

Center for Strategic and International Studies

TRANSCRIPT
Online Event
Reflections on the Second Global Covid-19 Summit

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FEATURING
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Susan Brooks
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J. Stephen Morrison:

Welcome and good afternoon. To those joining us online and those who are here in person, I'm J. Stephen Morrison. I'm a senior vice president here at the Center for Strategic and International Studies, CSIS, where I direct our Global Health Policy Center. We're delighted to hold this session here this afternoon to review the outcomes of last week's second Global COVID-19 Summit. This event is hosted by the CSIS Commission on Strengthening America's Health Security. We'll hear in a few minutes from the two chief architects of the summit, who operate at the National Security Council on the White House.

Beth Cameron, who'll be coming to us on screen, will speak first. She's the special assistant to the president and senior advisor for global health security and biodefense. We've asked Beth to speak to what actually happened at the summit. So she'll give us a recap of the outcomes. And she'll be followed by Raj Panjabi. Welcome Raj. Welcome, Beth. Raj is a special assistant to the president and senior director for global health security and biodefense. We've asked Raj to speak to the question of what next, what lies ahead, what's the agenda moving forward.

Afterwards, we'll take about 20 minutes for a moderated conversation with our commission co-chairs: Julie Gerberding, CEO of the Foundation for the National Institutes of Health – congratulations, Julie, for this new position; and Susan Brooks, former congresswoman from Indianapolis, Republican member of Congress. Susan, great to have you with us. At the midpoint of the hour, we'll pivot to a slightly larger conversation and ask those experts who are here with us today to offer their reflections and their questions to enter into this conversation. And I encourage you all to come up to the microphone.

I want to offer a special thanks and gratitude to my colleagues, Michaela Simoneau and Humzah Khan, and our production team here at CSIS, who've helped us put this event together. We know this is a difficult period, and that a herculean effort was needed to pull this summit together over the last many weeks. And it generated some important results, which we'll hear about in some detail. It generated some hard lessons along the way. It generated an agenda for the future that we'll be talking about.

We were reminded, I think, in the course of that summit and talking today that U.S. leadership remains absolutely essential at the global level. And it's tied to our – the quality of our domestic response. But sustaining high-level political will and sustaining adequate financing remain very important challenges. We're running out of resources, frankly, at home and abroad. And those resources are so foundational to U.S. leadership. And the White House, working out some new agreement, some compact with Congress, getting Congress into a cooperative agreement to move forward for both the

domestic and international demands remains an essential item on the agenda. President Biden, as we will hear, spoke at the summit very deliberately about using the summit as a means of trying to revisit all these issues with Congress.

We know that there are very big changes afoot. The pandemic has changed itself into a different form. We know that the politics surrounding the pandemic have shifted. We know that there's a pull towards complacency and other pressing challenges, but we also know and will hear from our guest this afternoon that, in fact, this pandemic is far from over and remains a threat and remains a serious set of challenges that require a sustained approach. In the background are the big geopolitical realities that we face. Russia's invasion of Ukraine has brought profound political and financial downstream implications. It's thrown some efforts off course, but it's also dramatically strengthened the transatlantic alliance.

It was the G-7 members at the summit who truly stepped forward with significant new commitments. And that's no accident. It's tied very much geopolitically to what's happening in the broader world. In the background, of course, is the unresolved zero COVID crisis in China, and now in North Korea. These are two grave crises, which there wasn't space to talk about at the summit but which remain very important in the bigger picture, and are imposing high costs, certainly in the China case, on the global economy.

So with those quick opening remarks, I want to turn to Beth to open us up. Beth, you've been a great friend and ally in this effort. And this is something that is very close to you and your heart. And you've been fundamental to it for many, many, many months. So thank you for joining us. Congratulations and thanks to you for your leadership. Tell us what happened.

Elizabeth
Cameron:

Thanks, Steve. Great to see you, Julie, Raj, and Susan. And hi, everyone. Thanks for allowing me to be here virtually today. So I'm thrilled to share with you the outcomes from last week's summit. Last Thursday, I think you all know, we cohosted the summit with four cohosting partners. And those were Belize, as the Caribbean community chair, Germany, as the G-7 presidency, Indonesia as the G-20 presidency, and Senegal as the African Union chair. And that was quite deliberate, to make sure that we had regional representation and, really, a much – a large global look at all of the deliverables for this important summit.

The overarching goals were really twofold, to redouble our efforts to control the COVID-19 pandemic and, two, to ensure that the world is prepared for future biological catastrophes like this one or worse. We sought three main outcomes. First, preventing complacency. As you heard Steve say, and as many of the leaders repeated over and over again at the summit, the pandemic is not over and now is the time to prepare for the next one. So the

summit really focused on securing new resources and new commitments to control COVID-19 this year, in 2022.

The second area of focus was to protect the most vulnerable, including getting vaccines, tests, and treatments to those at highest risk, including the elderly, the immunocompromised and frontline and health workers. And finally, we focused on preventing future catastrophes, including from COVID-19 variants as well as future pandemics. And the focus there was really on investing now to secure political commitment for pandemic preparedness globally, including expanding and financing country capacity, health care workforce, disease surveillance, and medical countermeasures including an emphasis on establishing and resourcing a new pandemic preparedness and health security financial intermediary fund at the World Bank this summer.

Given that the summit was publicly livestreamed, and hopefully many of you were able to tune it – and if you weren't you can access it on the State Department website, at the summit website – I'll focus a little bit less on what happened at the summit and a little bit more on what we achieved. And then I'll turn it over to Raj to talk about where we go from here.

So, in addition to heads of state and other government leaders, we were joined by partners from around the world including governments, multilateral organizations, philanthropies, businesses, and civil society leaders – all of whom made significant commitments. During the summit sessions themselves, leaders stated clearly that the pandemic still has a way to go, that funding needs are great. And leaders called on countries and organizations to remain focused even amid other global crises, including obviously Russia's invasion of Ukraine.

All participating countries and organizations across incomes, across geographies, were asked to make new commitments. And while we counted all 2022 commitments when choosing speakers for the summit, I'm pleased to say that we received a large number of brand-new, never before announced commitments for this summit. Those new commitments from donors, including governments, nongovernmental organizations, philanthropies, and businesses totaled \$3.2 billion in newly announced commitments financially. And that was welcomed in the context of what we all know to be a much greater need.

Specifically, the European Commission, Canada, Spain, the Republic of Korea, Italy, France, Germany, Belgium, Denmark, the United Arab Emirates, New Zealand, Taiwan, and the United States committed a total of 2.5 billion new dollars to help get shots into arms, to accelerate testing and treatment availability, and to build better health security. On top of those pledges, other organizations committed another 702 million toward the summit goals. And that included the MasterCard Foundation, the Pandemic Action Network,

Google, the Gates Foundation, Merck, Wellcome, BlackRock, Osprey Foundation, Deloitte, Nuclear Threat Initiative, Henry Schein, Clinton Access Initiative, PerkinElmer, Rotary, CEPI, and the Open Society Foundation, to name a few. I'm sure we're missing some.

Within the total of this \$3.2 billion in new commitments, I'm also delighted to say that the European Commission, Germany, Wellcome, and the United States committed 715 million of that funding specifically toward the new Pandemic Preparedness and Health Security Fund at the World Bank. And many additional countries pledged their political support to this new fund. This is on top of the previous U.S. pledge of 250 million from the American Rescue Plan Act for the fund. And so now there's 965 million in seed funding for the new fund at the World Bank.

We continue to leverage – as we continue to leverage other country funding, it'll be vital for the United States to continue to provide resources and for other countries to continue to match those resources. And specifically, the president has requested 4.5 billion in mandatory funding for the financial intermediary fund over the next five years in the FY 2023 budget.

During the summit, World Bank President David Malpass committed to a June launch of the fund. And this is something the administration has been championing, including at the level of the president, the vice president, across the secretary of treasury, across the State Department and other departments and agencies, because we have to be able to walk and chew gum at the same time by preparing now for the next biological threat, which could arise at any time.

The summit showed a major display of multilateralism, but I want to make it clear that U.S. leadership was vital. The president called for the summit. We cohosted it with leaders around the world. And leaders stepped up. But the need is still great. We know that billions more are needed to get shots into arms and to make sure that lifesaving treatments are available here and around the world for the long term. And if that's to happen, if the United States is to remain a leader protecting Americans and the world from dangerous disease threats. We need Congress to act now to provide more funding for the global and the domestic COVID-19 responses.

I want to just close, Steve, by calling out a few of the commitments that are gamechangers and really do speak to the need for Congress to act now. During the summit, philanthropies and companies made some game-changing commitments to improve access to tests and treatments. For example, the Clinton Global Health Access Initiative, CHAI, announced that it negotiated agreements with generic suppliers to make Paxlovid – generic Paxlovid available at under \$25 per treatment course in low- and middle-income countries for orders above 1 million courses. These types of fixed-

price agreements can enhance equitable global access and lower costs, and they're real gamechangers.

In addition, philanthropies and nongovernmental organizations, as well as the U.S. government in collaboration with partners, agreed to pilot test to treat approaches to understand what works so that countries can be ready to scale up that work when the product is available. Organizations also agreed to donate air and add time to combat mis- and disinformation about COVID-19. And they stepped up to partner with regional organizations to provide more funding to get shots into arms, country by country, community by community.

And finally, while we were not, as the United States, able to deliver the new funding we had hoped for the global COVID response, and while we're waiting for Congress to act, we were able to dig deep into existing efforts and deliver some important new commitments. And I'll just briefly outline those to close. We pledged, using fiscal year 2022 funds from Congress – we pledged an additional 200 million toward the pandemic preparedness and global health security financial intermediary fund. USAID utilized 20 million in existing rapid response funds to support those pilots I mentioned for test to treat approaches in low and lower-middle income countries. And that leveraged additional contributions from the Global Fund and from Unitaid, as well as philanthropies.

The National Institutes of Health agreed to share U.S. government COVID-19 vaccine-related intellectual property and research tools to the Medicines Patent Pool through the WHO's COVID-19 Technology Access Pool, in order to create greater global access to this important property – intellectual property. Our Food and Drug Administration was able to confirm the tentative approval process is available for generic COVID-19 response products. And FDA also committed to improving guidance for vaccine development to enhance protection.

The United States announced its intent to expand global health security intensive support to eight new partner countries this year, including in three new regions of the world. And CDC announced 15 million to support additional vaccination efforts through the U.S. government's Global Vax Initiative. We were also able to say that 50 million out of our own 150 million pledge to the Coalition for Epidemic support – for Epidemic Preparedness Innovation, CEPI, will specifically support R&D for variants and to improve vaccines.

And then we were able to, obviously, reiterate some of our commitments from the Gavi COVAX summit in April, including the Development Finance Corporation's agreement for a financing facility to provide 1 billion in bridge financing to guarantee commitments from other donors. And all of this was foot-stomped by our earlier announcement about expanding those donation

types through our 1 billion Pfizer initiative, in order to include boosters and pediatric doses.

Last but certainly not least, I also want to just mention that the day before the summit we launched a new Global Health Worker Initiative, which provides a framework to guide and organize U.S. government investments in the global health workforce. This is a critical new effort that we've requested a billion dollars in the fiscal year 2023 mandatory budget in order to support. Needless to say, there's a lot left to do and there's a lot of funding left in need. But the results for the summit really speak to the global hunger to do more, and to do more now in recognition that COVID-19 needs to become a manageable disease threat, and not a death sentence to those who are at highest risk for hospitalization and death. And that means we really need to factor it into our longer-term global health and global health security efforts as well.

I'll go ahead now and turn it back to you, Steve, and then over to Raj, to talk through what's next. Thanks so much.

Dr. Morrison: Thanks so much, Beth. That was terrific. Over to you, Raj. Where do we go from here?

Raj Panjabi: Well, thanks, Steve. You said a summit like that took herculean effort, and – there's certainly herculean-like humans in Beth, Jen Liebschutz, and then so many colleagues across the interagency, and especially our cohosts, that really made that possible.

A couple things as we look ahead. One is follow through. And the second is looking ahead to future pandemics and what we can do to prevent them now. On follow through, I mentioned before to you, I play basketball on Thursday nights. And the best jump shooters, I learned, follow through. And so we are going to do our part as an administration to follow through on some of the commitments you heard already mentioned.

Number one, we want to prevent deaths amongst the most vulnerable. This is quickly become a pandemic of the most vulnerable, including the elderly, the immunocompromised, those with high occupational risk around the world – whether they're frontline health workers or essential workers. Those populations are still not fully vaccinated. So we have to get more vaccines in arms.

We have to work on expanding testing and treatment. You heard from Beth the commitment that we made with FY '22 monies to get some demonstration projects going in some countries to do test and treat. I was just meeting with our team across the interagency about that effort before coming here. So efforts to plan and implement are underway. We're going to need continued focus on manufacturing countermeasures, including

vaccines, tests, and treatments locally and regionally. And so the effort by NIH to donate and share the licenses for technology, such as the spike protein that's used in the mRNA vaccines, that needs to be paired with efforts to manufacture and finance the manufacturing of vaccines, and shape markets locally so those are bought, when vaccines, tests, and treatments are produced.

I mean, for all of that follow through, while the administration's following through we need Congress to follow through as well. As you heard from Beth, we're proud of the \$3.2 billion generated. The big picture here is \$15 billion is needed globally. So the \$5 billion request that we have – that the president has put forward to Congress is vital. I don't say that just because, you know, we know it will help with getting vaccines in arms, tests, and treatments, but because it will help prevent future variants.

And speaking as someone who isn't just a physician and seen what it means for the lives of individuals who get a vaccine and those who don't, but speaking as a human, as a nephew of an aunt who just died because she's immunocompromised from the Omicron variant, one of the over a million Americans that have died, here in the state of Virginia. But over a million Americans have died across the country. It's absolutely vital to preventing more deaths here in the United States.

So we need Congress to act for those reasons, but also because it works, Steve. You know, we've seen the power of the American efforts for vaccination programs here. The Commonwealth Report showed that 2.3 million American lives have been saved because of the vaccination efforts here. Globally when we came into office it was the global death on average daily was almost 15,000 a day. Today it's under 2,000. But it's still too many that are happening every day. And so we've got to go that last mile to finish the work. We're doing our follow through. Congress has got to do its follow through.

The second part is to look ahead. You know, the bad news here is that we are going to face another pandemic. And actually, the risk is higher than I thought. In some modeling papers you find that the risk is 2 ½ to 3.3 percent annually. Cumulatively, over 25 years, the risk is somewhere between 47 to 57 percent, if you look at some of those studies. That's a coin flip. Which other threat that has taken as many lives as this one has that could be worse than this one has been, this pandemic, is that quantifiable? Which effort, which threat at that level actually has a set of actions – from surveillance, to countermeasure manufacturing, the public health measures – that could actually – we actually know that work and can stop, prevent, and help us prepare for that future threat? There are few existential threats at that level.

So I think history will have its eyes on leaders in this moment, and whether or not they acted, knowing that something worse than COVID could happen. And I think thankfully, again, here we're following through. You heard about the pandemic fund – Pandemic Preparedness and Health Security Fund at the World Bank. And I'm glad we have colleagues here today from the World Bank. We've got to set that up globally. Having Germany, the European Commission, the United States, Wellcome Trust on board is great. We need more who have expressed political support to step up. Almost a billion dollars has been raised, but that's just a down payment on the 10 billion we need a year to prepare for and prevent and respond to pandemics globally.

On the home front, the president on day one asked National Security Advisor Jake Sullivan to look at our preparedness, learning from COVID, for pandemics here. And soon, he will be reviewing a national biodefense revised strategy and implementation plan. Along with that, the president's made a \$88 billion request in the FY '23 to prepare our nation and the world to stop the next pandemic. That is an unprecedented level of funding that's been requested. We get that. It's also unprecedented what we faced here. Never have a million Americans been lost to any single incident. So we need there too Congress to follow through on ensuring that that request is enacted.

So I'll stop there, but I think to me, you know, the bottom line, what we've learned again and again, and we have two other colleagues on the panel who know this from your own work, but the world does not become safer on its own. We make it so. And these are plans and efforts that can actually help make the world safer.

Dr. Morrison: Thank you, Raj. Thank you, Beth. And congratulations. You've done a great job of laying out what happened and what now needs to happen further. I want to ask Julie, you come to this moment with years of experience leading CDC, years of experience as a corporate leader, now head of the National Institutes of Health Foundation. How do you – how do you – how do you put this in context, what we've just heard? How do you assess this outcome? What is your view of what we need to be focused upon as we move forward?

Julie Gerberding: Well, thank you, Stephen. Thank you for such great summaries of the summit and all the effort that obviously went into putting it together. My first impression on listening to Beth was I'm really proud that the United States hosted this summit, because our global leadership is so critical. And to feel like we are – you know, we are contributing our global leadership, and that we were able to help convene, with partners, this incredible global array of multisector people who have a stake in these decisions and these investments, and their willingness to invest. That gives me hope.

There are a lot of things that are worrying me, though. And one of them really is what you said, Beth. Can we walk and chew gum at the same time? Not just do we walk to do what needs to be done for this pandemic and prepare for the next one, while we're chewing gum, but I think the broader issue here is we're also facing the war in the Ukraine. And that is a huge distraction of people's time and attention, not to mention resources. And so we have this confluence of the downstream effects of what the war is costing our country, but also societies, and what the pandemic is costing our country and societies everywhere. So they're mutually reinforcing the agony that so many people are facing.

And I think it creates an even harder hurdle – higher hurdle for the people who were asking to pay the bills for both of these macro-global issues. It also brings me back to, you know, the beginning of our commission work in 2019, when our initial report “From Crisis to Complacency,” seems so prescient right now. So are we on the brink of complacency with respect to this pandemic? Looking at the summit and what happened there, I would say not quite. But looking at how people are behaving, their willingness to step forward, the challenges we have in vaccine uptake – not just in the United States but in Africa and many places that should be desperate for immunizations – I really do think that there's a psychology that's trying to tell us that this should be in the rearview mirror.

The problem is, it's not in the rearview mirror. We are experiencing a surge right now. And I fully expect that we will see more hospitalizations and we will see more deaths. And we need to help people – as much as we all want to be out – we have to recognize that if we do that too soon, we'll be right back where we were in the middle of Delta. So I admire the visible symbol of our intent and the commitments that were made. I'm really happy about the global fund finance facility. I think that's so critical for the global picture. But we have to stay the course. And we just have to let complacency be our biggest enemy. And in these really challenging political times, that's a message that all citizens should unite in trying to communicate to their legislative and administrative leaders at every level.

Dr. Morrison: Susan, you've had a chance to talk to some of your colleagues on the Hill. You've had a chance to ask around. You've watched some of the process by which deliberations have moved forward and gotten stuck, around both the domestic and the international. We know there's a layering on of immigration issues, Article 42. It's a complicated situation here. We've heard from Raj the need for Congress to act, to break the stalemate, to move forward. There's a certain urgency to this. Tell us your thoughts on what is possible and what you're observing.

Susan Brooks: Well, thank you, Steve. And thank you, Beth and Raj, for your leadership and for all that was accomplished at the summit. I too share with Julie the fact

that the U.S. is bringing – I love that you brought the leaders from around the world together to continue to focus on this, and for us to learn about all of the things that we have done. And I think that’s part of the challenge. I do think Congress has felt like a lot has been invested. And I was in Congress in 2020 when this all started. And I remember the votes that we took, and how much money we all spent to deal with the pandemic, and how much really has been accomplished.

But I do believe, and we’ve seen this time and time again in my eight years in Congress, we often focus on what is before us right now, and then we move on to the next crisis. And I think the war in Ukraine is obviously a crisis right now. The absence of baby formula on the grocery shelves is a crisis. And it is a crisis in our country. These are things that I know Congress is very focused on right now. And I think what we have to continue to do, and what I would encourage the White House to continue to do, is to make sure that – I’m so proud that this – the intermediary fund is being set up, because it is the type of truly forward-thinking facility that we need. And Congress often funds what’s right before it rather than truly thinking far ahead.

But there are appropriators that do think far ahead. And I shared with you, you know, folks like Representative DeLauro, and Granger, and Cole really do think about these things far ahead, and to continue to share with them the accomplishments that you – that came from the summit, and the partnerships from the world. Because often U.S. legislators feel like the rest of the world is not contributing as much as we do – whether it’s this issue of the pandemic or other conflicts. And so I think just letting them know how much the rest of the world – and letting them know really what’s happened at the summit.

They’re very focused right now on other things. They might not actually be paying enough attention, quite frankly, to the successes of the summit. And so I would strongly encourage you to let them know about the successes of the summit. But I do think, from what my discussions, the issue around the Title 42, the lifting on that on May 23rd, is a real issue. And it is an issue that I do believe is holding up the funding that you are seeking. And I think that you have to have those discussions with members and try and find a way forward on that.

And if that is a redline for the White House, I think it will be very, very difficult because I don’t believe that COVID funding is the focus right now in Congress. As much as we know we need to continue to find more funding for therapeutics, for the testing, for more vaccines not just here at home but abroad – and I understand that the last funding package took out global funding, but rather focused on the domestic needs, which still exist. I think bringing together those members that truly have the global view, that care very much – whether it’s the Foreign Affairs Committee, not just the health committees – but those Foreign Affairs Committees.

The Armed Services Committee, this continues to be a national security issue. And national security, our biodefense security, is national security. And those members that are so focused on our servicemembers around the globe – and everyone is. That, I think, is one of the things that really brings the parties together, is making sure that our men and women who are stationed all across the globe can be safe, whether it's from COVID or other – you know, the next pandemic. And keeping a focus on that.

So that's what I would encourage you – and thank you. Congratulations on the commitments you've gotten. We look forward to learning more about the fund. And, you know, celebrate all the positive things we've done, but continue to tell the story about what is happening around the globe and how we're going to continue to invest here, and the importance of that. And storytelling is the best way forward, you know, making sure – you know, I was pleased to see that the president commemorated the loss of a million American lives.

And as I drove around my state going to some graduations, I saw those flags at half-staff. And it made me certainly think about those that I know who've lost their lives. And I think it is important to continue to tell the story, but also realize that you do have this very serious impediment with respect to the Title 42.

Dr. Morrison: I'm going to turn to Beth and Raj for their thoughts, and I'm going to add a few thoughts of my own. But I want to encourage our audience members if you'd like to come forward and queue over by the microphone, we can – we can begin to hear from you too.

Beth, your thoughts on what's been said?

Dr. Cameron: Thanks. So first, I do think that one of the key outcomes of the summit was showing that by continuing to keep this front of mind, you can get political leaders from around the world to maintain focus on it. But it does take work. And so, I do think that we demonstrated that, but we also demonstrated that that needs to be something that continues to happen. One of the – another key objective that we have, working really closely together with Germany as the G-7 presidency, was to keep this momentum going. To work together closely on the summit, which we did, and to work together closely on the deliverables heading into the World Health Assembly and into the G-7 summit. And so I do think that you'll continue to see a focus in the G-7 on COVID, as well as obviously on the war in Ukraine.

And I think what both of you have said about the way in which these crises are exacerbating one another is a critical point that will continue to be discussed in the G-7 context. The other thing that I want to raise up before

turning to Raj is just this critical need to show that our leadership can and will be matched and answered. And so among all of the commitments, of which there are so many, and so many were large, I do want to pull out the match that the European Commission put forward for the U.S. government funding for the new Global Health Security Financial Intermediary Fund.

We have a total of 450 million now in FY '21 and '22 funding. And the European Commission, with the EU budget, chose to match that. And I think that sends a powerful message to Congress, and hopefully to appropriators, that if we are committed to the future of pandemic preparedness, both for this pandemic – which is with us for the long term, as Raj has mentioned – and for future pandemics, that that will show how we can continue to get – to get resources and focus from our partners. And so I do think that's another key – a key area for us to continue to message on, and to continue to demonstrate, working closely with our allies.

Dr. Morrison: Raj.

Dr. Panjabi: I would just add, I couldn't agree more. We can't grow numb to the suffering, Julie, as you said. And we can't keep going back into cycles of crisis and complacency. And I think, Susan, your points about, you know, really thinking – moving beyond, you know, just the logic of crisis and response is also resonant. You know, we have learned very clearly that pandemics are a moral crisis, because a million Americans have died. Millions of people around the world have died. We know it's a security crisis. As you just pointed out, it's a matter of our – of our defense.

There's also some really clear logic in responding now versus later. Pandemics have taught us, pay me less now and you'll pay me a heck of a lot more later, right? I mean, that's – prevention here, the vaccination programs here, around the world, prevent new variants which cause further loss of life and disruption. But we also know the inverse is true when it comes to efforts like the National Biodefense Strategy or this \$88 billion request to Congress for FY '23, or the efforts with the pandemic fund at the World Bank. You look at those efforts, we know the ROI, the return on investment, on paying now is massive.

You look at the analysis from the health and finance ministers of the G-20 that the World Bank and the WHO put together. And they did the math on this. And when you run the math, it turns out that \$1 invested in pandemic preparedness, prevention, and response – such as through this pandemic preparedness fund – would return \$1,100 in just U.S. economic gains and prevented loss to the economy. And those are not theoretical assumptions.

The vaccination program in this country hasn't only saved 2.3 million American lives, according to the same Commonwealth Report I mentioned

earlier, nearly \$900 billion in health care dollars have been saved. And these are things that anyone, from the right or left side of the aisle, can get behind, right? So it isn't just that these are moral crises or security crises. It turns out a smarter way to respond for protecting lives and livelihoods is to invest now.

Dr. Morrison: Julie, do you care to add anything?

Dr. Gerberding: Well, I certainly agree with that. It's a challenge for me, having been at CDC, which is a health protection agency, because we know this is true in almost every health challenge that we face. An ounce of prevention is always worth a pound of cure. But the numbers are logarithmically greater in the context of the pandemic. I've often wondered to myself, what will it take? We're dealing with an unprecedented pandemic. It has a fatality rate that is 1 to 3 percent with no intervention, let's just say.

I was at CDC during the first SARS outbreak. It had a 10 percent mortality. MERS has something close to 50 percent. Those are two other coronaviruses. What if the next coronavirus has a mortality rate that's close to SARS too, or close to MERS? I think people have a struggle to imagine that anything could be worse than the situation we're in right now. I have no problem imagining a situation that's far worse than the one we're in, because we were on the brink of it at least twice during my leadership experience. And that's why it's so frustrating to me that the logic that you're talking about is so difficult to execute on – in every setting. Not just in our Congress or in our administration. It's a challenge everywhere.

Part of it is behavioral economics and part of it is competing priorities, and part of it, as I think Susan said, it's attention. You know, the threat in front of you will get the attention today, but when the threat seemingly subsides or fades into the background, then the interest in doing something about it fades as well.

Dr. Morrison: Thank you.

I'm going to ask Susan if she has any words. Then we're going to hear from Karl. Priya Basu, if I can ask you if you might also say a few words about the Bank, and what lies ahead, that would be very helpful too.

Susan, any thoughts?

Ms. Brooks: I would actually really just love to hear from this terrific audience.

Dr. Morrison: Karl? Please identify yourselves.

Q: Thank you, Steve. Karl Hoffmann. I'm the president of PSI and a member of the commission, chaired by our two great cochairs here.

And Raj and Beth, let me just say I hope you all got, you know, two or three normal nights of sleep, which is probably four or five hours for you guys, after the very impressive performance that you described and that the summit was able to deliver. I mean, really impressive.

I think – you know, as someone who's involved with prevention, and I totally agree with the points that Raj and Julie just made about the frustration that's inherent in public health about how to make that case when we know the ROI argument is really strong, and yet the investments just don't come, right? Until we're in a period of crisis. And I think, Susan, you made it really clear, and reminded us of how, in a crystal-clear way, sometimes politics just trumps all of this. So we talked about Title 42. And that's sort of in the center of the thinking of certain members of Congress right now.

And I guess I'd love to hear your reflection on what do you think circumstances would have to be for those priorities to get reordered back to – because the Congress did do amazing things in the course of the pandemic. And we saw incredibly positive results of that. Now the Congress is struggling to do what seems to be the right thing here. What would have to change to get the priorities reoriented? What would the scenario look like, when we were back to 2020, 2021?

Ms. Brooks: Well, thank you, Karl, for that question. I do believe that the crisis, whether it's the Ukrainian crisis or what is a crisis at the border, and the lifting of the Title 42 protections using public health, when this is a public health crisis, and lifting Title 42 right now is just absolutely the wrong time. And you have Republicans and Democrats agreeing with that. And so I, you know, think that if President Biden and the administration would reconsider and bring folks to the table and have a discussion about how, OK, if we held off on that what can we do with the package.

Because as you know, so often things get put together in packages and then things get, you know, taken out of packages, and things move forward. But I do feel that that is the stalemate right now, and that would – is what would be needed according to what I read about the Senate and talked to in the House. So I do think that there is, I believe, truly – and I haven't visited the border for a number of years. But apparently the numbers are far, far worse than they were even when I was visiting, you know, during the crisis with the massive numbers of unaccompanied children. That was, you know, years ago, but those numbers still remain today and are even much higher. And I think that that does cause a public health crisis.

Dr. Morrison: May I just add one thing? I think it's important to put in context that we spent internationally around 19 billion so far on the international response.

But that is money that was embedded within massive emergency supplementals. I mean, the American Rescue Plan was 1.9 trillion. If you go back and add up, we're looking at \$5-6 trillion in which you could embed this money and make it work politically. We've declared we're out of emergency and we're into something else. We're now into offsets. We're into mitigation and management. We're into a political electoral season in which there's a lot of contestation around all sorts of things. And it requires a different strategy, it seems to me. A different method and strategy to sort of find a way forward. And it's more difficult. By definition, I think it's more complicated and more difficult as a political challenge.

And what we've seen is serial stumbles around trying to find that deal, going back into the late part of last year and into the early part of this year. So we're finding – trying to find our way. And I also think we're in a period of – you know, this summit has shown we're in a period of playing a long game. We're in a period of incrementalism. We're in a period of making deeper and longer diplomatic investments to get people over – you know, with cultivating those relations over many months. And I think we need a similar approach in the way that the executive and the congressional branches come together around this, because that transition from emergency into something else – management of an endemic set of outbreaks – is proving to be really difficult.

Priya, thank you so much for being with us today. Why don't you introduce yourself and tell us a little bit about the Bank perspective, particularly with reference to the – to the new fund?

Q: Thank you. So I'm Priya Basu from the World Bank. And I just wanted to start by congratulating Beth and Raj and team summit for a really impactful, successful summit.

President Malpass of the World Bank spoke at the summit. And he underscored the importance of investing in pandemic preparedness, and also our commitment to working with partners to end this pandemic. On preparedness, we are, as was mentioned, working very quickly to establish this new financial intermediary fund for pandemic prevention, preparedness, and response. And thank you to the U.S. for its leadership. We were very happy to see the pledges that were made at the summit. As has been mentioned, we've got almost a billion dollars. And with that, we are moving fast to get the fund established at the bank by June, before the end of June. That's the commitment that President Malpass made at the summit, and then have it open for business soon thereafter.

Working very closely with interested donors, with the WHO and other stakeholders to get this designed in a way that really catalyzes and incentivizes countries to invest more as well. So, you know, the analysis, Raj,

that you mentioned, that we had prepared for the G-20 with the WHO, shows that about \$10 ½ billion of external financing is needed every year. But that's kind of only 20 percent of the total amount of financing that's needed to really prepare the world for the next pandemic. So, you know, we want to design this in a way – the fund – in a way that really incentivizes governments to put in their own funding in a sustainable way.

So we're thinking long term. This is not, you know, an effort that can be accomplished in a couple of years. The fund will be set up, but we have to think intergenerationally to really sort of build the support and commitment to invest more in prevention – to invest more in prevention and preparedness so that, you know, we're not caught in yet another cycle of panic and neglect. So just to say that, you know, the money that's being announced, it's very encouraging.

The broad support that we got at the summit is also very encouraging, from a very large constituency. But we need to kind of stay focused on raising more money and, you know, the 10 billion that was talked about. And we're doing that, working really hard to get this fund up and running so that it can start making a difference. So thanks. Happy to kind of elaborate if there are any questions.

Dr. Morrison:

Thank you. You know, when you're speaking about the fund and, you know, the importance of investing in the local governments, as well as what's coming from the Bank directly, it reminds me to make sure that we're spending our money on the things that bring the greatest mitigation or prevention value. I personally believe that it's technically, scientifically, possible to take these threats off the table, because there are only a limited number of families of viruses that are capable of causing pandemics – at least that we know of today.

And the organizations like CEPI, like the NIH. And Beth mentioned that there is money for NIH, CDC, and CEPI that is needed. I think we need to really be smart about where we apply our resources. And the further upstream we can go – the biggest expense that we've experienced is in the care of the affected people. If we had more investment in vaccines, more investment in earlier detection and early countermeasures, we could potentially not just mitigate the catastrophe once it's here, but we could stop it in its tracks.

And I think that's part of how we can segment our thinking about where do we want to put our first dollar of investment? And how can we make sure that we're doubling down on what our science has shown that it can do for us so that maybe we don't have to account for all of the downstream mitigation efforts that are so much more expensive to implement? And the ripple effect from those is so much more economically devastating to the entire society. And, yes, I'm wearing my FNIH hat. (Laughter.)

Dr. Morrison:

Thank you. Priya, I just want to applaud what's happened. I mean, the – it's remarkable, the coalition that's formed, right? Indonesia, the G-7 leadership – G-20 leadership, G-7 leadership. The World Bank coming around, the G-20 finance ministers coming around, WHO joining in enthusiastically. We didn't see this two months ago. This exists today. This momentum, this change. You've got three big donors coming in, which was your prerequisite of what the summit had to deliver in order to pull the trigger and move forward in June. So there's been this progression. And just what you've laid out is very encouraging, to see that sort of progress.

Now we know that some of the hard work comes about. One of the questions is, it can only do a few things really well in this initial phase with the modest down payment that it has. How to prove the concept and make a priority, and preserve the consensus at the same time? Because up to now there's a deliberate desire to keep things somewhat vague and loose, because you're building a coalition. So I'm going to turn to Beth and Raj, and ask them. How do we begin to thread the needle? This is not an American fund. This is a global fund. This is something that has broad buy-in now from quite an array of constituencies. And that's essential. That's an essential part of it. And you all deserve credit for getting us to this point.

But we need to move to the next point. Beth, what's your advice on that?

Dr. Cameron:

Steve, I think one of the most critical things that can happen – and first, just thanks to Priya and her team. I do think a ton of progress has been made over the last couple of months in the G-20 and with a broader constituency of partners. I do think one of the most important things that can happen is a broad coalition. You mentioned the donors that came out of the summit as being requisite to stand up the fund. And while that's important, it's not enough. We need to have not just those donors and G-20 partners, but low and low-middle income countries and regional organizations taking part in the discussion about governance and where those first dollars are going to go.

And so I think the G-20's done a great job of laying out in the health and finance taskforce what kinds of things the fund can focus on, including medical countermeasures, development, and delivery, including country capacity, including disease detection and public health workforce investments. I think how this fund ultimately serves countries and regions is going to be one of the most critical pieces to work out as the governance is stood up.

And that's going to need to be very inclusively done so that the countries that will be working closely with the fund that have the largest gaps in capacity, the regional organizations that, like the African Union, like the African CDC, ASEAN, the Pan-American Health Organization, and many others that will

participate in designing the fund, they really need to be at the table to help decide what are the key priorities. For my own sense, I think it has to focus on all of those elements, but it has to really be able to serve countries at its core. And that's going to be the first thing that needs to be decided.

But, Raj, over to you. I know you've done a lot of thinking about this as we head into the next G-7 summit.

Dr. Panjabi:

Yeah, I agree with what you just said, Beth, about the governance has to be led by those – and it's an incredible opportunity to be part of something historic at the very time we've had the worst pandemic that we know of in history. And I don't know why the government, philanthropy wouldn't want to be part of that story, and to shape it. And here, a couple points on the "what" and the "how." On the "what," the gaps analysis that Priya was referring to is actually fairly robust in terms of its areas, from ensuring that – there's more needed in terms of surveillance from syndromic surveillance to genomic surveillance to community health workers doing community event-based surveillance.

There's more need for – to your point, Julie – research and development on new vaccines, therapies, and tests. I think Julie's exactly right. All the analysis I've read – and as a former biochemist myself, to see the leaps and bounds of the last 20 years, it is actually true. Technically we can be ready with antivirals for every one of the 26 viral families. We can be ready faster with rapid diagnostic tests, like many of us now have in our homes for COVID, for other pathogens. We can be ready within 100 days of the next pathogen with pandemic potential with new vaccines, so that we can minimize the disruption and the death that comes. That's technically possible. So this will invest in that, as well as the manufacturing. Because what we learned from this pandemic is we need a lot more of this stuff faster in more places. By definition, there's no domestic response to a global pandemic. It is, by definition, in many places in the world. The other thing is the public health measures. You know, we need – I was serving previously with the Independent Panel for Pandemic Preparedness and Response. And we looked at the challenge of the origins of COVID in China and then where it spread. And it took a long time, even after this was declared a public health emergency of international concern that last month of February 2020, before governments really took this seriously.

You know, it really sometimes comes down to whether or not countries have and regions have the capabilities to ensure policymakers are able to assess a new threat quickly, are able to advise on social distancing, on the use of preventive measures like mask wearing. That's important to build. And of course, the other areas are ensuring there's strong incident management systems and health systems in general are supported.

Now, in each of these areas we've got to be extremely focused on the highest impact for the dollar. I think that analysis could be stronger, that we could work on together. And I think Beth's right, the countries themselves will be able to inform that. And, again, that's the opportunity that new funders coming to this fund have, is the – you know, before the cuisine wasn't even clear. Now the recipe's starting to be designed. Get in now when we're designing the recipe instead of just being an ingredient later.

Dr. Morrison: Thank you. We're going to turn to Rocco momentarily. I just want to ask Susan and Julie to think about, as we close our event here, think about what's the advice you want to leave with the administration here, looking forward? You've had a chance to hear this long and rich discussion, so what are your thoughts in terms of the closing bits of advice? And then we'll ask both Raj and Beth to offer some closing thoughts there.

Rocco, thank you so much for joining us.

Q: Thank you. It's great to hear about the – some of the most encouraging news I've heard in a very long time.

I just wanted – when speaking about gaps and where funding might be needed, it's obvious that a lot of the funding, as was mentioned, will go to research and development, maybe public health capacity, both of which might involve laboratories. What I haven't heard is any funding for the workforce of those laboratories to make sure that work can be done sustainably and safely. So specifically, right now, we're facing a crisis in biosafety officers in the United States. It's very difficult to hire biosafety officers for the capacity we have right now, and those that are hired often get on-the-job training. Also, we don't have standards both within the U.S. and internationally on how many biosafety officers are needed. You could have a facility with 50 to 500 laboratories, all at the BSL-2 or 3 level, with two or three biosafety professionals, and another facility with the same number that has one or just a couple of contractors. And so, what I'd like to hear is: Is there any effort going on to making sure that we are recruiting biosafety professionals, recruiting people who can recertify and do repairs on critical biosafety equipment like biosafety cabinets, which are in extremely short supply in Africa and Asia, and making sure that we're developing those standards and the training to bring up that workforce?

Dr. Morrison: Thanks, Rocco.

Beth, I know this is something that you've talked a lot about. You want to offer an answer?

Dr. Cameron: Yeah, I'll just say, Rocco, this is an area near and dear to my heart, and for sure, as one of the key capacities, as we're building laboratory capability,

which is so important for all of these elements, both for the research and development for new countermeasures that Julie mentioned and foot stomped as well as disease detection, surveillance. This all requires strong labs and strong laboratory ends. And that means we also have to be including part and parcel the norm of biosafety and biosecurity, and that's absolutely part of the U.S. global health security program effort and it's definitely part of the work that we are – continue to embark on with our partners and allies. And in another element of our work we are trying to work closely with G-7 and G-20 partners on biosafety and biosecurity as an important element of health security and working to get partner countries to look at a series of norms and really sign up to those norms when they're funding, and building capacity in other countries. So that's a huge element. And then just domestically, to speak to your point about U.S. biosafety officers and that critical issue, as part of that 88.2 billion that Raj mentioned there is a sizeable chunk – I think it's 1.8 billion, but, Raj, you can correct me if I'm wrong about that – that is going into specifically biosafety and biosecurity, and that's outlined in the fact sheet on the FY 2023 request, but it's an important piece and it's called out specifically, Rocco, because that's – it's got to be built in from the ground up, not to stop science or in any way impede progress in technology development, but in order to make sure that we're anticipating safety and security risks while we're developing those new technologies so that we don't create a catastrophe that's even greater accidentally.

Dr. Morrison: Raj, any thoughts on that?

Dr. Panjabi: Foot stomp – Beth, we're both fellow scientists and I think that the risk on laboratory accidents that could lead to pathogens being – it can't be underestimated. And I don't think the – with the advent of biotechnology, the marvels that industry and research institutions have built that we need for saving lives here and around the world – I don't think that's going to slow down; it's going to grow; it's a big part of our economy; it's a big part of others' economies. So, the efforts to stand up the workforce for biosafety – the importance of that is only going to grow, and I think we've got to, again, either pay for it now with less so that we mitigate risk, or pay a lot more later.

Dr. Morrison: Thank you. We're getting to the conclusion here. I want to turn to Susan and ask her for her words of advice to the administration, and then to Julie.

Susan.

Ms. Brooks: Well, thank you, and as you talked about issues around biosafety and labs, it took me back to a hearing that I participated in in the House in Energy and Commerce where we focused on, you know, biosafety and lab accidents. And so, my advice, I guess, to the White House is just realize that all of these

issues that you've talked about members of Congress do very much care about. There have been hearings, and not only keeping some level – as you know, as legislation comes together it is like sausage making; things go into pieces of legislation that you don't think should be in those pieces of legislation and then things come out of legislation. And so I think keeping an open mind as to how you accomplish your goals and how you, you know, bring together the package that you think is necessary but realize you're going to have to give up some things, or maybe, you know, do away with some mandates or things that you thought were necessary in order to get what you really want.

And then also with Congress, always a bit of thanks for all the funding that they have appropriated over the years since this pandemic happened, from, you know, Operation Warp Speed to Paycheck Protection Program. I mean, it goes on and on. And, you know, members of Congress are very proud of American ingenuity and our biotech companies, our pharmaceutical companies, our device and testing companies. They're very proud of that, that we are now sharing that with the world.

And I'm very proud that we're doing that through the summit, and congratulations, but keep in mind, as they have moved on to new priorities maybe reminding them of the things that have been accomplished but that we still have to keep doing for that next pandemic. And I'm always very proud to be a part of anything with Dr. Julie Gerberding, who started PEPFAR, one of the, I think – you know, the foundation of world global health. It created so many amazing things. We've done it in the past and we're on the cusp of, I think, doing it again. And we can do it, we're leading in it, and that would just be my advice as I ramble on. But thank you very much and know that there are members of Congress, both sides of the aisle, who very much care about this and want to continue to keep a focus on it.

Dr. Morrison: Thank you so much, Susan.

Julie.

Dr. Gerberding: So, I feel unable to offer advice because I am talking to two experts who know far more about the reality, what's going on right now than I probably do, and I think it's really important to stay the course in this pandemic. I think we've made that point. But in my experience with a number of outbreaks of important infectious diseases, we tend to fight the last war and so we are now preparing for a coronavirus of the future. It might be a bioterrorism attack. It might be a spillover from some other animal source or a virus that we haven't dealt with recently. But I think we have to keep in mind that we have to keep both of those balls in the air, the intentional bioterrorism, biothreats, biosecurity threats from that dimension, but also the one health – the spillover.

The area to make sure we're not overlooking in our detection capability is in the animal world and that is not something that necessarily makes its way into a health appropriation, but we need to be thinking holistically about what is the root cause of SARS? You know, what – ultimately these animal spillovers have a cause, there's a science behind it, and it gets lost in the gap between the NIH and the USDA and the other agencies that deal with agricultural and animal threats. So we just have to make sure – and it's so hard to do but just keep leaning into the broader issue of the biosecurity, national security threats that we're facing, and don't let us do what we tend to do which is to concentrate on the last thing that happened to us instead of the thing that might actually be the next thing.

Dr. Morrison; Raj, last word and then over to Beth.

Dr. Panjabi: Well, you know, the office that I have the privilege of being asked by the president to lead that Beth helped stand up right after President Biden came into office has the charge of really coordinating across the government to prevent, detect, and respond to pandemic and infectious disease threats of all kinds, the naturally occurring, the accidental, the deliberate. And every day across my desk I hear about issues like COVID or acute hepatitis amongst children in several states now of unknown origin or monkeypox in the United Kingdom, which we now have an outbreak of there, at least of several cases, or Ebola in the Democratic Republic of Congo. And, you know, what I would have learned from seeing these come across our desk, talking to our colleagues who are on the front lines, and having been on the front lines before, is this, is that progress is possible. Because of the science, we know that we can develop vaccines in record time. They can save lives. We can have tests that are available. We can have therapies that were not available before that are available now. And I saw this, having served on the front lines of the Ebola epidemic in 2014 and now seeing that we have vaccinations possible because efforts were made to use the science to save lives.

Today, ring vaccinations are going on within days of another outbreak in the DRC. I saw this responding to COVID in Massachusetts in a parking garage in a testing clinic in May 2020 when we had no vaccines and I saw several of my colleagues get sick from COVID and I was wearing one gown all day long worried that I would bring home an infection to my family, to a year later we have vaccinations in the same community being delivered in community centers and on mobile vans that have saved many more lives.

So progress is possible, but it's not inevitable, as has been said, and what is the difference between possibility and actually making things happen is will and leadership. I think, to your point, that has to be seen as a common effort and it's because we have a common enemy in these infectious disease

threats. So I'm taking that away from this meeting and panel, so thank you for – Julie and Susan and to those in the audience for your inputs and ideas.

Dr. Morrison: Thank you.

Beth, you were the motor force behind the September 22nd summit and behind this summit, so what's your last word?

Dr. Cameron: I'll just say that I think one of the key themes coming out of the summit and coming out of this conversation, quite frankly, is that while we are in a time where prioritization is critical and while we have an enormous amount of catastrophes on our calendar, crises that continue, this is really extraordinary. One million Americans is extraordinary. And we do have a historic amount of agreement. I totally agree with Susan. There is an incredible amount of bipartisan agreement about this pandemic as a game changer, for us the United States and globally, that we need to come out of this prepared for anything that comes our way, to Julie's great point, that we can't just be preparing for this crisis; we have to be prepared for anything that can come our way. And so I just ask everyone out there, as they think about what to do next as we prepare for the future, as we look at the future of this fund, as we look at the incredible global health programs that have been launched out of other crises – PEPFAR has been mentioned a number of times here – that we just think about how we're going to galvanize that incredible, extraordinary support that America is capable of when we work across the aisle like this commission is doing, Steve, and we continue to focus on what's in front of us and what we need for future generations. So just a huge thanks to all who stepped up for this summit, and a word of – an ask for everyone out there to continue to remain focused on this pandemic in the future. As Raj said, history and the next generations will thank us, but we really do have to keep it top of mind. Thanks.

Dr. Morrison: Thank you so much.

Again, thanks to Humzah and Michaela for pulling this all together. Thanks to our production team. And please join me in thanking all of our speakers who have joined us here this afternoon. (Applause.)