The Neglected Dimension of Global Security:  
A Framework to Counter Infectious Disease Crises

Key Messages

The report of the Commission on a Global Health Risk Framework for the Future is independent, comprehensive, forward-looking, and timely. The Commission is comprised of an independent, international group of experts in finance, governance, R&D, health systems, and the social sciences. The Commission’s recommendations were informed by 11 days of public workshops across four continents, as well as input from 250 experts and stakeholders.

The case for investing in pandemic preparedness and response

- Pandemics cause devastation to human lives and livelihoods much as do wars, financial crises, and climate change. Pandemic prevention and response, therefore, should be treated as an essential tenet of both national and global security—not just as a matter of health.
- Compared with other major threats to global security, we have grossly underinvested in efforts to prevent and prepare for infectious disease threats. An original analysis commissioned for the GHRF report estimates $60 billion in annualized expected losses from pandemics. Against this figure, the GHRF Commission proposes an investment of $4.5 billion per year—not a small sum, but not out of reach—and only a fraction of what we stand to lose.
- The $4.5 billion proposed by the Commission includes up to $3.4 billion to upgrade national health systems, $1 billion to accelerate R&D, and up to $155 million for preparedness funds at the World Health Organization and World Bank.

The Commission recommends a three-pronged framework to counter infectious disease crises:

1. Strengthening public health as the foundation of the health system and first line of defense

   - National governments should consider protection from infectious disease threats part of their basic duty to protect their citizens.
   - WHO and member states should agree on benchmarks for national core capabilities for effective health systems.
   - WHO should develop an external, objective, transparent, and accountable assessment mechanism to measure country compliance.
   - World Bank and other donors should make support contingent on a country’s participation in the WHO assessment process, and the International Monetary Fund should include outcomes of the assessment in its country evaluations.
o Countries should develop plans to meet national core capacities by 2017, with target full compliance by 2020.
o Health systems strengthening will rely on technical support from WHO and financial support and leadership from World Bank and other donors.

2. **Strengthening global and regional coordination and capabilities**

o WHO should lead the global effort toward outbreak and preparedness and response, but it must be better resourced, both technically and financially.

o WHO should generate a high-priority “watch list” of outbreaks to be released daily to national focal points and weekly to the public.

o WHO should establish a dedicated Center for Health Emergency Preparedness and Response (CHEPR) to lead and coordinate preparedness and response. The CHEPR should be overseen by an independent Technical Governing Board.

o WHO should set up a sustainable contingency fund of $100 million.

o The World Bank should establish a Pandemic Emergency Financing Facility.

3. **Accelerating R&D to counter the threat of infectious diseases**

o By the end of 2016, WHO should establish an independent Pandemic Product Development Committee (PPDC), accountable to the CHEPR’s Technical Governing Board, to galvanize acceleration of relevant R&D, define priorities, and mobilize and allocate resources.

o WHO should work with global R&D stakeholders to secure a commitment of $1 billion per year to maintain a portfolio of relevant drugs, vaccines, diagnostics, personal protective equipment, and medical devices.

o By the end of 2016, the PPDC should convene stakeholders to agree on guiding principles and commit to next steps, including the harmonization of protocols and approvals processes.