of governance at an international level to the skills and infrastructure requirements at the local level. Assessed the implications for scientific research and development and defined the financing requirements.

## **Timeliness.**

- The Commission completed its work within six months to enable the recommendations to inform policy initiatives in 2016.

# Recommendations – The Case for Investing in Pandemic Preparedness (Ch.2)

The G7, G20, and UN should commit to:

**A.1:** Implementing framework set out in this report and embodied in Rec. B.1–D.3.

**A.2:** Mobilizing incremental financial resources required (\$4.5 billion/year).

**A.3:** Monitoring progress of implementation by an independent assessment in 2017 and every 3 year thereafter.

# Recommendations – Strengthening Public Health as the Foundation of the Health System and First Line of Defense (Ch.3)

- B.1:** WHO and member states should develop an agreed-on, precise definition and benchmarks for national core capabilities, and functioning, based on IHR and other efforts (GHSA and OIE Terrestrial Animal Health Code).
- B.2:** WHO should devise a regular, independent, transparent, and objective assessment mechanism to evaluate country performance against benchmarks defined in Rec. B.1.
- B.3:** All countries should commit to participate in external assessment process (Rec. B.2), including publication of results.
- B.4:** WB, bilateral, and multilateral donors should declare that related funding will be conditional on a country's participation in external assessment process (Rec B.2).
- B.5:** IMF should include pandemic preparedness in its economic and policy assessments of individual countries, based on outcomes of the external assessment of national core capacities.
- B.6:** Countries should develop plans to achieve and maintain benchmark core capacities by mid-2017 (target to achieve full compliance with the benchmarks by 2020).
- B.7:** WHO should provide technical support to fill countries' gaps in core capacities and achieve benchmark performance.
- B.8:** National governments should develop domestic resourcing plans to finance improvement and maintenance of core capacities as set out in plans (Rec. B.6).
- B.9:** WB should convene other multilateral donors to secure financial support for lower-middle-income and low-income countries in delivering plans (Rec. B.6).
- B.10:** UNSG should work with the WHO and other parts of the UN system to develop strategies for sustaining health system capabilities and infrastructure in fragile and failed states and in war zones, to the extent possible.

# Recommendations – Strengthening the Global and Regional System for Outbreak Preparedness, Alert, and Response (Ch.4)

- C.1:** WHO should create a Center for Health Emergency Preparedness and Response (CHEPR) to lead the global effort toward outbreak preparedness and response. This center should be governed by an independent Technical Governing Board.
- C.2:** WHA should agree to an appropriate increase in WHO member states' core contributions to provide sustainable financing for the CHEPR.
- C.3:** WHO should create and fund a sustainable contingency fund of \$100 million through one-off contributions or commitments proportional to assessed contributions from member states.
- C.4:** UN and WHO should establish clear mechanisms for coordination and escalation in health crises.
- C.5:** WHO should work with existing formal and informal regional and sub-regional networks to strengthen linkages and coordination among neighboring countries.
- C.6:** WHO and national governments should enhance means of cooperation with non-state actors.
- C.7:** WHO should establish a mechanism to generate a daily high-priority “watch list” of outbreaks with potential to become a PHEIC. List to be communicated to NFPs daily and to the public weekly.
- C.8:** WHA should agree on new mechanisms for holding governments publicly accountable for performance under IHR and broader GHRE, including protocols for avoiding delays in data and alerts and unnecessary restrictions on trade or travel.
- C.9:** WB should establish the PEF as a rapidly deployable source of funds to support pandemic response.
- C.10:** IMF should ensure capability to provide budgetary support to governments raising alerts of outbreaks.

# Recommendations – Accelerating Research and Development to Counter the Threat of Infectious Disease (Ch.5)

**D.1:** WHO should establish an independent PPDC, accountable to TGB, to galvanize acceleration of relevant R&D, define priorities, and mobilize and allocate resources.

**D.2:** WHO should work with global R&D stakeholders to catalyze the commitment of \$1 billion/year to maintain a portfolio of projects coordinated by the PPDC.

**D.3:** PPDC should convene regulatory agencies, industry stakeholders, and research organizations to commit to:

- Adopting R&D approaches during crises that maintain consistently high scientific standards.
- Defining protocols and approaches to engage local scientists and community members in the conduct of research.
- Agreeing on ways to expedite medical product approval, manufacture, and distribution.

# The Framework

1. **Stronger national public health capabilities, infrastructure, and processes** built to a common standard and regularly assessed through an objective, transparent process fully consistent with international legal obligations under the IHR.
2. **More effective global and regional capabilities**, led by a reenergized WHO, through a dedicated Center for Health Emergency Preparedness and Response, coordinated effectively with the rest of the UN system, and supported by the World Bank and IMF.
3. **An accelerated programme of R&D**, deploying USD 1 billion per year and coordinated by a dedicated committee

# Conclusion

- **Infectious disease crises pose a significant threat to global security** – to human lives and to economic well-being
- **We have neglected this threat** – Ebola and other outbreaks revealed significant shortcomings in almost every aspects of our defenses
- **The case for investing more in pandemic preparedness is compelling**
  - USD 4.5 billion per year would significantly reduce the risks to human lives and livelihoods
  - Investing in preparedness and prevention is far more cost-effective than reacting when outbreaks occur
- **The Commission's recommendations constitute a coherent framework** for countering the threat of infectious disease crises:
  - Reinforcing the first line of defense – public health capabilities and infrastructure at a national level
  - Strengthening capabilities and coordination at a regional and global level
  - Accelerating R&D
- **We must act with urgency** – and we must monitor implementation. We all have a shared interest in making the world safer.

# Contact information

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