Leaders must act to prevent pandemics

Heads of state and government have the power to guard against inevitable future pandemics, say Joanne Liu, Helen Clark and Michel Kazatchkine.

In the past two decades, the time between deadly international disease outbreaks has shortened, and the human and economic cost of these outbreaks has grown. In 2002, severe acute respiratory syndrome (SARS) led to 800 deaths and US$40 billion in economic losses. The 2014 Ebola outbreak in West Africa caused more than 11,000 deaths and $53 billion in economic and social losses. In early 2020, COVID-19 spread rapidly worldwide, and is estimated to have contributed to more than 17 million deaths, with economic losses estimated to reach $12.5 trillion by 2024. Delays in alerting the world to these threats led to wider spread and more loss of life.

The next infectious-disease threat could be even more deadly and costly. Political leaders can choose to prevent it. In May 2021, we and our colleagues on the Independent Panel for Pandemic Preparedness and Response published an evidence-based package of actions for transformational change that could make COVID-19 the last pandemic of such devastation (see go.nature.com/3iqfqhm). In short, we recommend a change in mindset towards faster detection and reporting of outbreaks and threats by an independent, well-financed World Health Organization (WHO). Presidents and prime ministers would lead a council to coordinate multisectoral action and promote accountability. Medical countermeasures would be available everywhere they are needed. This transformed system would be backed by an international fund that finances measures to prevent and respond to new health threats.

To stop the next health threat, heads of state and government must lead — nationally, and in solidarity. With some exceptions, the COVID-19 pandemic has been characterized by too many words and not enough action, despite its clear threat to global health, economies and security. The global COVID-19 summits have brought welcome funding announcements and leaders have spoken at WHO gatherings, but action has not been sustained.

We think that a leader-level global council is required to identify gaps in preparedness and response, mobilize finances, hold public and private stakeholders accountable, and provide leadership at the first hint of a threat. This council should be established by a political declaration negotiated by the United Nations General Assembly.

Global pandemic prevention is estimated to cost $10.5 billion each year — a sizeable sum, but a fraction of the cost of not being prepared. A new fund for pandemic prevention, preparedness and response, approved by the board of the World Bank in June, is too new to evaluate properly. However, early signs indicate that it is based on an outdated 'donor–beneficiary' model, with high-income countries having too much influence and insufficient money being pledged. Instead, we recommend an inclusive, global public investment funding model that gives lower-income countries a seat at the table and disburses funds based on a country's needs and finances.

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The role of the WHO must also be considered. If it is to remain the coordinating authority for global health, member states must give it the authority, independence and funding to perform that role well. The WHO was too slow to declare a public-health emergency of international concern (PHEIC) when the SARS-CoV-2 virus emerged. Work is now under way to amend the international health regulations, which govern global responses to international public-health threats, to give the WHO clear authority to communicate freely on disease outbreaks, declare a PHEIC based on evidence and investigate without hindrance. However, these amendments are not scheduled to be accepted until May 2024, and changes won't come into force until even later. This creates a dangerous interim period, during which the WHO must be bold and sound the alarm should new threats arise. The relative speed with which it called a PHEIC for the current monkeypox outbreak was encouraging, although some think it should have come sooner.

The area of reform that faces the most resistance, from industry and some countries, is the guarantee that appropriate medical countermeasures be available where they are most needed. Vaccines and therapeutics are a global common good — they are meant to slow the spread of disease and protect lives during a health emergency, not be a profit-making opportunity. Countermeasures should be equitably distributed on the basis of public-health need, and research and development must be tailored to the settings in which these products will need to operate — 'ultra-cold chain' vaccines, for example, cannot be easily delivered in warm, lower-income countries.

Evaluating the successes and failures of the Access to COVID-19 Tools (ACT) Accelerator, an initiative launched in April 2020, should reveal the practical next steps to achieve an equitable system. The pandemic preparedness treaty currently being negotiated at the WHO could also ensure an end-to-end system for medical countermeasures, from research and development to delivery, that considers the public-health needs of countries of all income levels. These considerations must include support for manufacturing worldwide, to prevent wealthy countries prioritizing their populations during a health emergency at the expense of lower-income nations.

These recommendations are not exhaustive. Other actions, such as building trust in public-health interventions, and investing in strategies to minimize the risk of pathogens moving from animals to humans, are also essential. Political leaders now have a clear choice: to watch while a new disease with pandemic potential emerges and spreads, or to lay the foundations required to thwart it. Given the damage done by COVID-19, it's hard to fathom why this is a choice at all.

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Correction

This Outlook article was too definitive in its prediction of the impact of the pandemic preparedness treaty. Because the treaty is still being negotiated, there is no guarantee that it will ensure an end-to-end system for medical countermeasures.

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