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Policy brief

Preparing For the Next Pandemic: Next Steps for National and Global, Public and Private Actors

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The adoption of the WHO Pandemic Agreement in May 2025 represents a historic milestone. Motivated by the fundamental weaknesses of the global health architecture, laid bare by the COVID-19 pandemic, the agreement outlines commitments to equity and shared preparedness, and introduces structural innovations such as the Pathogen Access and Benefit-Sharing (PABS) system and the Global Supply Chain and Logistics Network (GSCLN). These structures are intended to ensure more equitable access to vaccines, diagnostics, and therapeutics, especially for low- and middle-income countries during health emergencies. The agreement also recognizes the importance of sustainable financing through the proposed Coordinating Financial Mechanism (CFM) and emphasizes health system strengthening as central to pandemic preparedness.¹

These commitments mark an important step forward, but the urgency of implementation becomes clear when measured against the stark lessons of COVID-19.² While scientific breakthroughs emerged at record speed, and initiatives such as COVAX (COVID-19 Vaccines

¹ World Health Organization. WHO Pandemic Agreement. Seventy-eighth World Health Assembly, Agenda item 16.2, WHA78.1, 20 May 2025.

² Hassoun N, Basu K, Gostin L. Pandemic preparedness and response: a new mechanism for expanding access to essential countermeasures. *Health Economics, Policy and Law*. 2024;19(4):474-497. doi:10.1017/S1744133124000094; Buckinx, B and Mhando, B Pandemic Preparation and Response: Ensuring Equitable Access to Essential Countermeasures. Liechtenstein Institute on Self-Determination, Princeton University, June 2025.

<https://lisd.princeton.edu/publications/pandemic-preparation-and-response-ensuring-equitable-access-essential-countermeasures>

Global Access) aimed to ensure equitable access, hundreds of millions of people in low- and middle-income countries were unable to secure COVID vaccines, diagnostics, or therapeutics. The WHO Pandemic Agreement can help us avoid repeating these failures. However, its success will depend, first, on whether countries ratify it; and second, on how they implement its provisions. This will require creative resolve³ to move beyond aspirational language and translate commitments on intellectual property, financing, and health system strengthening into enforceable obligations. Governments must do three things:

(1) provide sufficient financing to support research, development, and distribution of essential countermeasures (e.g. vaccines, therapeutics, and diagnostics) to enhance health workforce and supply chain capacities. This should include contributions to the agreement's Coordinating Financing Mechanism (CFM), which operates in alignment with the agreement's quinquennially updated financial and implementation strategy.

(2) implement the institutional improvements the agreement outlines in such a way that they guarantee access to essential countermeasures for all in pandemic times: for instance, by tying financing to strong access conditions for essential counter-measures.

(3) pursue complementary agreements and support cooperative initiatives aimed at strengthening national and local health systems, ensuring that pandemic preparedness efforts are grounded in broader investments in health infrastructure and equity.

LMICs may need additional support for domestic health systems capacity enhancement, including for investments to support pandemic preparedness.⁴ LMICs especially cannot ensure adequate pandemic preparation and response alone. Multilateral governmental organizations,

³ To learn more about how creative resolve has been and can be impactful, check the documentary *Creative Resolve. The Future of Global Health*: <https://ghi-documentary.vercel.app/>

⁴ Global Burden of Disease 2021 Health Financing Collaborator Network (2023). Global investments in pandemic preparedness and COVID-19: development assistance and domestic spending on health between 1990 and 2026. *The Lancet Global Health*, 11(3), e385-e413. [https://doi.org/10.1016/S2214-109X\(23\)00007-4](https://doi.org/10.1016/S2214-109X(23)00007-4)

as well as private funders and NGOs, must provide the requisite support. More precisely, the international community should:

1. Provide sustained financial support for the workforce expansion, health facility upgrades, and basic infrastructure such as roads, cold-chain logistics, and reliable electricity that form the basis of effective pandemic response along with broader healthcare provision.⁵ Programs aimed at pandemic prevention and vaccination coverage, particularly in low-resource settings, should integrate support for local sanitation, housing improvements, food assistance, and educational outreach to increase uptake and trust.⁶
2. Implement Pandemic Agreement Annexes that tie financing directly to the implementation of key agreement provisions. *Specifically, these annexes should support alternative incentive models for research and development that prioritize public benefit over profit. These models should require companies to pool intellectual property, share data, and vest resulting licenses in the WHO (or a designated authority) to enable countermeasures' affordable and widespread production.*⁷ Countries and organizations that meet equity requirements can be prioritized for support through funds earmarked in the annexes for pooled procurement, manufacturing partnerships, and donor investment.
3. International organizations such as GAVI, CEPI, the Global Fund, and UNICEF should also implement parallel, and coordinated, mechanisms to enhance access and equity. Countries can embed these commitments directly into these global health funding organizations' operational frameworks. These international health organizations already manage substantial resources and wield significant influence through grant conditions,

⁵ Kurowski, C., Schmidt, M., Kumar, A., Mieses, J., & Gabani, J. (2024). Government health spending trends through 2023: Peaks, declines, and mounting risks (Double Shock, Double Recovery Paper Series). World Bank Group.

⁶ Ali, H.A., Hartner, AM., Echeverria-Londono, S. et al. Vaccine equity in low and middle income countries: a systematic review and meta-analysis. *Int J Equity Health* 21, 82 (2022). <https://doi.org/10.1186/s12939-022-01678-5>

⁷ Saxena A, Baker BK, Banda A, et al. Pandemic preparedness and response: beyond the Access to COVID-19 Tools Accelerator. *BMJ Glob Health*. 2023;8(1):e010615. doi:10.1136/bmjgh-2022-010615

procurement contracts, and innovation incentives. They should use their leverage and must be empowered to require open licensing, transparent pricing and equitable distribution as conditions for funding.

The Benefits of Acting, the Challenges, and How to Overcome Them:

All investments made now in preparedness and equitable access will pay dividends far beyond times of crisis. When thoughtfully designed and implemented, systems of preparedness such as expanding supply chains, manufacturing hubs, and workforce development can support routine immunization along with other essential health services. To achieve this we must bridge the gap between disease specific programs and the system-wide investments. For instance, during the COVID-19 response, the global polio eradication infrastructure played a significant role by providing trained vaccinators, cold-chain systems, planning tools, and community engagement networks.⁸ These assets, originally developed for a disease-specific campaign, were quickly repurposed to support COVID-19 vaccine delivery and surveillance. However, the effectiveness of this pivot was limited in places where broader health systems were weak or underfunded, so the international community must also provide systemic investments in basic health systems. Effective pivoting also requires community engagement and ownership. A more coordinated model or *triangulated health resilience framework* will allow the international community to align disease specific programs, health system investments, and community-based delivery networks under a unified strategy. This integrated approach can reduce fragmentation and maximize the impact of existing resources to ensure that countries have adaptable systems that not only respond quickly in emergency conditions but also provide sustainable routine immunization and other essential health services.

Moreover, by treating infrastructure, manufacturing, workforce development, and the social determinants of health as interdependent pillars of effective health systems, we can move beyond a reactive model. Instead, with creative resolve, the international community can build

⁸ World Health Organization. Contributions of the Polio Network to COVID-19 Response: Turning the Challenge into an Opportunity for Polio Transition. World Health Organization, 2021.

systems rooted in resilience and equity which are capable of meeting both routine needs and the challenges of future health emergencies.

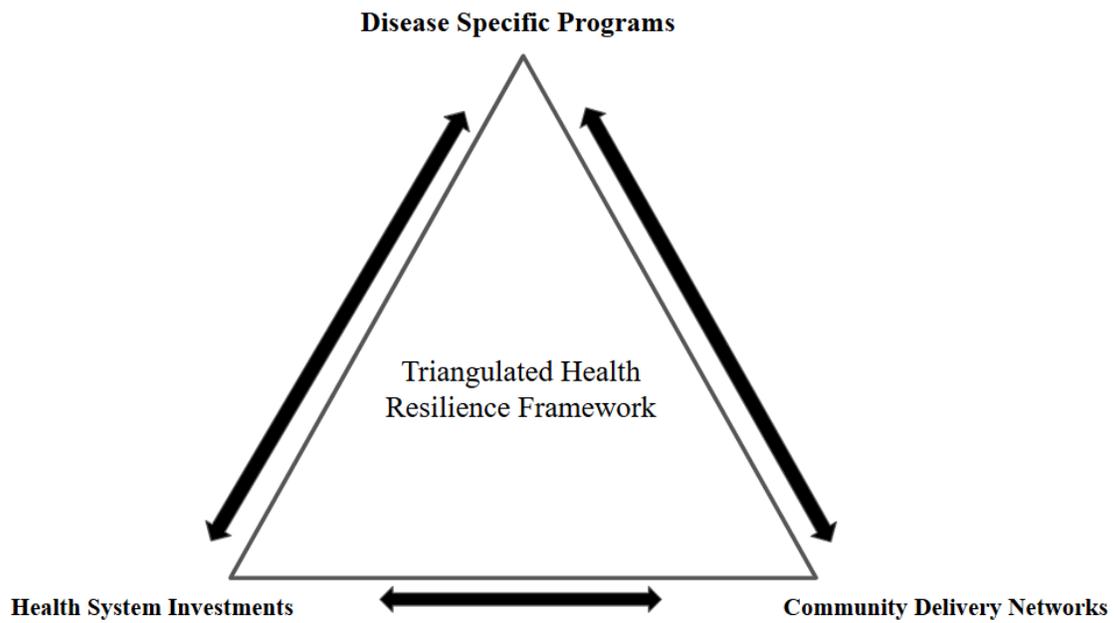


Figure 1. Triangulated Health Resilience Framework