Now that the Covid-19 public health emergency has ended, what exactly is the moment we occupy?1

Many Americans regard this moment as a sharp linear exit into a “post-Covid” era. But for public health experts and many policymakers, while the acute phase of the pandemic has certainly ended, its threats endure: deep vulnerabilities in the U.S. public health system have been exposed, the risk of dangerous new pathogens persists, and many pressing questions remain unanswered. At home and abroad, how can U.S. leadership and commitment in health security be sustained? How might attention be refocused on priority global health programs that were a bedrock of achievement and innovation before the pandemic?

American society has hit hard times. Circumstances have become conspicuously fraught—politically, financially, and emotionally. The nation has entered a phase of striking toxicity, with a precipitous decline in trust matched by a rise in anger, grievance, and ad hominem attacks that wash over science and public health. Bipartisanship and cooperation across the executive branch and Congress have become highly stressed and uncertain.

Paradoxically, there are also compelling reasons for hope. Beneath the partisan rancor is tacit bipartisan agreement, on both moral and national security grounds, on the imperative to better protect Americans from biological threats, which requires acting domestically and globally. That includes a de facto consensus that the United States needs to accelerate technological innovation, strengthen biosafety and biosecurity, improve situational awareness of when and where zoonotic spillovers are occurring, and better compete geopolitically with China and Russia through expanded health security partnerships. Together, these approaches will strengthen the U.S. response to all pandemic threats, be they natural, accidental, or deliberate in origin. The presidential cycle itself inexorably
open the window to think expansively about the future and introduce new policy ideas. Leaders may consciously cool tensions, as parties grow weary of stale histrionics, by focusing attention upon concrete measures that build common ground. Vitally important work continues to advance as the wheels of government turn on several fronts—legislatively, financially, diplomatically, doctrinally, and operationally.

The post-Covid moment calls for the United States to embrace a sober, pragmatic incrementalism—a realism grounded in understanding the most formidable challenges at play and systematically preparing for biological threats that lie over the horizon. It also calls for an optimistic, forward-leaning strategy that restores trust, sustains bipartisan achievements, puts new security frameworks into force, responsibly accelerates technology, and elevates U.S. diplomacy. That formula can systematically exploit several pathways for U.S. leadership that could achieve concrete progress even amid adversity.

When the mission is to protect Americans and achieve greater protections abroad, resignation is not an option.

TOUGH TIMES INDEED

The transition into the post-acute phase of the pandemic has ushered in the predictable cycle of crisis followed by complacency and neglect. It has intensified pressures upon both established global health programs and global health security investments.

Following a surge of emergency funding, resources in health security have become scarce and are likely to become scarcer. For now, the era of emergency pandemic supplemental funding is over, at least until the next dangerous outbreak arrives. The end of the U.S. public health emergency on May 11, 2023, marked the final stages of the “great unwinding” of the $4.6 trillion committed to stabilizing American society.

The capital required to fast-track the development of new medical countermeasures and to strengthen surveillance and analytical tools, as envisioned in the American Pandemic Preparedness Plan’s initial five-year, $88.2 billion mandatory budget request, has fallen woefully short. The president’s fiscal year (FY) 2024 budget again requests an ambitious increase in global health security funding but relies much more heavily on discretionary budget lines. While the bargain between the White House and Congress over lifting the debt ceiling was far less damaging budgetarily than many had predicted, it did include recisions of unspent Covid funding totaling $27 billion, of which $13 billion is in the health sector. And for the next two years, funding caps will be in place limiting growth to 1 percent.

Globally, the World Health Organization (WHO) continues to face recurring financing shortfalls, and it remains to be seen if donors will follow through on expanded commitments under a new funding formula. The newly launched Pandemic Fund at the World Bank, while a major achievement of U.S. and global diplomacy, has thus far only raised about $2 billion compared to an estimated initial need for $10 billion in annual seed funding. Demand greatly exceeds resources: in its first round, the fund received applications for $2.5 billion in grants against $350 million in available funding.

Recovery has been very modest and slow in global health programs that were eroded during the pandemic. Indeed, global immunization coverage has been set back three decades, and while some countries have begun to recover, considerable work remains for most countries to attain pre-pandemic levels. Competition across global health and health security accounts has intensified at the same time as other demands for resources have escalated, such as to address the ever more corrosive threats from climate change or the urgent needs among those countries impacted by the conflict in Ukraine.

A stark legacy of the pandemic is partisan polarization around many key policies and interventions, especially pertaining to vaccines, masks, and the approach to schools and businesses during an emergency. Trust and confidence in science and public health institutions have declined precipitously. A certain post-traumatic amnesia has settled over the nation that dulls the push for a national commission to unpack how 1.2 million Americans lost their lives, at mortality rates much higher than many peer industrial democracies.
Misinformation and conspiracy thinking have become pervasive, exposing the weakness and ineffectiveness of traditional communications.

The House Select Subcommittee on the Coronavirus Pandemic, through its investigative work on Covid’s origins and other issues, will shape the discourse in Washington over the course of 2023 and beyond, as will other House committees, including the House Select Committee on the Chinese Communist Party and the House Committee on Energy and Commerce. These bodies, and counterparts such as the Senate Committee on Foreign Relations and the Senate Committee on Health, Education, Labor and Pensions (HELP) are the testing grounds of whether debate is confined to a retrospective analysis marked by deep division, anger, and grievance or whether discourse can evolve into a forward-looking agenda that searches for bipartisan consensus around concrete solutions to better protect Americans.

A widened gap between the Global North and the Global South argues for a redoubling of U.S. health diplomacy. The post-Covid gap stems from the stark inequities in access to vaccines and other critical commodities during the acute phase of the pandemic, aggravated by the lack of distributed manufacturing capacity. In other respects, many low- and middle-income countries assign lower priority to pandemic preparedness and response versus other immediate concerns. More recently, a high number of low- and middle-income countries have been on the receiving end of the shocks transmitted by the war in Ukraine—in acute food insecurity, excessive energy costs, inflation, and unsustainable debt. They remain skeptical of Western appeals to join in defending Ukraine against Russian aggression and also resist calls to align against China.

By itself, this narrative inexorably leads toward pessimism.

**PATHWAYS TO PROGRESS**

These barriers notwithstanding, the work in global health and health security does not stop. Many promising developments are in motion, tied to both ethical humanitarian considerations and national security interests. Geopolitical competition, the swift pace of technological discovery, and the lessons and advances of the Covid experience are driving the administration toward greater engagement in health security.

Americans want leadership in the post-Covid moment. The dominant narrative, that Americans are exhausted by the pandemic and have turned their attention entirely away, does not really capture current realities. Recent surveys reveal the enduring commitment of the American people to health security goals. In one study, 88 percent of respondents wanted the federal government to prioritize health security in policy and budget decisionmaking, while many (61 percent) remain concerned about and motivated by the growing threat of future pandemics. The vast majority of Americans—92 percent—have internalized that public health preparedness is an essential element of national security, and most of those U.S. adults support greater investments. A majority (53 percent) of Americans overall support the United States taking an active leadership role in strengthening global preparedness to prevent deadly outbreaks from spreading to the United States.

**Geopolitical competition, the swift pace of technological discovery, and the lessons and advances of the Covid experience are driving the administration toward greater engagement in health security.**

Americans are seeing dynamic, fresh leadership. That is critically important in updating the agenda and infusing new energy in the post-Covid moment. Several familiar and revered figures (some also the subject of intense partisan criticism) have recently departed, including Anthony Fauci, Francis Collins, Ashish Jha, and Rochelle Walensky. Impressive new leaders, the majority women, include Mandy Cohen, director of the U.S. Centers for Disease Control and Prevention (CDC); Arati Prabhakar, science advisor to the president and director of the White House Office of Science and Technology Policy (OSTP); Renee Wegrzyn, inaugural director of the Advanced Research Projects Agency for Health (ARPA-H) at the Department of Health and Human Services (HHS); Paul Friedrichs, inaugural head of the White House Office of Pandemic Preparedness and Response (OPPR); and...
Monica Bertagnolli and Jeanne Marrazzo, nominated to lead the National Institutes of Health (NIH) and the National Institute of Allergy and Infectious Diseases (NIAID), respectively.20

What comes next in the post-Covid moment? How should the Biden administration and Congress focus their energies? Where can the groundwork be laid for greater U.S. leadership into the future? Below are five suggested priorities.

1. **Rebuild trust.**

Trust has to be the starting point. A body of creative scholarly and analytical policy work has emerged arguing that trust, or lack thereof, has been a fundamental driver of pandemic outcomes, in combination with other vital variables.21 That research has deepened our understanding of the long-standing roots of deep skepticism of authority, science, medicine, and public health—predating the pandemic—and how that was compounded by the extraordinary stresses of the pandemic and a digital era in which falsehoods and conspiratorial thinking have often disrupted and outstripped conventional sources of information. The pandemic revealed that mis- and disinformation pose a grave threat to public understanding that calls for a determined, systematic approach—one that has been conspicuously absent up to this point.

Restoring trust requires a leadership style that fits the post-Covid moment: it calls for patience and humility, listening and admitting mistakes, and forging innovative alliances that span political divides. To a significant degree, trust is predicated on basic competence of execution by public health officials. Agency leaders have admitted to unforced errors and acknowledged that their management of evolving guidance amid the Covid-19 emergency far too often fell short and fed uncertainty and the erosion of trust.22 To rebuild confidence, U.S. public health institutions need sustained technical performance, sharper political acumen, a cognitive shift that takes into account the broader societal implications of public health decisions—on employment, schooling, and economic security—and far greater skill in reconciling individual liberties with the protection of communities.23

Public health institutions need to overhaul their communications capabilities to better reach all Americans, including those who have turned away. Modernization is essential if public health agencies are to win back trust and reach Americans and key partners abroad in the digital spaces they inhabit, quickly and effectively. That is true for the White House OPPR, the new State Department Bureau of Global Health Security and Diplomacy, launched August 1, the CDC, the NIH, and other key agencies within the HHS.24 It is equally true for state and local public health authorities.25 In doing so, leaders will need to be fully prepared to defend against an inevitable barrage of criticism, often emanating from the very sources of misinformation that lie at the root of the communications crisis surrounding health security in the United States and beyond.

A proactive campaign to modernize communications capacities will rest on improved transparency and speed of communications, better health literacy, closer dialogue with local and community leaders, and guidance that is more actionable for everyday Americans. It will rely on the systematic cultivation of partnerships with private sector media and opinion survey firms, along with far greater in-house digital competency, including expertise in social media, digital consumer habits, platform engineering, survey instruments, and community outreach tools.

2. **Sustain bipartisan achievements.**

A pathway to reaffirm the value of bipartisanship in health security in 2023 lies in the reauthorization of both the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Pandemic and All-Hazards Preparedness Act (PAPHA).26 A bipartisan core of congressional leaders has stood behind each of these legislative achievements over the past
two decades. In the case of PEPFAR—which remains the president’s plan—stronger White House leadership will be essential to refuting false allegations that PEPFAR advances abortion in the post-Dobbs era when abortion politics wash over many national policy debates. If passed, each of these bills could raise confidence that Congress can sustain the bedrock frameworks that have successfully guided and validated U.S. action at home and abroad.

The bipartisan Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act offers a similar opportunity for joint action, in this instance, to address the silent pandemic of antimicrobial resistance (AMR).

Even if action by Congress on the bill is delayed, there is a strong case for using the bill to socialize its subscription model, which lays out a road map for accelerating research and development (R&D) of new antibiotics. The European Union, the United Kingdom, Canada, and now Japan all attach higher priority to AMR, as reflected in the G7 Hiroshima Leaders’ Communiqué, and are looking for greater partnerships with the United States in the lead-up to the High-Level Meeting on AMR on the sidelines of the UN General Assembly in September 2024.

U.S. global health security partners were better prepared for the Covid-19 pandemic than any prior emergency. Three foundational instruments—PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance—have proven their worth for two decades, won sustained political and financial support, and built essential workforce and health security capacity in the pandemic era, all while prioritizing the tracking of dollars invested against impact. PEPFAR has become a revered U.S. diplomatic innovation that advances ethical and national security interests. The Global Health Security Agenda has also remained integral to improving global capacity to prevent, detect, and respond to epidemic and pandemic threats. More work is needed to improve efficiency, enhance accountability and integration across these programs, ensure sustainability at the community level, and secure continued bipartisan support in Congress.

3. Put new security doctrines into force.

Health security, at home and abroad, has been elevated as a national security interest on several fronts. That creates an opportunity—and a challenge—to ensure that new policy content is now operationalized effectively with the right resources and leadership.

The shift is reflected in the updated National Security Strategy, the National Defense Strategy, and the National Biodefense Strategy and Implementation Plan, as well as the U.S. Department of Defense’s (DOD) Biodefense Posture Review, which is scheduled for release in the summer of 2023, and the upcoming Global Health Security Strategy, expected to be unveiled in the fall of 2023.

Parallel action has unfolded, focused upon the bioeconomy—including the Executive Order on America’s Supply Chains; the 2021 review and 2022 study on essential medicines as mandated by that executive order; the September 2022 Executive Order on Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy; and the U.S. Department of Defense Biomanufacturing Strategy—which together begin to chart an industrial policy on the life sciences that would ensure greater national health security and resilience in the face of future outbreaks. These executive actions have been mirrored by activity in Congress, including the National Security Commission on Emerging Biotechnology mandated by the National Defense Authorization Act (NDAA) for FY 2022.

This impressive proliferation of new policy content places a premium on the geopolitical context in which health security issues are understood, in particular the United States’ intensifying competition with strategic adversaries, most importantly China and Russia.

No less important, these pronouncements are what hardwire executive agencies, define their priorities, set expectations for internal budgetary allocations, and hold agencies to account for their commitments and results. They are the key to achieving greater coherence, overcoming fragmentation, proving the security payoff of these investments to policymakers, and sustaining long-term support on Capitol Hill and with executive agencies.

4. Responsibly accelerate new technology.

Amid the continued debate over Covid’s origins, a tacit bipartisan consensus has emerged that the United States must do more to address all pandemic threats, whether the threat is natural, accidental, or deliberate in nature.
That creates a pathway to move ahead expeditiously on several fronts by driving U.S. leadership in accelerating biotechnology—including countermeasures and improved surveillance to better track zoonotic spillover—while also prioritizing smart biosafety and biosecurity protections to limit misuse.

The historic success of Operation Warp Speed (OWS) and the subsequent investments and innovations during the Covid-19 pandemic have generated pride and momentum to carry forward U.S leadership in accelerating the development of life-saving technology.

OWS (now H-CORE) originated in the Trump administration, enjoyed bipartisan support, and resulted in unprecedented collaboration among the White House, HHS, NIH, DOD, and private sector. There is now a shared understanding across the political aisle of the need to build on that legacy to develop a more robust array of durable, protective, and easily administrable vaccines and therapies, as well as better diagnostics and personal protective equipment. No less important are continued technological gains in manufacturing and stronger surveillance and data analytics to improve situational awareness of emerging threats. The administration’s Project NextGen initiative has secured $5 billion as an initial down payment to accelerate R&D of Covid vaccines and therapies, but more can be done to unlock partnerships with the private sector and the economic potential of the bioeconomy to build on these gains. More work is also needed to update the core capabilities of U.S. government agencies to accelerate R&D and decisionmaking in future crises, including reevaluation of the Defense Production Act and enhanced efforts to modernize, integrate, and better secure clinical and public health data systems.

There is considerable excitement over several emerging technological tools—including but not limited to artificial intelligence, synthetic biology, de novo synthesis, and benchtop synthesis technology— and the contributions they could make to advance biological discovery, improve situational awareness, and democratize access to technology in low-resource settings. But the pace of new technology threatens to outstrip existing policy and programs and widen long-standing institutional and operational biosecurity gaps. The challenge is to balance the promise of these technologies with their inherent risk of misuse through stronger biosafety and biosecurity mechanisms. That requires designated leadership within the administration to direct efforts across the interagency, including through the National Science Advisory Board for Biosecurity, in partnership with academia and industry, and within U.S. diplomatic efforts, to define what norms and standards, resources, and accountability mechanisms are now essential.

Working more effectively with global partners will be critical. Achieving faster production and delivery of countermeasures will require more distributed global manufacturing capacity and capabilities that stay “warm” by routinely producing commodities during interpandemic times. All countries will also need to step up global biomedical surveillance to improve situational awareness of spillover events and quickly detect outbreaks before they escalate. These shifts require an embrace of stronger global norms around biosafety and biosecurity. As detailed below, the United States should remain actively engaged in discussions around a pandemic accord, reform of the International Health Regulations, and the nascent International Biosecurity and Biosafety Initiative for Science.


The United States is increasingly poised to do far more to shape global health security outcomes, and it can and should act with ever greater resolve to take full advantage of its expanding diplomatic capabilities. The August 1 launch of the State Department Bureau of Global Health Security and Diplomacy brings the PEPFAR program under the same roof as the department’s global health security programming while also consolidating experts from a dozen offices. When combined with the newly created White House OPPR and the burgeoning strength of the transatlantic alliance and alliances in Asia, the pieces are in place to seriously step up U.S. health diplomacy, grounded in a wider, stronger network of partnerships. It will be critical to better coordinate these different U.S. capabilities, bring greater unity of effort, and better define who is in charge on which foreign policy issue set.

The diplomatic agenda is big, and ripe with opportunity. Financing for pandemic preparedness and response has to be a starting point. The United States has played a lead
role diplomatically in standing up the Pandemic Fund, accounting for $700 million of its initial $2 billion in financing. In the next phase of the Pandemic Fund, U.S. leaders should aim to expand base funding to $5–6 billion. That will mean increasing the U.S. annual commitment, projecting that commitment over several years, and expending diplomatic effort to broaden and diversify the pool of other committed contributors. At the same time, the United States, as the largest shareholder in the World Bank, should lead in nascent reform efforts to restructure the bank around global public goods, including pandemic preparedness and response, climate change mitigation, and stabilization for fragile states.

There is a window of opportunity to strengthen the international legal framework for pandemic preparedness and response, including through negotiations over a pandemic accord and reform of the International Health Regulations. The Biden administration has appointed an able envoy to be part of the intergovernmental negotiating body on a pandemic instrument and should continue to prioritize these negotiations. The overarching U.S. goal in these parallel processes should be to secure consensus on time for a spring 2024 agreement that spotlights new guidelines and responsibilities for government and nongovernmental actors. There is an opportunity to use these negotiations to build a much more inclusive international framework—coupled with expanded U.S. bilateral partnerships with low- and middle-income countries—by establishing equitable mechanisms to ensure timely and affordable access to vaccines, therapies, diagnostics, and other emergency medical products, as well as committing to strengthening regional capabilities in clinical trials, product development, manufacturing, and regulatory capacity. Across both efforts, there should be meaningful progress in enhancing accountability to meet these new obligations.

**The United States is increasingly poised to do far more to shape global health security outcomes, and it can and should act with ever greater resolve to take full advantage of its expanding diplomatic capabilities.**

Getting serious, at long last, about climate and health should also be a priority. Until now, climate has not figured strategically, conceptually, programmatically, or in any other serious way in U.S. health security approaches. Multiple factors account for this glaring gap: inertia, institutional turf wars, potentially high costs, and an understandable fear of introducing even greater political tensions into U.S. health security policy, given how polarized opinion in the United States is surrounding climate change. Increasingly, however, this posture has become untenable. Indeed, it threatens U.S. national interests, as evidence mounts that extreme weather and changes in the infectious disease environment are causing increasing risk of zoonotic spillover, rising mortality, rising hunger and malnutrition, and erosion of health gains and health capacities, as well as escalating costs to livelihoods, economies, and basic human security.

To overcome political resistance and hesitation requires administration leadership—not unlike President George W. Bush’s leadership in launching PEPFAR 20 years ago. That means emphasizing the ethical, societal, health, and stability consequences of extreme weather and the climate-related spread of infectious diseases and thereby beginning to fundamentally change the conversation surrounding the interface between health and climate. It means overtly advancing a strategic argument that the moment has arrived to systematically integrate climate considerations into global health security policy, for both mitigation and adaptation purposes. The United States should pursue an initiative that builds off of existing U.S programs while exploring new commitments that could be made in partnership with the burgeoning number of countries and international organizations that are awakening to these dangerous realities.

The United States has a strong, layered network of global partnerships and alliances that can advance health security objectives. Diplomatic efforts should take full advantage of the renewed transatlantic alliance, equally dynamic and growing alliances in Asia, and ongoing efforts to strengthen partnerships in Africa and Latin America. This geopolitical alignment provides an important platform to do far more in health, including on primary care, the health workforce, and AMR. The resurgence of the G7, in the face of Russia’s invasion of Ukraine in early 2022, has given new energy to
health diplomacy as well, detailed most recently in the Hiroshima Leaders’ Communiqué. Expanding U.S. security ties with traditional treaty allies—Japan, South Korea, Australia, and New Zealand—as well as India is tied to intensifying geopolitical competition with China. That has given rise to such new instruments as the Quad, involving Japan, India, Australia, and the United States, which has already been put to the test of expanding regional vaccine manufacturing capacity during the Covid-19 pandemic.

Despite geostrategic tensions and the hardened stalemate over Covid’s origins, it remains imperative to resume serious engagement with China on health security. For its own national security interests, the United States cannot afford not to engage China at senior levels to advance U.S. objectives and minimize the acute risks of broken communications and a collapse of elementary trust when the next dangerous pathogen emerges. There is little to stand in the way of the United States and China cooperating on the Pandemic Fund (which China already supports), the pandemic instrument, and International Health Regulations reform. The same is true of the Global Health Emergency Corps, a WHO-led initiative to strengthen interoperable surge capacities for outbreaks and build a network of national response leaders, which both the United States and China view positively. Direct U.S.-China talks should also focus on surveillance and sharing of genomic data, new technology R&D, the health workforce, and AMR. Operationally, one critical goal should be the establishment of a reliable and continuous communications channel.

THE POST-COVID MOMENT

If they so choose, U.S. leaders can pursue a spirit of bipartisanship, introspection, and humility to admit mistakes and move forward. Leaders can insist, adamantly, that investing in health security at home and abroad remains vital to protecting Americans and answering national security demands. A tacit consensus exists to pursue further technological innovation, biosafety and biosecurity protections, epidemic situational awareness through better surveillance, and more effective geopolitical competition with China and Russia. Any strategy requires a deliberate campaign to restore trust and create new digital communications capabilities that can stand against malevolent forces that have crowded in and dominated. Looking forward, the United States benefits from fresh leadership in science, public health, and biomedical research as it embarks on reform of public health institutions that hold the promise of improved performance and enhanced accountability. With political will, the administration can begin to systematically address the ever-harsher health threats emanating from extreme weather and emerging infectious disease threats. Outside U.S. borders, the path forward calls for expansive American diplomatic leadership—with a genuine commitment to equity and partnerships at its core—that strengthens strategic alliances with low- and middle-income partner countries, ensures timely access and affordability to critical technologies and commodities, builds regional manufacturing and regulatory capacity, and deepens shared geopolitical security. In the post-Covid moment of stress, division, and scarcity, that is a formula to beat back pessimism by demonstrating continued achievement.
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About the CSIS Bipartisan Alliance for Global Health Security

The CSIS Bipartisan Alliance for Global Health Security convenes an esteemed group of members of Congress, senior leaders, and subject matter experts to advance a concrete, forward-leaning agenda for U.S. global health security strategy. It prioritizes coherent, sustained U.S. leadership, ensuring success in the major institutional reforms under way across the executive branch; integration of effort with strong accountability measures; enhanced global coordination; and building new partnerships and alliances through strengthened U.S. diplomacy that systematically advances U.S. national interests, amid intensifying geopolitical competition. Equally critical is building the correct institutional arrangements, including adequate private sector incentives, to bring forward the next generation of technological innovation. The alliance is developing concrete options to strengthen core pandemic preparedness and response capabilities, while exploring the untapped opportunities to better align capabilities across traditional infectious disease programming including on HIV/AIDS, routine immunization, and AMR, among other priorities. Building on the record of prior CSIS initiatives, the alliance delivers recommendations on global health security policy and programs to key decisionmakers in the U.S. Congress, the executive branch, and nongovernmental organizations.

The two-year effort, running from spring 2023 through the end of 2024, is cochaired by Senator Richard Burr, principal policy advisor and chair of the Health Policy Strategic Consulting Practice at DLA Piper and former senator from North Carolina, and Julie Gerberding, MD, MPH, CEO of the Foundation for the National Institutes of Health and former director of the U.S. Centers for Disease Control and Prevention. J. Stephen Morrison, PhD, senior vice president and founder/director of the CSIS Global Health Policy Center, sets the alliance’s strategic direction and directs its work on pandemic preparedness and response. Katherine E. Bliss, PhD, senior fellow and director of immunizations and health systems resilience with the Global Health Policy Center, directs its work on HIV and routine immunization. Michaela Simoneau, associate fellow, leads the alliance’s secretariat. More information on the alliance can be found on its website at https://www.csis.org/programs/global-health-policy-center/csis-bipartisan-alliance-global-health-security.
ENDNOTES


21 COVID-19 National Preparedness Collaborators, “Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept


