

Now or Never:
An Agenda for Global Action to
Make America and the World Safer from Pandemic Threats
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About this Paper

The purpose of this paper is to provide a set of actionable recommendations for consideration by President-elect Biden and the incoming Biden-Harris Administration to address the global dimensions of the COVID-19 pandemic and make America and the world safer from emerging pandemic threats. This paper has been prepared by a group of leading U.S. global health policy experts who hold and/or have held a range of senior positions in the Executive Branch, Congress, multilateral institutions, private sector, civil society, academic, and research organizations. This paper synthesizes the case for robust U.S. global leadership and lays out a five-point agenda for action to end this crisis as quickly as possible while also accelerating global preparedness for the next pandemic threat, which could be just around the corner. The five priorities reflect our collective experience as well as conclusions from an extensive body of research and reports from numerous expert groups over the past five years.

Introduction

The COVID-19 pandemic has been devastating for America and for the world, and its impacts will be felt for years, perhaps decades, to come. Even as COVID-19 vaccines become available, estimates are that unless urgent action is taken, [it could be 2024 before the vaccines are widely available in many low- and middle-income countries](#) (LMICs). As of December 14, 2020, [more than 300,000 deaths in the United States and more than 1.6 million worldwide](#) had been attributed to COVID-19, and the overall confirmed cases and death toll continue to climb rapidly. Many experts believe these numbers are actually many times higher due to woefully insufficient testing and tracing in the [United States](#) and [many other parts of the world](#). Moreover, the global economic, social, and secondary health impacts of the pandemic are staggering: The International Monetary Fund now projects the global economy will [contract](#) by 4.4 percent in 2020, while the World Bank estimates that an [additional 150 million people](#) will fall into extreme poverty by the end of 2021. Due to pandemic-related [disruptions](#) to essential health services in the poorest countries and communities, UNICEF estimates that [an additional 1.2 million children](#) will die of preventable causes other than COVID-19, while the Global Fund estimates that [an additional 1 million](#) people could die of AIDS and tuberculosis in the coming year. And yet the pandemic is far from over.

To end this deadly and costly pandemic and help prevent the next one, the United States must significantly step up – and sustain – the global fight against deadly infectious disease threats.

Increasing global investments in pandemic preparedness and response is squarely in the U.S. interest: America will not be safe until every country is safe, and America's health and economic recovery is

highly dependent on global health and recovery. The good news is that this is an area where there is already strong bipartisan support in the U.S. Congress and among the American people. U.S. leadership in global health is supported by decades of commitment, innovation, and action by a broad-based national coalition of non-governmental organizations, businesses, scientists, faith, and civic leaders, and by tens of millions of individuals who represent a uniquely American resource and stand ready to mobilize and sustain support for a major new Presidential leadership initiative to advance global health security.

The Case for U.S. Global Leadership

In the two decades since 9/11, there has been strong U.S. bipartisan support for actions to address the growing security threat of naturally occurring or intentional biosecurity threats. In 2006, Congress passed, and the President signed into law, the first [Pandemic and All-Hazards Preparedness Act](#) (PAHPA) with the aim to improve the nation's public health and medical preparedness and response capabilities. The launch of the [Global Health Security Agenda](#) (GHSA) by the Obama-Biden Administration in 2014 aimed to create shared global responsibility to strengthen nations' capacity to prevent, detect, and respond to infectious threats; this effort was subsequently supported with approximately \$1 billion from [the 2015 Ebola supplemental bill](#) to bolster related U.S. agency programming. Congress and the Trump Administration have continued strong U.S. support of the GHSA, which has grown to 69 member countries. President Obama's November 2016 [Executive Order](#) encapsulating the GHSA was left in place by the Trump White House, which also produced a strong [Biodefense Strategy](#) (2018) and [Global Health Security Strategy](#) (2019) at the direction of Congress and in consultation with an array of academic, scientific, private sector, and civil society stakeholders.

Over the past five years alone, numerous expert commissions and reports¹ have shared lessons and recommendations on what the United States and the world can do to strengthen global preparedness for pandemic threats. Several important steps have been taken, with varying degrees of U.S. support. Some notable actions have included: Bolstering the World Health Organization (WHO) [Emergencies Programme](#) to mobilize more rapid early response; 100+ countries completing the [Joint External Evaluation](#) process to spotlight critical country preparedness gaps; and creating the [Coalition for Epidemic Preparedness Innovations](#) (CEPI) to fund and coordinate the research and development (R&D)

¹ Key reports which inform this paper include: High-Level Panel on the Global Response to Health Crises, [Protecting humanity from future health crises](#) (2016); PATH, [Healthier World, Safer America: A US Government Roadmap for International Action to Prevent the Next Pandemic](#) (2017); Center for Strategic and International Studies (CSIS), [Ending the Cycle of Crisis and Complacency in U.S. Global Health Security](#) (2019); Nuclear Threat Initiative (NTI) & Johns Hopkins University, [Global Health Security Index \(GHS Index\) Report and Model](#) (2019); Global Preparedness Monitoring Board (GPMB), [A World at Risk](#) (2019) and [A World In Disorder](#) (2020); Council on Foreign Relations, [Improving Pandemic Preparedness: Lessons from COVID-19](#) (2020); and Pandemic Action Network, [What World Leaders Should Do to Prevent the Next Pandemic](#) (2020).

of vaccines for infectious disease threats with pandemic potential. Yet too many other recommendations have been essentially left on the shelf, for want of political attention and support.

The failure to sustain high-level U.S. and global political leadership and investments to prioritize pandemic preparedness left the world highly vulnerable to the novel coronavirus. None of the existing global [measures](#) of preparedness were predictive of how countries would fare in fighting the COVID-19 pandemic (including the United States). Global supply chains remain highly fragile and fragmented, and nearly a year into the crisis too many countries still lack sufficient PPE, diagnostics, and other medical tools to mount an effective response. Global scientific cooperation has been unprecedented, yet as COVID-19 vaccines, therapeutics, rapid diagnostics, and other tools come online, equitable and affordable access for LMICs – which lack the purchasing power and/or vaccine manufacturing capabilities of high-income countries – hangs in the balance. U.S. investments in global health programs such as the WHO, PEPFAR, Gavi, the Vaccine Alliance (Gavi), and the Global Fund have played key roles in helping partner countries respond to COVID-19, and in many cases these programs have provided direct COVID-related aid to shore up health systems and mitigate impacts. However, much of these agencies’ technical expertise and focus has had to be diverted toward the urgent pandemic response, at the same time as the pandemic is severely [disrupting health services](#) and [reversing](#) years, if not decades, of progress in maternal and child mortality, [global immunization](#), [AIDS](#), [tuberculosis](#), malaria, and other preventable diseases. Furthermore, COVID-19 has shone a light on the politics of health [data](#) and the limitations of disease-specific funding in building cross-cutting and sustainable global public health preparedness functions such as laboratories, disease surveillance, early warning, and reporting systems.

We welcome several of the announcements to date from President-elect Biden and the Biden-Harris transition team to signal renewed U.S. commitments to global health, including: prioritizing science and public health in the pandemic response, as reflected in the appointment of the Expert COVID-19 Advisory Group and science and public health leaders to key Administration posts; creation of White House leadership roles on COVID-19; and the stated intention to stop the withdrawal of the United States from the WHO. These steps are a good start, but we believe that a much bolder effort is needed to meet this moment in history.

We urge President-elect Biden and the incoming Biden-Harris Administration to launch and lead an aggressive agenda for action on global health security. As during the aftermath of 9/11, this is a moment which calls for extraordinary U.S. global leadership, ingenuity, and bipartisan resolve to tackle a collective and looming security threat. This is the moment to build on America’s successful track record in global health and its leadership role in the GHSA to mount a major, multi-sectoral, diplomatic, and financing effort that will drive political will and step-change investments to bolster pandemic preparedness and response around the world. As the pandemic has upended lives and livelihoods in every household in America and every corner of the globe, the political moment is ripe for President-elect Biden to galvanize and lead a global coalition of public and private actors around a shared commitment to help prevent a deadly and costly pandemic like COVID-19 from happening again. President-elect Biden has an opportunity to leave a longer-term legacy that will better prepare humanity

to address emerging pandemic threats and break the persistent cycle of panic and neglect once and for all. **Waiting until this crisis is over or until the next one happens will be too late. It is now or never.**

A Five Point Agenda for Action

Here are five significant, achievable actions that President-elect Biden and the Biden-Harris Administration can take within the first 100 days in office to accelerate the end to this pandemic and help stop the next one, working with Congress and our allies around the world.

ACTION 1: SUPPORT THE GLOBAL COVID-19 RESPONSE

Join and fund the Access to COVID-19 Tools Accelerator (ACT-A), including the COVAX Facility.

The United States has been largely missing in action on the global COVID-19 response, and this must change urgently. Supporting global delivery of a vaccine is a critical first step to end this pandemic and lay the foundation for a better prepared world. The [ACT-A](#), and the COVAX Facility within this global partnership, embody the world's commitment to ensure every country, regardless of income, has fair, affordable, and equitable access to COVID-19 vaccines, diagnostics, and therapeutics as soon as possible. Hosted at Gavi, the goal of COVAX is delivery of 2 billion doses of COVID-19 vaccines to LMICs by the end of 2021. Yet the United States is the only major industrial nation that has yet to support this united effort. ACT-A partners, including CEPI, FIND, Gavi, Global Fund, WHO, UNICEF and other global health agencies, are in urgent need of emergency financing to help partner countries slow the spread of the coronavirus, maintain support for other essential health services, and support the development, manufacturing, and innovative delivery of COVID-19 vaccines and other lifesaving tools that are critical to ending the pandemic as soon as possible.

Why it is in America's interest: The United States must act both domestically and globally to stop COVID-19. An announcement of U.S. support for these global coordination and financing mechanisms will be a critical early signal to the world of the new Administration's commitment to restoring U.S. global leadership. Global delivery of vaccines and tools will be a critical step to fully resume global trade, travel, and tourism, and thus is a key element in revitalizing the U.S. economy. [Recent analysis](#) from RAND Europe projects the cost of inaction – inequitable allocations of COVID-19 vaccines could cost the global economy up to \$1.2 trillion per year and the United States alone could lose \$16 billion if low- and middle-income countries cannot gain sufficient access. In a separate report, the Eurasia Group estimates that equitably deployed vaccines would generate cumulative [economic gains of \\$153 billion in 2020-21 and \\$466 billion by 2025](#), showing the strong economic case for investment in deploying vaccines globally through the ACT-A. This is also about ending the pandemic more quickly: There is evidence that if a vaccine is distributed exclusively to high-income countries first, the world will only avoid [one-third of COVID-19](#) related deaths. Joining COVAX also allows the United States to opt-in to additional purchase arrangements for novel vaccines and/or exchange vaccines to maximize domestic and global distribution, which in turn would allow the United States and other countries to get vaccines that better fit their respective domestic distribution needs.

How to get it done: On his first day in office, President Biden should sign onto COVAX and lend technical and strategic leadership to the ACT-A by joining other global leaders on its Facilitation Council. In the first 100 days of the Administration, President Biden should offer to co-host a global pledging conference with European allies in the first half of 2021, with the explicit goal of securing full funding for the ACT-A. If not enacted before Inauguration Day, the Biden White House should work with Congress to quickly secure at least \$20 billion for the U.S. contribution toward the global COVID-response, of which approximately \$8.2 billion would support the activities of Gavi, Global Fund, CEPI, and other ACT-A and COVAX partners. In addition to direct financing, the United States could support COVAX by providing it with a portion of its options to purchase additional vaccines from manufacturers; participating in the exchange of vaccine doses with other countries through the COVAX facility; and/or committing to collaborate with COVAX to [donate](#) its excess vaccine supply to nations in need. In addition, the United States should work with the [World Bank and its borrowing member countries](#) to ensure that their procurement of COVID-19 vaccines and tools is as efficient as possible, running through COVAX.

ACTION 2: RAMP UP INVESTMENTS IN GLOBAL HEALTH AND PANDEMIC PREPAREDNESS

Establish a Global Health Security Challenge Fund with an initial U.S. investment of \$2 billion, and set a goal to double funding for U.S. global health security and other global health programs over the next five years – prioritizing preparedness and more resilient health systems in LMICs.

Underinvestment in global health and pandemic preparedness has been a major factor in the inadequate control of COVID-19 around the world. U.S. funding for global health has increased by only 9% over the last decade and represents only 0.25% of the federal budget, despite the growing number of outbreaks around the world. [Recent estimates](#) point to a \$5-10 billion annual global funding gap over the next 10 years to make the world better prepared for future pandemics. This amount represents a small fraction of the trillions that the United States has spent to date on COVID-19 stimulus packages, development of COVID-19 vaccines, and other pandemic response measures.

In addition to supporting the urgent global COVID-19 response, the United States should increase support for its existing bilateral and multilateral global health security and other global health programs, toward the goal of doubling funding over the next five years. Current U.S. bilateral investments in global health security programs, together with PEPFAR, PMI, Global Fund, Gavi, and other existing global health budget lines at USAID and the U.S. Centers for Disease Control and Prevention (CDC), play important roles in [supporting global efforts](#) to detect, prevent, and respond to infectious disease threats and to advance other U.S. and global health priorities. These programs should be authorized and funded robustly as part of our preparedness toolbox.

This moment also calls for launching a bold new effort to supercharge pandemic preparedness: the [Global Health Security Challenge Fund](#). Nearly two decades ago, the United States led the way in responding to the global AIDS crisis by creating PEPFAR and the Global Fund, which together have proven invaluable tools in advancing global health. Now is the time for the United States to mount the next big initiative commensurate with the threat: A dedicated international facility that will challenge

partner governments and donors to rapidly accelerate investments in pandemic preparedness, with the focus on LMICs with the weakest health systems. While a growing number of countries, supported by the GHSA and the WHO, have developed national action plans for health security, most of these plans lack sufficient funding for implementation. Without international support, many governments have few incentives to prioritize domestic investments in preparedness over other urgent development needs. Creating a Challenge Fund with an initial U.S. contribution of \$2 billion, toward a target capitalization of \$10-\$20 billion, will enable a game change of investments in public health infrastructure and capacities such as disease surveillance and early outbreak warning systems, infection prevention and control, ready supply chains for PPE, and other critical preparedness needs. This funding will address a strategic gap in the global health architecture, complementing the missions and work of the WHO, the World Bank, the Global Fund, Gavi, and other multilateral institutions. It will also provide a global hub for catalytic financing and technical assistance and stimulate “a race to the top” to spur the domestic planning, budgeting, and accountability necessary to elevate and sustain support for preparedness.

Why it is in America’s interest: Creating a Challenge Fund, along with increasing support for our existing bilateral and multilateral global health programs, will save millions of lives and trillions in future economic losses by stopping future outbreaks at their source before they spread and become another deadly and costly pandemic like COVID-19. Taken together, these investments will incentivize country leadership, accelerate closing of critical global health security gaps, and build more resilient health systems, which will make America and the world safer by strengthening our frontline defenses against emerging pandemic threats. In addition, the Challenge Fund will promote donor burden sharing and domestic resource mobilization for preparedness as a global public good.

How to get it done: There is already [bipartisan support](#) in Congress to increase funding for existing U.S. global health programs and to establish a Challenge Fund. President-elect Biden should introduce the Challenge Fund and this major new investment package in his first State of the Union or other early speech and include it in his Administration’s first budget request to Congress. He should also push Congress to codify existing global health security programs into law with authorized funding levels, like how past Administrations pushed Congress to create PEPFAR and scale up funding and programming for HIV/AIDS globally. Authorization is key to help protect this agenda from political interference and enable agencies to do long-term planning. Specifically, for the Challenge Fund, President-elect Biden should work with Congress to authorize and appropriate at least \$2 billion for an initial U.S. contribution. He should also appeal to major allies such as the United Kingdom and Italy, who hold the 2021 G7 and G20 presidencies respectively, to join the United States in a founders’ coalition of donor countries, private foundations, and investors to kickstart the Challenge Fund with at least \$10 billion in initial funding. Including the Challenge Fund in the GHSA Sustainable Financing Action Package will also help build support from other nations.

ACTION 3: BUILD A SMARTER, MORE RESPONSIVE INTERNATIONAL SYSTEM
Strengthen the World Health Organization and promote a new international preparedness framework.

Fighting the pandemic has made clear that the WHO needs America, and America needs the WHO – but the WHO has persistent political and capacity constraints that must be urgently addressed.

Priority areas for reform include: securing reliable funding through assessed contributions and more flexible and long-term voluntary contributions, including for WHO's Emergencies Programme and the [Contingency Fund for Emergencies](#); further clarifying and strengthening the WHO's normative role, including around the [R&D Blueprint](#) and its newly established Chief Scientist Office; improving the WHO's authorities to conduct early and independent investigations of outbreaks; reforming the global pandemic alert system, including introducing more levels to the Public Health Emergency of International Concern (PHEIC); and strengthening implementation and accountability for the International Health Regulations (IHRs) by WHO Member States. WHO should be empowered to improve IHR compliance, monitoring core capacity development under the IHR Monitoring and Evaluation Framework while linking it to a universal review mechanism. [European allies](#), led by France and Germany, have tabled these and other issues in a comprehensive 10-point reform plan; other consortia of countries have also tabled proposals, with many similar themes.

Early in the Administration, it would be helpful to create an occasion for POTUS to meet with the WHO Director-General to reinforce the U.S. commitment to WHO reform and strengthening. This could take the form of a White House visit or as part of a virtual convening with heads of international organizations and major allies to promote better coordination and joint actions in the COVID-19 response. In the event that POTUS makes an early trip to Europe, a brief stop in Geneva for a symbolic visit to the WHO and to meet with multilateral leaders would also be welcome.

The Global Preparedness Monitoring Board (GPMB), the European Council, and others have made the case that effective global coordination on pandemic preparedness does not rest with the WHO and its authorities, and that a stronger international framework is needed to augment the IHRs. The United States should work with members of the United Nations Security Council and other allies to forge a political consensus around such a framework. Key elements should include financing; coordination of global R&D, manufacturing, and equitable distribution of novel countermeasures; and social protection, especially for the most vulnerable populations, when pandemics strike. There is also an urgent need to develop a smarter, concerted global approach to early warning and surveillance, including instituting stronger checks and balances on official data reporting and strengthening independent analysis.

Why it is in America's interest: Earlier and more effective management of pandemics requires a WHO that is fit-for-purpose and endowed with proper authorities, operating in an ecosystem that enables early response and use of all available data. The WHO is best placed to forge global consensus and trust in the science, technical guidance, and normative frontiers of pandemic preparedness and response, but it needs political support and reliable funding from its member states along with sharper tools to hold member states accountable. The Trump Administration's threatened withdrawal gives the Biden-Harris Administration an important opportunity to shift the debate, promote positive change at the WHO, and demonstrate a renewed American commitment to multilateralism.

How to get it done: Work with leading allies and partner countries (e.g., France, Germany, the European Union, and the African Union) and WHO leadership to support and enhance the WHO reform proposals already tabled. This is an area where we recommend that the United States seek to engender global goodwill and to build on the constructive engagement of others who have been working with the WHO and other Member States over recent months on this issue. The new Health and Human Services (HHS) Secretary should signal strong support during the next World Health Assembly for a preliminary reform package that is expected to be tabled by our allies, and also carefully consider U.S. leadership and support on other recommendations that will be emerging from the [Independent Panel for Pandemic Preparedness and Response](#) (the Independent Panel), the IHR Review Committee, and various WHO Member State proposals. Additionally, given the geopolitical dynamics at play, President Biden should instruct his UN Ambassador to elevate pandemic preparedness in the UN Security Council during the U.S. presidency in March 2021 and beyond to forge support among the major powers. He should also call on UN Secretary-General António Guterres to organize a first UN summit on pandemic preparedness with heads of state in Q4 of 2021 to catalyze and solidify global and national commitments and action.

ACTION 4: DRIVE PANDEMIC PREPAREDNESS INNOVATIONS

Ensure a ready global R&D capacity for emerging infectious diseases (EIDs)

Support U.S. participation in CEPI with a \$200 million commitment and promote expansion of the CEPI model to strengthen the global defense capability against a broader range of EID threats. The speed, scale, and commitment of global scientific cooperation should not stop with COVID-19. The pandemic has demonstrated that the world urgently needs an [at-the-ready capacity](#) to address the full spectrum of health technologies required to combat epidemics and pandemics, including diagnostics, therapeutics, vaccines, medical devices, and platform technologies that can quickly pivot to the next “Disease X”. CEPI, whose initial mandate was more narrowly defined to vaccine development for specific diseases, has evolved rapidly and proven its effectiveness during COVID-19 to address a range of research, development, and manufacturing. Building on this experience, the United States should work with members of the CEPI Board, allies, and international partners to secure and sustainably finance the next phase of CEPI, enabling it to serve as a permanent global R&D coordination hub and take a broader end-to-end approach to R&D. To be successful, a stronger CEPI must work closely with the WHO, in its role as coordinator of the global [R&D Blueprint](#), as well as with a network of regional hubs (such as BARDA and the Africa CDC), toward the goal that every continent has the capacity to access and deliver the tools they need to mount a rapid and effective response to outbreaks with pandemic potential.

Create and fund a USAID Global Health Security Innovation Grand Challenge with an annual appropriation of \$200 million. Rather than focusing on one-off tranches of supplemental funding for innovation each time a global health emergency arises, the Biden-Harris Administration should establish a standing GHS-focused Grand Challenge at USAID to rapidly advance or adapt existing health technologies to respond to emerging threats. This type of standing innovation fund will help crowd more businesses and social entrepreneurs into the pandemic preparedness space and bring a steady stream of new ideas into government which can then be paired with bilateral programs and taken to scale.

Secure a permanent funding line with an annual appropriation of \$300 million to enable BARDA's sustained work on EIDs. BARDA has been a key agency advancing R&D through Operation Warp Speed to respond to COVID-19 (and previously Zika and Ebola). Yet given its priority focus on chemical, biological, radiological, and nuclear (CBRN) threats, little core funding goes to BARDA's EID work; the vast majority to date has been funded through emergency supplemental funding. The Biden-Harris Administration should work with Congress to better leverage this critical tool in our pandemic preparedness and response arsenal. As previously noted, BARDA also should continue to serve as a scientific collaborator and regional partner to CEPI coordinating global response to emerging threats.

Why it is in America's interest: COVID-19 has shown that the world is still without essential tools to combat many of the EIDs considered by the WHO most likely to cause widespread epidemics or pandemics. No global framework exists for assessing and strengthening the capacity of countries to develop, approve, manufacture, and deploy vaccines, therapeutics, diagnostics, and other medical countermeasures. Funding for product development has largely been subject to boom-and-bust cycles, driven by influxes of funding during crises and receding once the emergency subsides.

How to get it done: There are existing bipartisan proposals before Congress in each of these areas with indicative numbers which should be reflected in President-elect Biden's first budget request to Congress. For CEPI, the ask is \$200 million; President-elect Biden should publicly announce his intention to join CEPI and request explicit Congressional authorization of U.S. participation and funding. For USAID, there is no need for a specific authorization, but rather this can be achieved through a \$200 million additional appropriation for the Global Health Bureau. For BARDA, the ask is \$300 million; BARDA is already authorized to work in this space but has limitations on its ability to procure if a given disease is not on the specific threat determination list, so seeking explicit Congressional support for this would help ensure EIDs are prioritized.

ACTION 5: ELEVATE U.S. GLOBAL LEADERSHIP FOR PANDEMIC PREPAREDNESS AND RESPONSE

Bolster interagency leadership, global diplomacy, and accountability

Designate and empower high-level interagency leadership roles, including permanent high-level positions at both HHS and State for Global Health, that will elevate and sustain global preparedness as a continuing national security, diplomatic, and health priority. White House leadership is necessary but not sufficient; creating a robust interagency decision-making structure with the responsibility, authorities, and funding necessary to organize and drive a true whole-of-government effort is essential. To move decisively and be held accountable for results, this newly empowered interagency leadership structure must have the authorities to make recommendations and decisions on policy and funding. The leadership structure of both of these Cabinet agencies should reflect the growing urgency of pandemic threats. PEPFAR's success demonstrates the value of high-level placement within the State Department where U.S. diplomatic assets are combined with health investments to advance progress on the ground. PEPFAR's emphasis on achieving (and reporting) measurable results is also a valuable guide to creating effective programs that can maintain bipartisan support over many years. Various options to consider

that already have or could attract bipartisan support include creating an ambassadorial-level post in the State Department reporting directly to the Secretary; appointing a Preparedness Czar, akin to the new Climate Czar (and distinct from the White House COVID-19 Coordinator); reinstating the Assistant Secretary for Global Health at HHS; and creating a counterpart Assistant Secretary post at State.

Appoint a 9/11-style bipartisan Commission on the U.S. Response to COVID-19, including engagement with our global institutions and frameworks, with a mandate to provide recommendations that Congress and the Administration must legally act upon. During this year’s World Health Assembly, more than 130 countries adopted a [resolution](#) that authorized the creation of the Independent Panel to conduct a thorough and transparent review of lessons learned from COVID-19 and recommend changes for the future. A companion panel in the United States will provide a critical public examination of, and political pressure to address, the most urgent national and global preparedness gaps. Such a commission should offer specific, actionable, bipartisan recommendations to clarify and optimize interagency leadership, investments, and accountability for outbreak preparedness and response, and it should also seek to strengthen and protect the independence of the U.S. Centers for Disease Control, the Food and Drug Administration, and other science and public health agencies in future health crises.

Why this is in America’s interest: Lack of strong, clear, and consistent USG senior leadership and direction on pandemics is an unnecessary and easily corrected deficiency that has greatly hampered both national and global response efforts. The complexity of this agenda makes it subject to ongoing USG interagency turf battles. Clearer leadership and statutory authority will ascertain who is in charge and accountable. At the same time, this leadership must go beyond health and be strongly embedded in both our diplomatic engagement and national security agenda. Together, the combination of elevating interagency leadership, launching a diplomatic offensive with global leaders, and appointing a high-level commission to examine strategic preparedness gaps will reinforce that global health security is a top priority for the Biden-Harris Administration.

How to get it done: On interagency leadership, bipartisan legislation introduced in the U.S. Senate, as well as various proposals before the Hill, including the [CSIS Commission](#) report, offer a starting point to secure consensus on the appropriate leadership and accountability models. The 9/11 Commission can serve as a model for Congressional authorization of a similar bipartisan accountability panel.

CONCLUSION

America will not be safe from pandemics until every country is safe. Like the response to 9/11 and the AIDS pandemic, the COVID-19 crisis demands extraordinary U.S. global leadership to treat pandemics as the existential global and national security threat they are, and to rapidly scale and accelerate investments in pandemic preparedness around the world. This should be a centerpiece of President-elect Biden’s plans to assert America’s position as a go-to leader and partner on the world stage, to forge solutions to pressing global challenges, and to advance our shared humanitarian, economic, and security goals. Outbreaks are inevitable, but pandemics are not. **President-elect Biden should seize this**

opportunity to leave a legacy of a healthier and safer world by launching an aggressive global plan to help prevent another deadly and costly pandemic like COVID-19 from happening again.

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