

Center for Strategic and International Studies

TRANSCRIPT  
Online Event

**“What Next? Looking Beyond the Covid-19 Summit”**

DATE

**Tuesday, October 12, 2021 at 5:00 p.m. ET**

FEATURING

**Peter Sands**

*Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria*

**Julie L. Gerberding**

*Executive Vice President and Chief Patient Officer, Merck & Co., Inc.*

**Loyce Pace**

*Director, Office of Global Affairs, U.S. Department of Health and Human Services*

CSIS EXPERTS

**J. Stephen Morrison**

*Senior Vice President and Director, Global Health Policy Center, CSIS*

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J. Stephen Morrison:

Good afternoon, good evening, or morning, depending on where you are. I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies, CSIS, in Washington, D.C. I want to welcome everyone – those who are here in person in the audience, our special guests who I'll introduce in a moment, and all of you who are online – for this timely roundtable conversation that will occupy the next hour, entitled: "What's Next? Looking Beyond the Global COVID-19 Summit."

Today's event is sponsored by the CSIS Commission on Strengthening America's Health Security. And we're organizing it jointly with Friends of the Global Fight. A special thanks to its president, Chris Collins, who's here with us today in the audience. I also want to give a special shoutout to my CSIS colleagues. Michaela Simoneau, Mackenzie Burke, and Humzah Khan from my staff. And member of our production team, Dhanesh Mahtani, Mary Wright, Margaret Rogers, and Audrey Clark.

Our speakers for the roundtable today include, to my left, Loyce Pace, director, Office of Global Affairs at the Department of Health and Human Services, HHS. Welcome, Loyce.

Loyce Pace:

Thank you, Steve.

Dr. Morrison:

And next to Loyce, Peter Sands, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Welcome, Peter.

Peter Sands:

Thank you.

Dr. Morrison:

And to his left, Julie Gerberding, co-chair of the CSIS commission, executive VP and chief patient officer at Merck, and former director of CDC.

Just a few words about the September 22nd Global COVID Summit called by President Biden. It raised hopes. It achieved some important gains, set new expectations, and raised several questions for which we're still seeking answers. The summit strengthened consensus around key targets in three areas where gaps remain egregious and conspicuous, and progress has been slow and uncertain. Bridging the vaccine gap, which has been, in fact, widening lately even as production escalates. Save lives through greater access to oxygen, tests, and PPE – protective gear. Create a long-term preparedness financing mechanism for low and middle-income countries. And create some new governance – high-level governance structures.

There are a few notable outcomes from that. The U.S. committed another 500 million doses of Pfizer vaccine to COVAX. The EU-U.S. taskforce was established on manufacturing and supply chain of vaccines and therapies. The financial intermediary fund, the Pandemic Financing Mechanism, received an important political boost with the U.S. announcement of its

intention and hope to commit an initial 1.1 billion (dollars). And endorsement received from the EU, Italy, Chair of the G-20, Vietnam, South Africa, India, Indonesia. The summit elevated the president's visibility and leadership and set down future diplomatic markers – a ministerial organized by Secretary of State Blinken by the end of the calendar year and a follow-on summit again led by President Biden in the first quarter of next year.

There were also loud signals of the continued tough and uncertain road that lies ahead. There's considerable doubt that the 40 percent target for full vaccination by the end of 2021 will be met. Current shortfall for the low and middle-income countries, 2.3 billion doses. That only raises doubt about the likelihood of reaching the 70 percent target in the next 11 months. So we're going to have to work very hard on that. We're still looking for a solid and coherent plan following the summit. And it remains unclear. This is something that will require more work as to who's going to be in charge, how accountability will be judged and sustained in this period.

The private sector, terribly important across these areas, particularly most significant vaccine producers, were absent from the summit. The same is true for producers of therapies and diagnostics. And we continue to struggle to bring about greater transparency and accountability in the vaccine marketplace. And there was little overt debate at the summit about one of the looming questions, which is: Will the drive for boosters in the wealthiest and most powerful countries translate into continued difficulty in winning access for first or second doses by poor countries? At the summit, the pool was limited in terms of country participation. And China, most notably, most conspicuously, was absent.

We heard a lot about continued frustration and anger at the lack of progress in building regional manufacturing capacity. And we have to think hard about preserving and strengthening U.S. leadership in this moment when the president has stood forward and begun to lead. The question of how to sustain and achieve substantial gains in a world of widespread nationalism and continued hoarding, and continued uncertainty and fear over the course of the pandemic, and frayed alliances in multilateral institutions. For the United States, we have to see a coherent leadership structure put in place in the executive branch to guide the international response and a much clearer strategy and multiyear budget approach.

Now, to the roundtable. We're going to seek here today to have a conversation around what comes next. And we'll leave some time at the closing 10 or 15 minutes of this to hear from members of our audience, who I would encourage to come over to the microphone and join the conversation. First round of questions is really tailored to our individual speakers. And I'm going to start with Peter Sands.

Peter, welcome and thank you for being with us. It's great to have you back here at CSIS in person for this event. You've innovated the fund's operation's considerably to address current COVID-19 response requirements. And you moved really rapidly to allocate over 3.6 billion (dollars) in resources to over 100 countries and became a leading player in saving lives through provision of oxygen tests and PPE. The question to you is, what is it going to take realistically to close the huge gap in these areas – of PPE, tests, oxygen – quickly and sustainably over the long term?

Mr. Sands:

Well, to start with, it tells you something about how fast this is moving, Stephen, that you talk about over 3.6, it's now over \$4 billion dollars, of which 1 billion was in 2020 and over 3 billion in 2021. And this actually is, like the summit that you were talking about, testimony to U.S. leadership, because the ability of the Global Fund to play such a significant role on all the nonvaccine elements of the COVID-19 response is largely due to the United States' generosity with the \$3 ½ billion that was allocated to the Global Fund through the American Rescue Plan.

With that money the Global Fund has supported over 100 countries, and about a dozen or so multi-country programs, with everything other than vaccines. So COVAX is the answer on the vaccine side. And actually, the Global Fund has effectively been the answer on tests, on treatments including oxygen but also other therapeutics, on PPE, on urgent fixes to health systems, and also on mitigating the impact on HIV, TB, and malaria, which is, of course, the core mission of the Global Fund.

Now, that kind of money sounds like quite a lot. But when you split it across the 5 billion or so people who live in these 100 or more countries, it doesn't actually go as far as we would like. And when we talk about inequities in vaccines, we should remind ourselves that the inequities on things like provision of oxygen support or testing are at least and, in many instances, more pronounced than they are on vaccines. And so we have a task on our hands as to how to sustain the support.

And I know there's a lot of focus on vaccines. And the ultimate and most powerful weapon we have in our armory against COVID-19 is vaccination. But I think one thing that Delta has taught us is that vaccination alone is not going to defeat COVID-19. We need a comprehensive response that starts with vaccination but supports it with these other tools. And I think one of the things that really encouraged me about the summit is that, unlike some of the previous international meetings on this topic, it wasn't just about vaccination. It emphasized the importance of these other elements.

We do face a challenge. We face a challenge because so far so much of the attention has been on vaccination. And frankly, apart from the U.S., the international contributions and pledges on the nonvaccine side have been

relatively small, and certainly small relative to the need. And we do face this challenge. The Global Fund has moved very swiftly to deploy the resources we've been given. In fact, we've basically exhausted them. And the challenge that that presents is that just when you want countries to be scaling up tests, treatments, particularly with the promise of new and more effective treatments coming down the line, that actually we're going to say: Sorry, we haven't got any money left. So that is a big challenge that we face.

And what it will require is for the global community to actually step up not just on vaccines, but on the other elements of this. And that's why I think this process leading beyond this initial summit, and the president's sort of call to hold the international community accountable, is really, really important. Because we can't be at this next summit in the spring of '22 and say, well, actually, we didn't do anything.

Dr. Morrison: So to – and the fund has done great things. There's still a huge gap. You're exhausting your resources. Many others need to be brought in, right, to support these – the nonvaccine requirements? What needs to happen, in your view, between now and six months from now?

Mr. Sands: Well, it's a very different situation than what you've got on the vaccine side. Whereas on the vaccine side there are real constraints around manufacturing capacity and, in a sense, however much money you threw at it, you still would have constraints on how quickly – actually, this is now the case on testing. It's not the case on PPE. And PPE, I know, is terribly unglamorous, but actually one of the most powerful tools we have to protect people, and particularly health workers, is personal protective equipment.

The constraint in these areas is money, to be – to be blunt. The manufacturing capacity exists. We could be supporting countries. We could be enabling communities to protect themselves by having more testing. We could be enabling countries to protect their health workers by ensuring not just that they get prioritized for vaccination, but that they also have high-quality PPE. And it's a no-brainer to do that, frankly.

Dr. Morrison: Thank you.

Loyce, congratulations on the summit.

Ms. Pace: Thank you.

Dr. Morrison: It was great to see you together with Vice President Harris. How will the next steps taken by the U.S. – the ministerial Secretary Blinken is going to host by the end of the calendar year, the president hosting the next summit – how will these events be different from what we've seen so far? How will they build upon September 22nd? What can we expect? The September

22nd had to be prepared on a very short string. Afghanistan got in the way. There was no more than 10 or 14 days of preparation. You got more preparation this time, right? More time – more lead time. So tell us – tell us what we can expect – the strategy for these two diplomatic markers that are quite important that commit the prestige of the secretary of state and the president of the United States.

Ms. Pace:

Yeah. Well, first off, Peter went there a bit with how we want to continue approaching these dialogues. We want to be sure that people are talking about our comprehensive response to this pandemic in particular, and not only vaccinations, right? And I say vaccinations because it's about vaccines and getting those shots into arms. But it's about the full spectrum. And I would actually back up and say it doesn't necessarily start with vaccines. It starts – a good response starts with a good health system, right?

And ensuring that there's a system, there's a workforce, there's other processes in place that allow for these vaccinations, let alone treatments, tests, supplies to be delivered where and when they become available. So that's something we're going to keep up the drumbeat on. And it's important to say that, because I think it will be very easy, frankly, to fall back on vaccines and what those targets are and forget about a lot of the sort of pronouncements or commitments that people made across the spectrum. So I think that's one priority that we want to – we want to highlight.

The other is ensuring that we're not just talking to other governments and those stakeholders, but we're being inclusive of civil society, of industry, of other actors in this space – philanthropy, certainly. You saw that a bit in the summit. I think you also might not have seen it front and center, but it was certainly happening behind the scenes in a way that might not be fully appreciated. So ideally that comes through in follow-up conversations as well, right? Because I think I – you know, we should give credit to all of the ways the G-7, G-20, and other bodies really brought together stakeholders. And yet, I don't know if we saw the diversity of actors that the president was able to convene this past month, which is great.

And then the third sort of area where I would say we really want to lean in is on really just making sure everyone's coming to the table with what they're going to do, right? And ensuring that, first of all, we're hearing that. We're getting everyone on record. So now it's out there. And we can follow up accordingly, right? So that's the point of having this series of conversations and really talking about this as the beginning or – not even the beginning, but sort of a reset of what had been committed or what had been required to date, and really saying: OK, well, now when we get back together in two or three months, and three or four months after that, and however long it takes until we reach these targets, come this time next year, we can track this progress, right?

And we can track it – depending on how we slice it, we can track it across vaccinations or tests or treatments. We can track it across different stakeholders, like industry, governments, and philanthropy. But we can even track it regionally, right? But we want to ensure that we’re moving in that – in that direction in a way that feels even more tangible than it has.

Dr. Morrison: So we can anticipate that we’re going to see more diplomatic action beginning pretty much right away to broaden the participation. We’ll get to China eventually in this conversation.

Ms. Pace: I’m sure.

Dr. Morrison: Broaden the participation, get prior very concrete and significant commitments, get a more detailed plan of action and a scorecard for tracking these things. Is that –

Ms. Pace: Well, I mean, I like all those ideas. And I think –

Dr. Morrison: Are we – that’s sort of what we’re aiming to – by early next year we’ll begin to see some of those elements?

Ms. Pace: I think it would be great to pull those into what we’re planning, right? I won’t, you know, say concretely what’s happening by the end of this year versus next year, right? It’s hard to say, because we want to be sure that is a fulsome conversation that includes actors like, you know, the folks here. But, yeah, I think – I think those are all sort of fair game, I guess? That vision for how we’ll approach the next three to six months, certainly. And I should say, you know, that’s not separate from, again, ongoing conversations.

So the same way we weren’t seeing the summit as completely divorced from, again, what the G-7 had committed or, you know, the Rome declaration back in the spring, we can’t also see any follow-up divorced from the special session of WHA or the G-20 meetings, right? So it’s important that we understand how any follow-up conversations fit within the ecosystem, and acknowledge those conversations are taking place, and almost pull those into what we are moving towards as well. So recognizing they’ll have their own specific tangible outcomes or deliverables from those meetings, I think a broader question is, all right, well, what can we deliver from our series of conversations that builds on whatever comes out of the special session, or the G-20, or other conversations.

Dr. Morrison: And are you getting a pretty good response on a bipartisan basis from Congress on leaning forward in this way?

Ms. Pace: Yeah, I – yeah, I'd say so, yeah. I mean, I think folks have seen for themselves congressional leaders calling on the administration to show up in the way that we have. You can look at sort of what Delta did in our country, but also in India, right? And that was – it was very clear that it was something policymakers and the public both wanted us to respond to. It was a tragic example, but I think an important one that spoke to why it's so relevant that the president and the administration broadly, you know, need to remain engaged.

Dr. Morrison: Yeah. Thank you.

Ms. Pace: Mmm hmm.

Dr. Morrison: Julie, as co-chair of the commission – thank you for that role and that commitment – what are your thoughts on the summit as we look ahead to 2022?

Julie L. Gerberding: You know, I – and thank you so much for giving us a little bit of a reality check on what's going on behind the scenes. You know, I think we should regard the summit as a milestone event. I mean, it was a visible demonstration that the United States was willing to assume its responsibility to contribute to the global solution of the pandemic. So that was important in and of its own – you know, own visibility. I see it as a milestone. And I use that word specifically because, you know, what is a milestone? And in Roman days, it was a marker on the road that told people how far they'd come, but it also tells them how far they have left to go to get to their destination. And so the summit was a little bit about the former, but a lot more about the latter.

We have a long way to go to get to our destination. And it is a complex, wicked problem to solve. And I think I'm, you know, probably bluntly saying what Steve was implying by his question, which was we need some specificity of how we are tracking to really moving the needle on the dial, because this is an urgent situation. Every month that goes by in our diplomatic processes are months where people don't have what they need for basic care and treatment, let alone vaccination. So I'm a strong congratulations for the summit, but now we really need to see the follow-through in concrete terms that we can explain to other people has been accomplished, but we can also feel like, yes, we really are moving the needle on the dial.

Dr. Morrison: Thank you. I want to talk about financing for a moment, which is just a small matter of interest to the Global Fund and to your shop, Loyce. There's a lot of discussion in the G-20, and we're approaching the summit end of this month. The high-level independent panel results will be under discussion and decision. There's a lot of discussion through the U.S. and Norway

dialogue that started in New York about – all of this is around the launch of a new pandemic financing mechanism, a FIF, under the auspices of the World Bank. And there's a lot of discussion around how would this work? Would it – would it be successful in attracting substantial new resources to complement but not displace or put at risk the very urgent needs to replenish the Global Fund, to replenish CEPI, to ensure Gavi of its resource needs, and the like?

Peter, what is your thinking – and then I'm going to ask Loyce – Peter, what is your thinking on the way forward in navigating these uncertainties and tensions? There's a big push for this pandemic facility. It got a big blessing at the summit. There's high expectations. We'll hear more at the G-20. But tell us what your thoughts are.

Mr. Sands:

Well, my starting point actually is whenever one has a discussion about what we do about future pandemics, it's always to say: Please, can we make sure we finance the fight against the current one? Because I think our collective credibility about future ones is going to depend massively on what we do right now. And I just want to reinforce the point that I think that the way that this summit is seen as a process is hugely important and powerful, because we've had enough sort of one-off events.

So but obviously we do have to seize the moment as well to make sure that the world doesn't do what we've done, which is underestimate a massive risk to human lives, the economy, and to society. And that we do the rational thing, which is to spend a bit more in the scheme of the world on preparedness than we've done, because it is an absolute no-brainer from an investment point of view. So spending more money on it I think makes absolute sense.

I also think we have to find a way of creating a mechanism that secures sustainable funding that doesn't compete for – with development money. Because actually, protecting the world from future pandemic threats isn't really a development issue. It's a global risk mitigation issue. And so I am very supportive of the idea of creating mechanisms that do that, and that can both get us more money and, in a way, create mechanisms that get outside the box of the ODA.

What I think we have to be careful of is that we don't end up in a situation where we aim for that, fall short, and find ourselves actually in a situation where we're trying to finance pandemic preparedness from the same buckets that we're financing current global health priorities. Because then we have this horrible situation of, you know, are we taking money away from programs against diseases that are actually killing people to fund programs against diseases that might kill people in the future? And I don't think that's what anybody wants to be doing, which is why I think the

discussions that are going on are – it's incredibly important that we say: This money has to be new. And it has to be sustainable. And we need to think about it in a different way.

The only other point I would make is that we also need to think very carefully about how such money is spent. I think it would be quite easy to waste quite a lot of money on pandemic preparedness if we're not very disciplined around the priorities and the mechanisms by which we spend it. The reality is, most of what you do to fight current infectious diseases, and what you do to fight future ones, there's a very big overlap between them. And I think there's a massive opportunity to, in a sense, build pandemic preparedness on a kind of marginal cost basis. So being smarter about some of the disease-specific things we do – say, for HIV, say for COVID – to build kind of multi-pathogen capability around that. If we do that smartly we can, in a sense, achieve both ends – make faster progress against the diseases that are killing people now and make us safer against future diseases.

Dr. Morrison: Mmm hmm. Loyce, U.S. signaled at the summit that it was really going to own this problem, this particular – not problem – own this initiative, this option, right? The president embraced it, said it's going to go to Congress, bring to the table 1.1 billion (dollars) as an initial investment, and brought all these other parties together – the EU, and all those that I named. How do we move this forward, in your view? This is on your desk.

Ms. Pace: Yeah. I don't know if it's just on my desk. Oh my goodness, we'd be in trouble. No, but it was really a powerful moment to have the vice president, you know, speak to this fund, right, and the importance of it. The reality is we haven't been investing in pandemics, period, which is kind of how we got here, right? We really haven't been, you know, doing this work. And it's something we all recognize, who've been working in this space for decades. And yet, here we are. And so this presented an opportunity – not even just that – but an obligation for us to truly put our money where our mouth is.

You know, I would hope it's not an either/or. And actually, it can't be either/or, because we absolutely need to finish the fight in other areas and recognize that that is still, you know, a clear goal that we have. And that's something that we've made clear, if not at this summit than in so many other forums, which is to say the U.S. is committed to all the others that global health care about, right? HIV, polio – I mean, we were on track, and had been on track, to end these diseases. And we're still very serious about that, as is our Congress, right?

And yet, we have to – we have to invest in pandemic preparedness and response in this way. Otherwise, you know, all of that work, right? I mean, we've had these conversations. I sit on the board of the Global Fund. It's just all for naught. And shame on us, you know, if we just look in terms of dollars

and cents. It's just – you know, we're not getting that return on investment, right, let alone the important work of not saving lives in the way that we need to and want to.

So the way that it happens is, you know, first off, I think it's recognizing that this is a mechanism, and that there are places and spaces where this mechanism can live. There's an opportunity to work with institutions like the World Bank, recognizing that they house these types of facilities in the past. Now –

Dr. Morrison: Making it fund of funds?

Ms. Pace: Perhaps, right? So you – you know, it doesn't have to – I think it can live a bit outside of what the World Bank is used to hosting, so that there's greater flexibilities. This gets into Peter's point of ensuring we're using new money, right, because this cannot live on ODA alone. And, you know, the way that this has also been discussed, including in the U.S.-Norway conversations, is, all right, how are we able to crowd in nongovernmental funding. And you heard that in the summit as well, which got a bit lost. But alongside the president's commitment of over \$200 million, you had a philanthropist saying: I'm going to put in my 200 million (dollars) as well, right? And that's exactly what we want and need to see from this type of institution.

I think also to this point of where it goes, that's critically important, because one thing we absolutely have to make sure of is that not only is it spent on the spectrum of global health security needs, but it's also spent in an equitable fashion. That is a nut we still have not been able to fully crack, I know, and you all know as well, in the global health and development space. And so there is – you know, in addition to protecting the work that we've done, there's an opportunity to improve the work that we've been doing, frankly.

And to really say, OK, if we need to stand up something that exists alongside these other very important institutions and initiatives, how do we both leverage what we've been doing – which is the way that we have worked with the Global Fund, Gavi, WHO, and others – and also kind of shine a light on what else needs to happen? And partly that's around equity and the importance of ensuring that these resources are reaching those who need it most and being utilized by the those who know best how to use those resources. So I'd love to have a conversation about that too, but I just want to be sure that that is, you know, also a part of the discussion that we're having.

Dr. Morrison: Thank you.

Julie, I know you have some thoughts on what we've just been discussing, and welcome those. I also want to ask you to say something about the private sector, because what we're seeing is an interesting combination of calls. There's increasing calls for greater contributions by the private sector across the whole spectrum. And that was a big theme of the summit, although we had very, very limited participation by private sector.

Dr. Gerberding: Well, on camera.

Dr. Morrison: And there's increasing frustration and vocal criticism, including from the administration itself in press accounts, of weak private-sector contribution, slow delivery, lack of transparency and accountability, especially – and there's been recently pretty strong statements made with respect to manufacturers of mRNA vaccines. So, Julie, how will the private sector be brought into future summits? And what can industry do to – on its own to increase its relevance, its active contributions, and to problem-solving and enhance its own accountability and reputation?

Dr. Gerberding: Well, thank you. You know, for one thing, I think when you say "industry" or "private sector" in this context, people generally assume you're talking about manufacturing of countermeasures. But actually, the private sector engagement needs to be much broader than the biopharmaceutical industry or even the PPE people. Like, this is a private sector challenge that has affected everyone in the private sector, and we all have a lot that we can contribute or do on a global basis, particularly multinational companies that have large global footprints.

And I think that conversation really needs to be brought into a focus. So it isn't just the people who make stuff, but it's the people who have large employee bases, who have a cultural competence globally, who have the levers and the experience to know how to operate and engage in the environments that we're talking about. So I just want to stipulate that, that when I say private sector I'm thinking about a large tent, not just the people who are manufacturing drugs, pharmaceuticals, or diagnostic tests.

With respect to the biopharmaceutical industry, I think, you know, it's like having your feet in two different worlds. On the one hand, there are 830 products in various stages of clinical development before the end of 2020 for diagnostics, countermeasures, and vaccines. So, you know, the industry stepped up on a global basis. But most of the conversation is still focused on the manufacturing decisions and kind of the production component of it. So, you know, I think the visible participation of the biopharmaceutical industry in the summit was a gap. It may have been happening behind the scenes, but I think it was a gap. And it sent a signal like, well, are we in or are we out? Or are we just the people who make the stuff and that you call in at the last minute when there's, you know, an urge to surge, so to speak.

So, you know, I think we have to do our own examination of how are we going to participate going forward in biosecurity. It's not a place that, you know, has been top of mind in most companies, even in the biopharmaceutical environment. And yet, I think when we look around we recognize that whether we plan on participating or not, we're going to be participating DPA notwithstanding. And so we better have a more thoughtful and more strategic approach to what we invest in and how we reshape the framework for that kind of participation.

I have a bias. I have no evidence to support it. I'd really be interested in what Peter thinks. But my bias is that if we're truly going to commit to biosecurity, we're going to need a kind of governmental contracting/financing that looks more like Department of Defense financing than sort of typical public health financing. And we need to get our head around that and figure out how to shape it in the right way, and to take advantage of it in a way where we really expeditiously invest in and de-risk the kinds of investments that are going to be necessary to be better prepared. But, Peter, you're an expert in this space. I'd sort of ask you if I'm - if I'm talking about something that makes any sense to you.

Mr. Sands:

I would hesitate to claim to be an expert. But I do think that we're going to need different models. We're going to need different models for at-risk R&D. We're going to need different models for surge manufacturing capacity. I mean, when you think about many of the issues that we've faced in this world around effectively rationing of lifesaving commodities in the middle of a pandemic, there's only so much you can do around fairer allocations ways, because, ultimately, you're constrained by how much you've got.

And so one of the solutions to that is to have greater surge manufacturing capacity across a number of different platform technologies. But to be able to do that and sustain it, we need financial models that keep very sophisticated facilities operational and usable. I don't think we've quite cracked how to do it. But it's going to be - it is going to be a really important part of the solution. And indeed, to Loyce's point about there are gaps where we need to think about how we finance them, that, to my mind, is a good example of a gap that will need money, because the private sector isn't going to have surplus capacity just sitting there just for - because it's a good idea. And so there are these very practical problems we need to solve. And that is going to require a quality of dialogue among actors that I'm not sure we've always had.

I think the other point, though, that Julie made, is really important, is that we need to get the non-directly involved bits of the private sector much more engaged in this discussion. I mean, when you think about how much has been at stake, how disruptive this has been for so many different industries,

well, if the CEOs aren't thinking about this as part of their risk management, then, you know, they ought to be. And we need to make the private sector as a whole much more involved in this discussion.

Dr. Morrison: Certainly, in the United States recently you've seen a shift in private sector engagement. I mean, when the president moved – when the president announced his six-point plan and moved towards mandates on vaccination and other aspects, and there was a very positive – there was a mix, but very overwhelmingly positive response from many of the big employers and others in the United States. And we're seeing pretty dramatic gains there. So patience had sort of run out and there was a shift of strategy, and it's beginning to pay off. It's still controversial. It's still triggering reactions.

On the international level, if we're talking about trying to accelerate sales and production to low- and middle-income countries by the manufacturers, and we're talking about accelerating the partnerships that would create regionalized production capacity, it's going to take a higher level of political muscle. I mean, we had a conversation today with some of the folks who designed Operation Warp Speed for – around the analysis of the response here in the United States. And one of the most powerful points that came through was they started with enormous authority and resources, and the private sector partners bent to their will, and they got what they needed.

And we're not seeing that on the international level. So I mean, are we approaching a point where you're going to see much more political muscle being applied by – coming from the White House on this – on this matter of trying to get regionalized capacity, trying to get accelerated sales and deliveries, trying to get export bans lifted?

Ms. Pace: It's an interesting question. I think part of this series that we're talking about I don't think will be limited to sort of governmental convenings. And so I think that presents another – an opportunity for us, like Julie was saying, not just come to folks in what might feel like the 11th hour – oh, hey, you know, countries are crashing. Can you send whatever you can, please? But rather, you know, really ensure that folks are feeling part of our ongoing discussions – you know, from planning, through execution, to evaluation. So that's, you know, one way where, you know, we can – we can push.

Certainly, around the summit, I think people took notice when we talked about the need for just greater transparency as well, right? We all need more information about what is happening. And not just around projections, but actual products. And so that's another important piece I think we're going to lean into in the coming months, because just without that information we just don't know where we are with vaccines, with tests, with, you know, treatments coming down the pipeline. And that's hamstringing

everyone, right, including companies, I imagine. But certainly, countries and, you know, first line responders and the like.

But this idea of how we've responded domestically is really interesting for me, sitting out in HHS, given how diverse the private sector has been in that response. And even when we look internationally at issues like education, or hesitancy, or whatever we want to call that – you know, vaccination campaigns – how are we working with social media companies to ensure that some of that work translates globally? And I know WHO and others have those relationships. Or how are we working with other companies with large workforces outside the U.S.? There's a – there's a definite opportunity and an interest in bringing in those actors as well and building on what we've done here at home. So I guess it's watch this space, but definitely appreciate what I've been hearing here on the panel.

Dr. Morrison: I want to ask – turn to China. And I want to – while we're doing that, I want to invite those in our audience who wish to pose comments and questions to come on over to the microphone. We seem to be – day in, day out, we seem to be drifting inexorably into a U.S.-China Cold War, across a span of issues. And it's been highly problematic, obviously, in global health security, with the stalemate on the origins controversy and many other things. And China was not part of the summit.

So the question I want to put to all of you is: What can be done about this? I mean, if we proceed down a path where China's outside of the – outside of the box, it's a pretty imperfect set of solutions we're looking to create here. So somebody's got to step forward and try to figure out how to crack that code, while honoring the need to continue to keep pressure on the origins controversy and all of the other pressure points. But somehow we need to figure out a way forward in this, otherwise we're going to have very imperfect and incomplete sort of solutions.

Peter, what are your thoughts on that?

Mr. Sands: The honest answer is I don't quite know what is the right diplomatic path to achieving this goal, but achieve this goal we must. Because ultimately China is too much of the world's population, has too much of the world's biopharmaceutical manufacturing capacity, scientific expertise, and so on, that if we – if the world is going to be a safer place against future pathogens, China has to be part of that. And I would hope that that is achievable, because ultimately this is something that should be about our common humanity in a way that transcends all sorts of other political issue.

And we have seen in the Global Fund – we operate in many difficult and challenging environments, in many places where there are lots of disagreements. And yet, we often find that we can get a consensus across

priorities around saving people's lives and freeing communities from infection. And somehow or other I think in all these debates we need to come back to that basic reality that, ultimately, we have all these different countries in the world with all these different perspectives. Ultimately, we're all the same human beings and we're all vulnerable to these threats.

Dr. Morrison: Julie, you were – while serving as director of CDC for two terms in George W. Bush's administration – you were at the table. And you were in the room in a period when there was a lot of action diplomatically with China. It was a completely different period, but we made some – we made some significant gains in that period. Are there lessons embedded in that period of dialogue and innovation that may offer some insights into what approach we might take now, which is obviously a crisis point and one that – where the level of alienation and estrangement and confrontation has reached, you know, unprecedented and toxic levels. But tell us.

Dr. Gerberding: Well, you know, just from a historical perspective, I think the relationship between the U.S. and China has kind of waxed and waned throughout history. But somehow, health has been able to stay in a safe zone. It's been a pillar of engagement and collaboration that was usually implicit, not explicit. Or, you know, covert not overt. In my tenure we were building on the traditional of the hepatitis B tech transfer to China. We were building on the HIV global program investments in China. I was at the CDC when we opened, I think, the 25th Global AIDS Program Office. And China cut the ribbon.

So there was this cooperation. And the public health China CDC-U.S. CDC actually had a memorandum of understanding, great degrees of joint training, joint outbreak investigation, joint pandemic preparedness planning and laboratory engagement, et cetera. So that was something that was not – no bright light was shining on it, but it went on at a public health level quietly and, I think, in a very important way, building those kinds of scientific and public health engagements. So to me, one of the biggest tragedies of the recent years has been the attenuation of that safe zone of engagement, similar to what happens on the border of Pakistan and Afghanistan where occasionally you can stop fighting and vaccinate children for polio.

So we need to find a way to have that restoration prioritized by both governments. And I think right now, you know, the whole debate around the origin of the virus has so poisoned the water that it's very difficult to initiate or have those kinds of conversations, because they become so politicized. But in the background, there are still a lot of people who have those relationships, and respect and appreciate that intent. So I'm not totally pessimistic that it can't be restored, but I think it's going to take, you know, some really expert diplomacy to give us enough space to be able to get back there.

Dr. Morrison: Loyce, is there a space in the multilateral world, do you think?

Ms. Pace: I think there's space in country. I mean, yes, and that collaboration continues, right? That communication continues, particularly at a technical level. So in addition to CDC being on the ground, FDA is there. I have a staff person there, a health attaché in Beijing. So those are important, I think, to highlight, because we haven't given up on health and the opportunities to work with China, in particular, on these critically important health priorities, including pandemic preparedness and response. So that's good.

And we're engaging collectively through WHO and other bodies, which I think is also important. So, you know, despite what we saw at the summit, there are still opportunities for us to come together. And we are leaning into those opportunities because we know how critically important they have been and are today.

Dr. Morrison: Thank you. Let's turn to our audience. Please identify yourselves and thank you for coming.

Karl.

Q: Thank you, Steve. Behind this mask is Karl Hofmann. I'm the president of PSI. And I'm also a member of Julie's commission. Nice to see you all.

Peter, a question for you. I feel like the – in many ways the story of the pandemic has been about, you know, vacuums and gaps, into which the virus has come. Gaps in health systems, gaps in the international response capability that we've been talking about here. And the Global Fund, with its unique capabilities, has responded to this vacuum in the impressive way that you described – \$4 billion and growing – dealing with something that is not exactly on mission, strictly speaking, but is clearly important to achieving the mission.

And I think, you know, all of us who have worked with the Global Fund and in the context of global health have always understood the importance of the broader health system strengthening agenda that was being advanced through the work that the Global Fund was doing. Is there a future after, you know, three, five, 10 years from now when we have better managed the current situation? Does the Global Fund to back to sort of the 2019 reality? Or is the Global Fund's future always going to be about this broader mandate and scale of work that you've been doing? And related to that question, I guess, is what is the tension that that creates between the primacy of the mission and the brand and the political support for what you do versus what we all know has to be done, which is much more broad?

Mr. Sands:

Well, that's an excellent question. Let me start by saying, I would love to be in a world where we could just focus on HIV, TB, and malaria, and we could deliver on that mission. Because that is what the Global Fund was set up to do. And it is still our overarching ambition. And indeed, everything we have done around COVID was, to my mind, not a diversion or a distraction from that, but very much because we still want to deliver on our mission of ending the epidemics of HIV, TB, and malaria because the reality is the worst thing that has ever happened to the fight against HIV, TB, and malaria, and Loyce said this, was COVID. And to get back on track on HIV, TB, and malaria, we have to help countries beat COVID.

So in a sense, what you've seen the Global Fund do is what I think has always been one of the strengths of the Global Fund, which is if the problem changes, we change to deal with the problem. But we keep our eye on what we are trying to do. And ultimately, what the Global Fund is trying to do is save the lives and free communities – the poorest, most marginalized, the most vulnerable in the world – from these infectious diseases. And we will – and one of – one of the things I think is very special about the Global Fund is the ability of what is quite a complex ecosystem and partnership to actually move quite quickly to respond to a changing situation.

Now, we also know that success isn't just a set of disease-specific interventions. You have to build systems, capacities in countries that will enable the countries themselves to sustain their efforts and respond to the challenges as they evolve. I kind of think we can do that. And I think that we can continue to articulate to our stakeholders, our donors, that what the Global Fund was set up to do is still what we're doing. But we can do that in a way that – in a sense, what we're doing right now is not just protecting and stopping people dying of HIV, TB, and malaria, but stopping them dying of COVID as well, and building the capacities of the systems that help defeat all four diseases and actually contribute to this broader ambition of protecting from future pathogens as well. It is possible to do that in a way that is complementary not sort of diversionary.

Dr. Morrison:

Carolyn.

Q:

Thanks. Carolyn Reynolds, co-founder of the Pandemic Action Network and a senior associate here at CSIS.

So I want to bring it back to where we started, which is almost three weeks ago we had a very important moment. And which as you know, Loyce, many of us were very excited and really applauded the U.S. government for its leadership. Really important moment to do, as you said, that reset. I was sitting on this stage three weeks ago with Julie and with Steve discussing the important moment that that was for U.S. leadership and for that reset. But I'm really worried. We're three weeks out and we're not – I see the

momentum lagging already. Who owns this? You know, we have a distributed leadership model for this pandemic, which on one hand is necessary because it's everyone's problem. But we also know when it's everyone's problem, it's no one's problem. And that has been the failure already 18 months in.

So this moment of reset, how do we make sure that we are actually galvanizing that momentum, that everyone is actually ascribed to those same goals of what it's going to take to get it done? The targets were great, but we know they don't add up to an action plan. So I'm looking at you, but it's a question for all of you because it is – it is, really, who's driving the train here? Who is going to get this done and make sure that this all does add up?

And I was reflecting this morning. We had a meeting talking about the COP coming up for climate change. And what we have with climate change is it all does roll up. The world is behind a global action plan, the Paris accords. And there's a whole infrastructure that flows from that, and a decision-making process, and commitments, and all of that. And I'm not talking about a pandemic treaty, because I think that's a long play. We can discuss that another day. But it is, like, all adding up to – not getting this one done, and getting actually the structures, and the money, and the leadership – the political will in place to end this and prevent the next one?

So big question to roll us out on, but thank you.

Dr. Morrison: Thank you, Carolyn.

Can we – we're running a little late. Or, we're running close to the end. I want to invite Mark – I want to give you a moment to think about this, Loyce. Tough question. But Mark.

Q: I'm Mark Lagon with Friends of the Global Fight against AIDS, TB, and Malaria. My question is for Loyce.

Loyce, you've been an articulate advocate for focusing on human rights, civil society, marginalized populations, outside of government and now inside of government. Among existing institutions, which bilateral or multilateral institutions are best poised to look at the human rights questions, engaged marginalized populations, and interpret country ownership to actually include civil society?

Ms. Pace: Hmm. This is, like, a leading question.

Q: It is.

Ms. Pace: I wonder. Shall I?

Dr. Morrison: Loyce, which is these big questions would you like to start with?

Ms. Pace: OK, Carolyn, I think you heard the president put himself on the hook for this. I mean, the man stood up and said: This is what the world should be aiming for. And I think the people who work for him recognize that he stood up and did that. And we are fully committed to making sure we follow through. Now, is it just going to take the U.S.? No. I think that would be a mistake, to say that it's just us on the hook, right? I mean, I think everyone needs to stand up and make sure this gets done. But to your point, you know, we have to be clear about who brought us together and who's going to bring us together again. Which is why he said, OK, Secretary Blinken, I welcome you to reconvene us at a later date. And I'll take that baton from you again come 2022.

So I think hopefully those are important signals to say: The U.S., if no one else, will stand up and ensure that we come together. And not just come together, but come together and show something for that, right? And really demonstrate that we have made progress along the way. I mean, I'm disheartened to hear that there's a sense that momentum is waning already, because I know that these conversations are ongoing. I know that our phones are ringing more about what could be done, or what companies can do, what countries have to do. People are taking our calls more readily, right? And there were some things lagging pre-summit that post-summit we have felt get traction, right?

So I am – I remain hopeful. I know it's not, you know, without effort that this will happen. And so the foot has to remain on the pedal. I think we rely on people like you, where I used to sit, to ensure that happens. And so that is welcome. But I – you know, I assure you this is something that we are taking seriously and owning, right?

Dr. Morrison: Loyce, one of the points that Carolyn's making is one that has been a theme within the commission's work around the need for a sort of – a command – coherent command structure within the executive branch in order to execute. That the distributed model that Carolyn described is what we see. And that breeds infighting, and it breeds lack of coherence. We don't see a – we don't see a clear plan that pulls the pieces together. So I think, you know, the question here is not to – I mean, every one that pulled off the summit worked really hard. And we know the centers of leadership and power that have contributed to that, and you all deserve great plaudits for that.

But the structural problems remains, I think, in many people's view, that there needs – something needs to happen. And we heard this today in the very discussion I talked about on the Operation Warp Speed in terms of people commenting on the difference between the domestic and the

international response and making a pretty stark contrast to that. And the people that have no – nothing in it criticize the Biden administration but acknowledging – full acknowledging that presidents’ commitments matter significantly – enormously. Did you want to answer Mark’s question?

Ms. Pace: Yeah, I do want to get to Mark’s question. I will not do you the favor of calling out an organization who does this well, although I will absolutely credit the Global Fund for the model that they’ve set, alongside PEPFAR, right, for acknowledging the importance of historically marginalized communities, those who have been left behind, and ensuring that we don’t just have an approach to health, but a right to health. And I think the more institutions that we can lift up that do follow that model, that mantra, and hold those values, the better off we’ll be.

And so that’s absolutely something we’re seeking when it comes to our own pandemic preparedness and response plans. You know, however we’re supporting the world around the world is seeking those institutions or individuals, frankly, that are really considering that part – that facet of the work, and not just sort of the – you know, the widgets, right? But the people that we’re trying to serve. So thanks for the question.

Dr. Morrison: Let’s close with just asking each of you – and start with Julie – sort of a lightning round question, which is: Is 2022 going to be better than 2021?

Dr. Gerberding: Absolutely.

Dr. Morrison: Why?

Dr. Gerberding: Well, you said lightning. So the answer is yes.

Dr. Morrison: You got 60 seconds.

Dr. Gerberding: Science is on our side. And I really do believe that while we have a lot of hard work to do to achieve that global access and equity, that we also will have better and better tools. And those tools will be able to reach more and more people.

Dr. Morrison: Peter.

Mr. Sands: I think it’s up to us. We can absolutely make sure that 2022 is significantly better than 2021. I think assuming it will be, just because too often in this pandemic we’ve kind of assumed we’ve got to the end or to a better place, is a very dangerous thing. But making it better is something we can do.

Dr. Morrison: Thank you.

Loyce. And I know you're not going to come in the pessimist but tell us why.

Ms. Pace: Right. Can you imagine? Well, we know better, right? And frankly, I mean, coming back to, you know, the people who aren't in this room necessarily, maybe they're on screen, I am hopeful about the masses really holding us to account. So appreciating everything you're asking and everything that's being said here, we won't be able to – you know, we won't get away with the world where we're worse off. It just – like, no one wants that, right? But there are more people than not who are pushing for the opposite. And so I put all of my hope and faith in everyone else who is not here, who knows we can do it, and will make sure it happens.

Dr. Morrison: Thank you. That's very eloquent. And I think that's a great note to conclude on this. So please join me in thanking our speakers here.