Executive Summary

The year 2022 is the year of decision. Confronted at the year’s opening with the Omicron surge, we have no choice but to rethink U.S. approaches, at home and abroad, in both managing the ongoing pandemic and in creating better preparedness for the future. Although we have achieved significant progress with vaccines, boosters, and new therapeutics, we must come to terms with several hard realities, setbacks, and uncertainties. We must better unify and balance our domestic and international strategies, dissolving the tension between the two and making clear to Americans that each is essential to the truly global response necessary to resolve this crisis. We need to preserve and strengthen the fragile bipartisanship that has been and remains foundational to success in advancing America’s health security.

Science and technology do provide us with vital tools to manage the SARS-CoV-2 virus, even as Omicron dramatically raises the urgency and stakes in developing and deploying better, more durable, and possibly pan-variant vaccines and in bringing new therapies rapidly to scale. Operation Warp Speed taught us what is possible in terms of speed, scale, and production of vaccines when there is political will, resources, oversight, and concentrated decision authority, including use of the Defense Production Act, that blends civilian and military capacities. Thinking on our future technology needs and preparedness infrastructure is advancing; the draft American Pandemic Preparedness Plan, released in September 2021, calls for $65 billion over 7 to 10 years to develop vaccines, therapies, and diagnostics and strengthen monitoring and surveillance, domestically and globally. Whether we are successful in taking full advantage of our scientific capabilities is a matter of choice. It is a question of political will, execution, and sustained high-level diplomacy, matched by long-term funding, global coordination, and dynamic partnerships. It is also a matter of resilience and strategic foresight in adapting rapidly and effectively to variants and other changes that influence the course of the pandemic.
The pandemic calls for a longer time horizon than anticipated. That means acknowledging the uncertainty about the time it will take to gain control over SARS-CoV-2 and focusing beyond just the current phase to investing adequately against future threats. The Omicron shock may open the door to such a change in thinking. However, it will not be easy. Omicron’s apparent reduced severity may induce complacency that could in turn fuel further mass infection. Across the world today, there is widespread exhaustion. Health systems are frayed and at risk of breaking. Essential workforces are demoralized and depleted. Too many people are simply unwilling to accept vaccines, reinforced in their convictions by deep distrust, misinformation, and conspiracy theories.

The global response over the past two years has been conspicuously ineffectual and fragmented, a disarray dominated by nationalism and market forces and reflective of weakened alliances and multilateral institutions. Deep and enduring global inequities persist, manifest through disparities in access to vaccines, tests, and therapies, as well as in delivery capacity and financing. As the wealthiest and most powerful countries advance boosters and the vaccination of children, low- and middle-income countries face a 3 billion dose vaccine gap in 2022, according to the World Health Organization (WHO). Any strategy for 2022 and beyond must directly address whether—and how—to avoid the historic mistakes that thus far have created such profound disparities.

Inequities create vulnerabilities for all, including Americans who are fully vaccinated and boosted and young children who are not yet eligible to be vaccinated. They pose a threat to both U.S. national security and the American economy, since dangerous variants will continue to emerge in areas of uncontrolled transmission, particularly among the unvaccinated, and threaten to unravel gains in control of the virus everywhere. Trade, travel, and supply chains will fail to return to pre-pandemic levels. Inflation will not be arrested. The safety and health of us all will remain at risk.

In 2021, the United States increased its diplomatic engagement and invested over $19 billion appropriated by Congress toward the international response. It committed to provide COVAX, the international vaccine facility, 1 billion Pfizer-BioNTech vaccines and another 150 million vaccines to partner countries. President Biden hosted a summit in September 2021 and pledged to host a second summit in the first quarter of 2022. As 2022 opens, U.S. global leadership, while welcome and promising, is nonetheless insufficient and too often ad hoc. To meet the scale of this historic crisis requires bold U.S. action, behind a coherent and clear strategy, and a fit-for-purpose interagency structure. Robust diplomatic leadership requires financial commitments at an estimated annual level of $18–20 billion over the next five years to cover both the acute response and investment in future pandemic preparedness. Recent opinion surveys demonstrate that Americans will stand behind such a strategy when it is explained.

An emergency supplemental appropriation is an urgent, essential step, however difficult that may be to achieve. If the administration provides Congress with an accounting of the monies already appropriated under past coronavirus spending bills, that will bolster support and confidence in Congress in new appropriations. Capacities used to great effect domestically, most importantly at the Department of Defense (DOD), have not yet been systematically integrated into the U.S. international effort. Though there is a promising U.S. government consensus supporting a new global leaders’ group and a pandemic preparedness financing mechanism, the Biden administration has struggled to enlist longstanding allies and global leaders to make ambitious commitments. More patient and intensified U.S. diplomatic investments are needed. Meanwhile, stark differences with China impede even routine global cooperation on critical health security challenges.
What scale and type of U.S. leadership and enhanced diplomacy are essential to surmount the disorder in the global response, cope with the proliferation of variants, and lay the groundwork for long-term preparedness among our partners? How do we update our thinking on the true nature of the security threat that the pandemic poses to U.S. national interests? How can we achieve greater alignment and balance in the U.S. domestic and international approaches? Continuing to build much more muscular U.S. leadership remains the *sine quo non* both for achieving greater order and equity in the global response, including galvanizing other countries, international institutions, the private sector, civil society, and foundations to act with the urgency that the moment demands. The CSIS Commission on Strengthening America’s Health Security proposes eight recommendations to secure U.S. global leadership in the next phase:

**Summary of Recommendations to Congress and the Biden Administration**

1. **LAUNCH A U.S. INTERNATIONAL PANDEMIC INITIATIVE**

   In preparation for the Covid-19 Summit that President Biden will convene in late Q1 2022, the White House should expedite a five-year U.S. global pandemic initiative focused on both the immediate acute response and investment in long-term biosecurity preparedness. It should contain concrete quantifiable targets, a prioritization of partner countries and institutions, a clear action plan, a multiyear budget in the range of $18–20 billion per year, and a designated permanent leadership structure. It should draw systematically from the lessons learned through Operation Warp Speed, including strategic use of the Defense Production Act as well as the imperative for speed, accountability, concentrated authority, and a blend of civilian and military institutions. It should prioritize strengthening public health security capacities with clear metrics to measure progress.

2. **APPOINT A PRESIDENTIAL GLOBAL HEALTH SECURITY ENVOY**

   In Q1 of 2022, the president should appoint a presidential envoy based at the Department of State to drive development of the U.S. initiative, engage with Congress, coordinate interagency action in partnership with the White House, and expand U.S. diplomatic engagement with key allies, international institutions, and regional bodies. The envoy should be a person of considerable gravitas, recognized for achievement in advancing U.S. security and diplomatic influence.

3. **PRIORITIZE VACCINES AS THE BACKBONE OF BOTH THE DOMESTIC AND INTERNATIONAL RESPONSE**

   This would include efforts to ensure affordable, timely supply to COVAX, regional bodies, and key partner states; strengthen delivery capacity; combat disinformation, vaccine hesitancy, and refusal; and forge new regional production partnerships with major vaccine developers.

4. **MAKE THERAPIES AND TESTS AMONG THE HIGHEST PRIORITIES**

   As part of its international initiative, the administration should build global alignment around a “test and treat” approach to SARS-CoV-2, support the development and distribution of multiple therapeutic options for preventing and treating Covid-19, designate a lead agency to coordinate the distribution and proper use of Covid-19 therapies in low- and lower-middle-income countries, and commit dedicated multiyear budget lines to the effort.
As 2022 Opens, What Did 2021 Teach Us?

1. **Variants are driving profound changes in the pandemic.**

In 2021, the United States and other countries made significant progress through mass vaccination, including now the vaccination of children over 5 years of age and the accelerated drive to deliver boosters; the advent of promising antivirals, monoclonal antibodies, and other therapies; greater availability of testing, oxygen, and protective equipment; and behavioral changes such as masking, social distancing, and avoidance of congregate settings. And we have seen a steep rise in global vaccine production, including a doubling in 2021 to over 12 billion doses and a projected further doubling in 2022 to over 24 billion doses.

But we have also seen Delta consolidate its dominance in 2021 in just three to four months, followed by Omicron, which raced to dominate in late 2021 in just a few weeks. These variants share a relentlessness in pursuing opportunity, particularly in areas where there is low vaccine coverage, high vaccine hesitancy and refusal, low trust and confidence in science and public health authorities, increased mobility and complacency, and, apparently, rapidly waning immunity and weakened health systems.

Omicron is now triggering a worldwide explosion of infections at a frightening speed and scale that will overwhelm many health systems. It is extremely transmissible, able to pierce immunity acquired from either prior infection or two doses of vaccine, especially non-mRNA vaccines. Fortunately, a third dose mRNA booster offers very strong protection. But even though evidence from South Africa, the United

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5. **TAKE A STRATEGIC APPROACH TO DEVELOPING FUTURE VACCINES, THERAPIES, AND DIAGNOSTIC TECHNOLOGIES**

This approach, which will also cover domestic and global monitoring and surveillance modernization, should focus on refining and funding the American Pandemic Preparedness Plan; advancing U.S.-EU cooperation, particularly between the Biomedical Advanced Research and Development Authority (BARDA) and the newly established EU Health Emergency preparedness and Response Authority (HERA); and supporting the Coalition for Epidemic Preparedness Innovations (CEPI).

6. **PRIORITIZE THE ESTABLISHMENT AND RESOURCING OF A PANDEMIC FUND AND HIGH-LEVEL LEADERS’ COUNCIL**

The administration should move expeditiously to secure political and financial support from other G20 nations for these two entities, which will bolster pandemic preparedness and response. It should at the same time work with Congress to secure additional financing for the fund.

7. **ELEVATE THE GLOBAL ROLE OF THE DEPARTMENT OF DEFENSE**

DOD’s responsibilities, capabilities, and funding authorities related to global health threats should be systematically integrated into the U.S. international initiative and properly supported with dedicated resources.

8. **PURSUE DÉTENTE WITH CHINA ON GLOBAL HEALTH SECURITY**

Despite the charged atmosphere, the Biden administration should pursue confidence-building measures that might deliver concrete health security gains in travel, public health infrastructure, information sharing, and supply chains, among other areas.
Kingdom, and Scandinavia suggest that Omicron infection may be less severe, this hoped-for clinical advantage for infected individuals could easily be offset at the population level by the surging number of infected people.

It is a daunting challenge to communicate to a divided and often weary and confused public what this all means and how to adjust expectations and behavior. We almost certainly will need to reassess the definition of what constitutes full vaccination coverage in the era of Delta, Omicron, and other future variants. Estimates now must be revised upwards, as the first round of full vaccination is widely seen as an initial, not a concluding step.

The Delta variant severely impacted the fortunes of COVAX—the global entity coordinating the procurement and delivery of Covid-19 vaccines to self-financing middle-income countries as well as 92 countries eligible for no-cost vaccines through the Advance Market Commitment (AMC). COVAX made an early decision to invest heavily in the AstraZeneca vaccine, negotiating a production contract with the Serum Institute of India (SII). But when Delta surged in India in the spring of 2021, the Indian government imposed export controls on the SII-produced vaccines. At the same time, several manufacturing sites that produce vaccines supplied to COVAX have faced challenges in ramping up production in a timely manner. As Delta has advanced, many countries have continued with tight export controls over vaccines and key inputs. In September, COVAX slashed its forecasted deliveries to low- and lower-middle-income countries through the end of 2021. Regional organizations have stepped in, with the African Union and Pan American Health Organization negotiating directly with vaccine producers on behalf of member countries. With export controls partially lifted in India, global supplies may eventually improve, but the ability of the lowest-income countries, in particular, to improve coverage remains highly problematic.

New booster requirements greatly raise vaccine demand, especially as the most wealthy and powerful countries race to secure booster stocks and vaccinate children. That in turn places further strain on timely access to vaccines by low- and middle-income countries, which the WHO estimates will face a 3 billion vaccine dose gap in 2022.

All future forecasts now envision that additional doses of vaccine will be necessary to contain the pandemic. Still unknown is how frequently boosters will be needed, what type of boosters will be required, what boosters’ effectiveness and adverse risks might be, the true costs, and who will pay. It remains to be determined whether low- and middle-income countries achieve timely access to boosters, and whether—and how—to ensure that the advent of boosters does not worsen the current gross inequities, as many close observers fear.

2. **Uncontrolled transmission, new variants, gross inequity in access, and vaccine refusal all pose threats to U.S. national security.**

The United States must continue to prepare itself strategically for dangerous new variants, as part of its international security forecasts and as a central factor in the design of any U.S. vision for shaping the international response. The U.S. global health security strategy must address the threat that uncontrolled transmission and replication of the Delta and Omicron variants pose to U.S. national interests.

The year 2021 ended with stark and dangerous inequities: while 59 percent of the global population has received at least one dose of a Covid-19 vaccine, that figure includes a mere 9 percent of people in low-income countries. The international targets for immunization in each country were 10 percent by September 2021, 40 percent by the end of 2021, and 70 percent by September 2022, the first two of which have now been missed. Under current circumstances, there is a high probability that a large number of
low-income countries will continue to fall woefully short of meeting these goals, particularly as new variants drive more countries toward universal boosters, many exclusively using mRNA vaccines, and further strain global supply.

The greatest uncontrolled transmission is increasingly concentrated among poor countries where vaccine access, country delivery capacities for vaccines, and vaccine hesitancy and refusal remain highly problematic.

- These include roughly 20 poor, exceedingly fragile, or outright broken countries which have made virtually no progress in increasing vaccine coverage and where there are few foreseeable solutions (e.g., Chad, the Democratic Republic of the Congo, Haiti, Sierra Leone, Somalia, and South Sudan).

- These also include roughly 20 low-income countries with weak institutions where very little progress has been achieved, but which are nonetheless struggling in earnest to put in place delivery plans and where focused external support has the potential for achieving results (e.g., Angola, Benin, Burkina Faso, Côte d’Ivoire, Egypt, Gabon, Kenya, Mozambique, Nigeria, Senegal, Togo, Uganda, Ukraine, and Zambia).

- Roughly another 20 countries are showing considerable early progress but still require targeted external technical, financial, and market support (e.g., Bangladesh, Indonesia, Pakistan, the Philippines, and Vietnam).

Based on what we know today, there is a high risk that in 2022 and 2023 many low- and lower-middle-income countries will remain stuck in low vaccine coverage levels. That dangerous quagmire will result if vaccine supplies are insufficient; institutional capacities to receive, handle, and oversee the delivery of vaccines into people’s arms safely remain exceptionally weak; and demand for Covid-19 vaccines is low due to the circulation of misinformation driving concerns about the vaccines’ safety. In the absence of progress in closing the gap, the International Monetary Fund estimates that prolonging the Covid-19 pandemic over the medium term could reduce global GDP by a cumulative $5.3 trillion over the next five years. As long as Delta, Omicron, and future variants circulate unchecked in the Global South and elsewhere, the U.S. economy and the U.S. consumer will pay a dear price. Trade, travel, and supply chains will fail to return to pre-pandemic levels, with possible long-term inflationary impacts.

At present, we know far too little about which countries will stall out and which will be able to ascend to higher coverage levels. Nor do we fully understand what exactly is needed to create effective delivery capacity in many individual countries, and at what cost. Estimates of costs span a broad range. Much more applied research, through select, in-depth, and rapid country case studies, is needed to inform choices.

Large segments of societies, rich and poor, are simply unwilling to accept vaccines, reinforced in their convictions by deep distrust, misinformation, and conspiracy theories. This reality is a threat to pandemic control efforts and may not be ameliorated any time soon. Nonetheless, we have no choice but to develop better, proven tools to address vaccine hesitancy and refusal, restore trust and confidence in science and public health, and combat anti-vaccine forces. That will require detailed case studies and models for action. Far better survey instruments emerged in 2020 and 2021, in opinion climates that are highly volatile, that have illuminated individuals’ concerns and what drives their choices. Innovative interventions and local partnerships have shown some success both in answering the legitimate concerns of people in the “the moveable middle” and in successfully enlisting them to voluntarily accept vaccines. Solutions are very reliant upon sustained local engagement and contributions by a diversity of leaders, industry, social and traditional media, the tech sector, and experts from multiple other disciplines (e.g., psychology, cybersecurity, anthropology, and communications). To address those who are adamantly refusing vaccines,
many countries have turned to mandates, which have shown some results while triggering intensified court challenges, organized opposition, and, in several instances, violence.

We need heightened vigilance to detect and manage security risks outside of the health sector. The failure to control the virus in poor countries will continue to lead to a cascade of economic distress, dislocation, rising food insecurity, humanitarian emergencies, and political unrest and violent instability. Further damage may occur to routine immunization programs; the provision of maternal, neonatal, and child health services; and programs to control other infectious diseases—in particular HIV, tuberculosis, polio, and hepatitis—all of which have already experienced serious setbacks in the first two years of the pandemic. The U.S. global health security strategy should protect against the possibility of a worsening of the secondary impacts of the pandemic in 2022 among those poor countries with the lowest access to vaccines, the weakest delivery capacities, and the most widespread vaccine hesitancy and refusal.

3. In 2021, the United States and others took important steps to work strategically to advance key technologies for the future, strengthen monitoring and surveillance, domestically and globally, and build alliances. The challenge now is to sustain progress and fund the effort.

The administration released the $65.3 billion American Pandemic Preparedness Plan (AP3) in September 2021, which proposes $7 billion in annual funding for the next 7 to 10 years to improve U.S. readiness and response against biological threats, with a special emphasis on taking a comprehensive approach to the development of vaccines, therapies, and diagnostics, on a very accelerated, ambitious timeline.

The AP3 makes the case that strengthening American health security infrastructure is not just essential for long-term resilience against future pandemic threats but also still-to-come challenges in the evolving Covid-19 pandemic.

It remains to be seen what budgetary vehicle will carry the AP3 forward. Under AP3, funding will accelerate the development and distribution of medical countermeasures; create a pandemic early-warning system and real-time biosurveillance; strengthen the U.S. public health workforce and infrastructure; improve U.S. capabilities in personal protective equipment (PPE), stockpiles, supply chains, biosafety, and the regulatory environment; and establish a “mission control” to coordinate all these activities. It remains to be defined where the mission control will be based and how its independence will be ensured so that it can objectively set goals, monitor progress, and drive coordination.

The AP3 references U.S. support for global health security, and these international elements will need to be clarified and integrated into any U.S. international strategy. Without global situational awareness of evolving threats and a stronger international ecosystem, domestic investments will be insufficient to respond to the Covid-19 crisis or future pandemic emergencies.

In parallel, the European Union launched the European Health Emergency preparedness and Response Authority (HERA) in September 2021 to prevent, detect, and respond to health emergencies. HERA is modeled in part after the U.S. Biomedical Advanced Research Development Authority (BARDA) but is also intended to perform expanded functions similar to what is proposed under AP3. HERA is an empowered, well-resourced institution that could be a strong partner to the United States: it has been allocated €1 billion a year over the next six years, with funding also available from complementary EU programs that will bring the total budget to an estimated €4–5 billion per year over the next six years.
Shortly thereafter, at the September 22 Global Covid-19 Summit called by President Biden, the United States and the European Union committed to expanded global health security cooperation by announcing a new transatlantic agenda. This framework builds on significant progress with the United States’ European allies during the Bush and Obama administrations to enhance technological innovation and strengthen the global pandemic infrastructure. It includes acute priorities to save lives during the Covid-19 response—donating vaccines through COVAX, providing technical assistance for vaccine delivery, and establishing the joint Covid-19 Manufacturing and Supply Chain Taskforce to prevent bottlenecks and disruptions in the production of vaccines, therapeutics, and ancillary supplies—as well as medium-term goals to establish and capitalize a Pandemic Financial Intermediary Fund, expedite research and development through HERA and BARDA, and bolster regional manufacturing for medical countermeasures.

Congress also registered its support for closer collaboration between the United States and the Coalition for Epidemic Preparedness Innovations (CEPI), a global partnership working to develop medical countermeasures against emerging infectious diseases, by authorizing U.S. participation in CEPI in the FY2022 National Defense Authorization Act passed in December 2021.

4. In 2021, the United States increased its diplomatic engagement and invested over $19 billion appropriated by Congress toward the international response. Now it needs to escalate its leadership to consolidate recent gains and avoid regression.

A series of steps raised the U.S. leadership role:

▪ President Biden declared at the G7 Summit in June that the United States would be the world's arsenal of vaccines and committed to purchase 500 million doses of Pfizer-BioNTech vaccines to donate to COVAX.

▪ The president hosted the September 22 Global Covid Summit on the margins of the UN General Assembly, at which the United States committed to the purchase of another 500 million Pfizer-BioNTech doses for COVAX while rallying the world around a three-part framework containing important targets: on closing the vaccine gap, on saving lives (e.g., oxygen, PPE, and testing), and on investing in long-term pandemic preparedness and creating a new high-level governing structure to oversee the response to current and future pandemic crises.

▪ Secretary Antony Blinken hosted a November 10 foreign affairs ministerial. U.S. Agency for International Development (USAID) administrator Samantha Power hosted a similar meeting of development ministers on December 6.

▪ The president committed on September 22 to host a second summit in the first quarter of 2022. That can now become, with sufficient political will and preparation, a significant action-forcing event.

▪ On November 17, the White House announced its intention to launch an initiative in 2022 to form partnerships with Pfizer and Moderna to expand mRNA production by a billion doses per year.

▪ The administration announced in late 2021 that it would host the three-year replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in the fall of 2022. It is expected that the fund will propose a new fourth objective: to strengthen its partner countries in their non-vaccine response (e.g., tests, oxygen, and PPE) and their long-term preparedness.

The White House Covid-19 Task Force, joined with a sizeable team of experts at the National Security Council Directorate for Biodefense and Global Health Security, has taken the lead in implementing
National Security Directive 1, the “National Security Memorandum on United States Global Leadership to Strengthen the International Covid-19 Response and to Advance Global Health Security and Biological Preparedness.” This memorandum, issued moments after the inauguration, first outlined and continues to drive the administration’s global health security priorities. This includes its recommitted role in the acute global Covid-19 response as well as longer-term reforms to domestic and international global health security funding, policy, and institutions.

The White House exercises decisionmaking and operational control over U.S. vaccine purchases and donations, totaling over 1.15 billion doses, and has had, arguably, the greatest sway in shaping policy choices. Outside the White House, an interim coordinator at the State Department, a Covid-19 Task Force at USAID, and similar groups at the U.S. Department of Health and Human Services (HHS) and the U.S. Centers for Disease Control and Prevention (CDC) have all actively contributed in this period. DOD has quietly taken on the responsibility for managing the procurement and delivery of the 1 billion Pfizer-BioNTech vaccines to COVAX. The individuals leading the U.S. global health security efforts across multiple U.S. agency and departmental nodes, along with the secretary of state and national security advisor, are widely recognized for their governing experience, expertise, passion, and deep commitment to strengthening the U.S. international response.

The United States has appropriated $19 billion for global Covid-19 efforts, contained in four legislative measures: the Coronavirus Preparedness and Response Supplemental, 2020; the CARES Act, 2020; the Coronavirus Response and Relief Supplemental Appropriations Act, 2021; and the American Rescue Plan (ARP) Act, 2021. This congressionally appropriated funding permitted the Trump administration to begin international operations and the Biden administration to carry forward with significant follow-on investments. That includes over $7 billion toward the procurement and delivery of 1 billion Pfizer-BioNTech vaccine doses for COVAX and the commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria of $3.5 billion principally for oxygen, PPE, and tests.

5. As 2022 opens, U.S. leadership faces serious risks and gaps in capacity.

- A fiscal cliff looms amid the continued absence of a U.S. strategy. It is not clear how and when adequate resources will be secured for the next phase.

Today, “the tank is empty,” in the words of one senior administration official. The monies brought forward have been largely spent down. To sustain U.S. leadership in 2022 requires a sustained flow of resources commensurate with evolving needs and broadly consistent with 2021 investments. An emergency supplemental appropriation is an urgent, essential step in 2022. If the administration provides Congress with an accounting of the monies already appropriated under past coronavirus spending bills, that will bolster support and confidence in Congress in new appropriations.

Yet up to now, the Biden administration has been hesitant to table a vision, propose an action plan, and provide an estimated dollar figure for what is to be required as the basic elements of an international strategy. To many observers, this reflects continued ambivalence and internal division within the White House, where domestic political calculations dominate and a fear persists that heightened international engagement will invite domestic criticism. The result has been renewed U.S. international leadership that is often reactive, cautious, and ad hoc, and it frequently is not clear who really is in charge. High-level action has not been fast enough, bold enough, or big enough to create the type of historic momentum seen when President George W. Bush unveiled the President’s Emergency Plan for AIDS Relief (PEPFAR) in his State of the Union address on January 28, 2003.
Providing new monies in 2022 will be difficult, under any scenario, given the current environment. Spending fatigue and bipartisan polarization have worsened, following the $1.2 trillion infrastructure bill and additional support proposed in the Build Back Better reconciliation bill. Absent a concrete global health security vision backed by secured funding and concerted action by the White House, the United States will remain at risk of regression, with its credibility at risk.

- The year 2021 revealed how difficult it is for the United States to achieve quick diplomatic returns in today's fragmented and disordered world. Realism is in order, including a heightened U.S. diplomatic strategy that aims to bring a broad array of partners in alignment around common concrete goals.

Despite the Biden administration's efforts thus far, few partner countries willing and able to make significant new commitments have stepped forward. At the G20, G7, September 22 summit, and elsewhere, the response by the most wealthy and powerful to U.S. exhortations to do more has been disturbingly flat. Nationalism, fueled in part by the unending pandemic across partner countries, creates a forbidding, fragmented environment that begs a patient, incremental, and sustained diplomatic effort.

Many low- and middle-income countries are not yet fully convinced of the sincerity and longevity of U.S. leadership and are looking for broader and more in-depth U.S. engagement with the Global South. Many question whether the United States can truly transcend its own nationalist impulses; whether the escalating U.S.-China confrontation will dominate and skew U.S. calculations; whether the White House will use its muscle to coax industry, especially mRNA vaccine developers, to make low- and middle-income countries a priority; and whether the United States and other high-income countries, as well as manufacturers, will show greater transparency on vaccine production, supply, and contracting.

Trust and confidence in the United States will not return automatically. It will have to be earned before the United States is likely to see the kind of robust response from international partners that is required. Countries that may be ambivalent about following the United States' lead may still be persuaded to be active partners. Any intensified U.S. diplomatic strategy has to rest on much stronger alliances with regional bodies and countries across the Global South.

- U.S. diplomatic capacity falls far short of what is required at this historical moment.

All of the concerns and obstacles to effective U.S. leadership in today's world, as outlined above, require dynamic and sustained U.S. diplomacy. Yet thus far, the U.S. diplomatic effort has been underpowered, understaffed, and under-resourced. The Biden administration has not been able to create a dynamic and robust diplomatic capacity at the State Department that aligns with its stated ambitions. It has also struggled with delays in confirmation of qualified senior diplomatic nominees. That is a major factor, along with political will, in explaining the absence thus far of a compelling vision for U.S. international leadership and a complementary action plan and budget.

In December 2021, Dr. Atul Gawande was confirmed to be assistant administrator for global health at USAID, and Bathsheba Crocker was confirmed to be U.S. representative to the United Nations in Geneva. There is reason for hope that over the course of 2022, as more nominations move through the Senate approval process, the United States will acquire significant new capacity for global health diplomacy. It will be particularly important to expedite the confirmation of Dr. John Nkengasong as the global AIDS coordinator. That position has been de facto vacant since March 2020. Capacity will also increase as the critically important State Department regional assistant secretaries, USAID regional assistant administrators, and U.S. country ambassadors are confirmed. To optimize this
talent, however, requires high-level leadership at the Department of State, charged with driving forward a coherent, compelling strategy.

6. **In this third year of the pandemic, it will also be timely and valuable to press ahead with an independent, high-level national commission on the pandemic, with cooperation and support from the Biden administration and bipartisan leadership.**

In our deeply polarized political environment, moving ahead with a national commission in 2022 will not be easy or free of risks. But a path exists, and there is an emerging consensus that cuts across political lines on the urgent need to launch a national commission in 2022, building on the essential groundwork that was successfully laid in 2021.

To develop the framework for an in-depth assessment of the U.S. response to the Covid-19 pandemic, a Covid Commission Planning Group was formed in early 2021, led by Philip Zelikow, former executive director of the 9/11 Commission. The group drew support from diverse foundations and relied on the insights of a remarkable and diverse group of public health and biomedical experts; health providers; community, state, and federal leaders; industry; advocates; current and former policymakers and elected officials; opinion surveyors; and others. It carefully conducted hundreds of in-depth interviews to map the landscape of the crisis and identify key issues. Twice the planning group participated in highly fruitful exchanges with the CSIS Commission. The group proposes a major investigative effort to dig more deeply into what happened, ask why it happened, and look forward, to help America heal. The group has started organizing four major task forces grouped around (1) causes, prevention, and early warning; (2) federal pandemic defense and preparedness; (3) nationwide crisis management and the American public health system; and (4) medical countermeasures and the bio-revolution.

7. **Therapies have arrived, raising hopes and challenges. Omicron only intensifies the pressure and urgency to expand the availability of safe and effective therapies.**

Nearly two years into the Covid-19 pandemic, gaps in testing and access to effective treatments continue to stymie outbreak response, not only in high-income countries but also in the low- and lower-middle-income countries that already struggle with access to Covid-19 vaccines, weak delivery capacity, and limited financing. Early research on therapies in the United States and elsewhere faced a set of challenges, including disappointing results in the effort to repurpose existing drugs and political attention on unproven therapies such as ivermectin and hydroxychloroquine. Globally, plans for the advance purchase and widespread distribution of Covid-19 tests and therapies by governments and international institutions have been slow to develop and take shape.

The Omicron surge raises the specter of a massive increase in infection across the world, intensifying the pressure to bring forward safe and effective therapies that can block extreme illness, hospitalization, and death. Fortunately, several promising developments raise hope. The Antiviral Program for Pandemics (APP), overseen by the National Institutes of Health (NIH) National Institute of Allergy and Infectious Diseases (NIAID), was launched in June 2021 with the announcement of an initial funding level of $3.2 billion and a focus on accelerating drug discovery and development. The Biden administration’s proposed $65.3 billion Pandemic Preparedness Plan calls for nearly $12 billion for antiviral drug development, with additional financing for therapeutics supply chains, stockpiles, and regulatory capacity. And the targets set at the Global Covid-19 Summit in late September center on ensuring access for low- and lower-middle-income countries to high-quality, safe, and effective therapies in 2021 and strengthening those countries’ access to treatments that do not require intravenous administration as new products
become available in 2022. The summit also called for the establishment of a global mechanism for equitable therapeutics procurement and delivery.

As with Covid-19 vaccines, having a range of options suitable for use in diverse contexts offers the greatest potential for ensuring the availability of therapies to countries as they respond to the pandemic. In the United States, three anti-SARS-CoV-2 monoclonal antibody treatments have received emergency use authorization to date, although ongoing studies suggest that only one of these is effective against the Omicron variant. Recent reports show that administration of convalescent plasma within eight days of symptom onset may reduce hospitalization for Covid-19 by half. And a new set of Covid-19 antiviral therapies also promises to expand the number of options available to treat Covid-19, reduce the risk of hospitalization and death among those infected with the virus, and diminish the risk of the development and transmission of new viral variants. Several are oral regimens that will be made available at low cost to low- and lower-income countries. With agreements already in place with the Medicines Patent Pool and generics manufacturers, once these products move through the regulatory approval processes—as Pfizer’s Paxlovid and Merck & Co., Inc.’s Molnupiravir both received FDA emergency use authorizations in late December—they will quickly go into production in plants around the world.

But despite these promising developments, there are several challenges within the therapies landscape that will require sustained global attention. With low access to Covid-19 testing in low- and lower-middle-income countries, and few plans for the distribution of therapies yet in place, there will be inconsistencies and gaps in access to the new products for some time, potentially contributing to the development of drug resistance and widening the divide between high-income and low- and middle-income countries already evident in vaccine distribution.

Anticipating and battling drug resistance may require creative combination therapies, made possible only through greater cooperation across industry, government, and foundations. Lessons from several decades of global work developing effective combination therapies for HIV and tuberculosis (TB) underscore the importance of incentivizing pharmaceutical manufacturers to work together, in cooperation with government agencies (including BARDA) as well as academia, to determine the ways in which combining their products may be most effective.

There is also a global gap in the institutional coordination and prioritization of upstream research and development, including in the conduct of field trials as well as the downstream coordination of procurement and delivery to low- and lower-middle-income countries. There are also uncertainties regarding which national, international, or multilateral institutions own the issue of developing and disseminating therapies.

Political challenges, including misinformation and disinformation spread through social media platforms, will have to be confronted. Policies to improve access to and uptake of therapies could potentially complicate efforts to raise vaccination coverage as well, as greater access to therapies could motivate, and may already be motivating, some to decline vaccination.

8. A promising consensus is emerging behind a new pandemic financing mechanism and a Global Health Threats Council, but much work remains.

In 2021, high-level panels of health, finance, and development leaders and experts appointed by the World Health Assembly and G20 reached similar conclusions: the world needs new mechanisms to improve governance and financing for pandemic preparedness and response. Two of the proposals have gained
momentum in recent months: (1) a $10 billion annual Financial Intermediary Fund (FIF) to be housed at the World Bank, and (2) a Global Health Threats Council, a head-of-government level oversight body likely linked to the United Nations. The FIF, which builds on the CSIS Commission's 2019 proposal for a Global Health Security Challenge Fund, would mobilize additional financing from governments around the world, multilateral development banks, philanthropy, and the private sector to close critical preparedness gaps at the national, regional, and global levels. The FIF proposal also closely tracks with the Global Health Security and Pandemic Preparedness Fund included in bipartisan legislation that has passed the full House of Representatives and the Senate Foreign Relations Committee with strong bipartisan support. The Global Health Threats Council, meanwhile, would seek to elevate and sustain pandemics as a collective priority for world leaders, monitor the state of global preparedness, provide political leadership, and steer a global response in the event of a future pandemic. The council would fill a glaring gap—the dearth of high-level coordinated action in the first two years of the Covid-19 pandemic.

The Biden administration has come out in support of both proposals, which were included as targets at the Global Covid-19 Summit hosted by the White House in September 2021 and affirmed by Secretary of State Blinken at the Covid-19 Foreign Ministerial in November. Recently, WHO director-general Dr. Tedros has also come out publicly in support of both proposals. In the case of the FIF, Dr. Tedros fully endorses the World Bank as the appropriate organization to establish a new fund, given its financing and multisectoral expertise. In the case of the Global Health Threats Council, Dr. Tedros and health ministers are pressing to keep any new global governance body for pandemics closely tied to the WHO, to ensure that anything new does not usurp WHO’s authority as the world’s leading international health agency. Developing countries, led by South Africa, have been organizing to ensure that they will have a seat at the table in a new council and in the governance of a new FIF. The United States and Norway have led a series of intergovernmental conversations on a FIF and issued a roadmap for action. At their summit in October, G20 Leaders agreed to set up a Joint Finance and Health Task Force to report back in early 2022 on modalities to establish the financial facility, but the task force was slow to get organized and held its first meeting on December 20, 2021. There is no such diplomatic pathway for action yet for the Global Health Threats Council. The process is likely to evolve through the ongoing WHO member state Working Group on Preparedness and Response or as part of a member state petition calling for a UN General Assembly High-Level Summit in 2022.

9. **The DOD has proven global health capabilities: in leadership and logistics, infrastructure for biosurveillance and research and development, and longstanding partnerships. They should be integrated into the U.S. international strategy.**

Effective military leadership, logistics, lift, and planning provide vital support for civilian-led efforts and have been critical to success against infectious disease outbreaks. At home, U.S. military personnel have continuously cared for Covid patients in civilian medical facilities since early in the pandemic. President Biden recently announced that an additional 1,000 military medical professionals will soon join the 240 currently deployed throughout the country. Overseas, military DOD logistical, lift, and scientific support similar to that employed in the 2014 West African Ebola outbreak will likely be needed to fill gaps in the U.S. government’s support of the Covid-19 response in low-income countries. Indeed, mission-focused leadership and dependable logistical support, including detailed supply chain mapping, the ability to create and manage huge contracts, and implementation of the Defense Production Act, all contributed to the successful domestic manufacture and delivery of Covid-19 vaccines in record time through Operation Warp Speed. This same capability can be applied to the incredible challenge of effective disease prevention and treatment in austere environments.
Well-established DOD biosurveillance, research and development, biosecurity, and biosafety capacities can fruitfully be leveraged worldwide. DOD medical researchers at home and abroad continue to make significant advances—the basis for mRNA vaccines resulted from a decade of military research, providing the springboard for both Pfizer and Moderna. The extensive biological science infrastructure that protects U.S. forces from disease and prevents biological attacks from natural, accidental, or intentional sources is constantly connected to international organizations tracking and identifying disease threats, including the WHO and CDC. This work takes place in many of the countries likely to be devastated by Covid-19 proliferation—it can and must be leveraged to fight the disease. The long-term relationship between military research and development and commercial manufacturers will continue to seek answers to problems such as new SARS-CoV-2 variants.

U.S. military global health engagement activities with foreign military and civilian professionals alike have developed relationships, mutual understanding, and capabilities over decades in partner nations that will certainly help pave the way for an effective response. Across the world, military overseas infectious disease laboratories, ongoing disaster relief support, biosecurity and biosafety activities, and other activities create opportunities to fill gaps in Covid-19 responses not available elsewhere in the U.S. government.

10. Stark differences impede U.S.-China cooperation, but a détente is conceivable that advances U.S. national interests.

Tensions between the United States and China have reached a historic peak. Both nations see one another as their greatest geopolitical challenger. China sees the United States as a threat to its socio-political stability and continued growth; and the United States sees China as an aggressive outlier with dangerous ambitions to contravene the rules-based international order. Those assumptions have only been reinforced in response to the Covid-19 pandemic.

Public health had historically been an area of cooperation between the two countries, with longstanding exchanges of scientific personnel, information, and standards as well as cooperative efforts on the largest pandemic threats leading up to the current crisis, including SARS, influenza, and Ebola, all since the turn of the century. But those avenues of cooperation—in particular between institutions such as the U.S. and Chinese Centers for Disease Control and Prevention—ceased to function well in the early days of the Covid-19 pandemic as China refused offers of assistance and increasingly denied access to critical information by the international scientific community.

China has come to see a WHO-led Covid-19 origins probe as a grave threat to its global standing, as even the notion of its implication in the lab leak theory would directly contradict the image it has painted—domestically and in its diplomatic efforts throughout the Global South—as a benevolent player who has been wildly successful in controlling its domestic pandemic, albeit through intense lockdowns and travel restrictions. In turn, cooperation with China has become politically fraught in the United States. The widening controversy in Congress and elsewhere over allegations of weak NIH oversight of grants to EcoHealth Alliance is but the most recent instance.

The United States and its allies will not, and should not, ease off of pressures upon the Chinese to cooperate in the proposed next phase of a WHO-led investigation of Covid-19 origin. Realism is in order: the deadlock may persist for some time, and finding evidence to substantiate either the zoonotic spillover thesis or the lab accident thesis may require years of investigation. The Covid-19 origin controversy may become the global health equivalent of the “frozen conflicts” that emerged out of the dissolution of the Soviet Union.
At the same time, it is in the U.S. national interest to test whether a détente can be moved forward in discrete areas of mutual national interest. The reality is that no meaningful reforms of pandemic preparedness and response can move forward with China (or the United States) absent from the table. Otherwise, there is a risk of an inexorable drift into a de facto U.S.-China cold war that could harden barriers to preparing effectively against future pandemics and delay effective responses to the current crisis.

Travel, public health infrastructure, information sharing, support to COVAX, and global supply chains are areas where a meaningful dialogue could begin if there is political will on both sides. China could also step up its participation in high-level diplomatic fora. Down the road, a U.S.-China dialogue might be enlarged to take account of other areas also of strong mutual interest but which are more politically charged, such as biosurveillance, research and development of medical countermeasures (e.g., vaccines, therapies, diagnostics), and countering disinformation.

Apart from these health security topics, there are other public health concerns that might provide avenues for renewed dialogue between U.S. and Chinese scientific and medical professionals. In particular, noncommunicable diseases—including stroke, the leading cause of death in China, and heart disease, the leading cause of mortality in the United States and second-leading cause of death in China—are areas of mutual interest where sharing innovations could have diplomatic benefits while also significantly reducing the collective burden of disease.

Recently, cautious diplomatic moves have signaled a slight cooling of tensions. Joint announcements at COP26 and the Biden-Xi virtual summit in November 2021 suggest an openness from both sides to explore the possibility of cooperation on transnational issues with significant global security implications, where U.S. and Chinese assets and policies remain essential. The positive feedback received from the release of the CSIS Commission report, Advancing U.S.-China Health Security Cooperation in an Era of Strategic Competition, suggests that public health communities on both sides are ready to renew bilateral cooperation over health security, but significant progress will rely on support at the top levels of both governments.

**Recommendations**

1. **Tied to the Global Covid Summit that President Biden is expected to convene late in the first quarter of 2022, the White House should expedite a U.S. international pandemic initiative that contains concrete quantifiable targets, a prioritization of partner countries and institutions, a clear action plan and multiyear budget, and a designated leadership structure. Its core goals should be to strengthen the acute-phase response while building long-term preparedness.**

The initiative should consciously strive to better unify and balance the U.S. domestic and international strategies, dissolving the tension between the two and making clear to Americans that each is essential to meet this global pandemic crisis that can only be resolved through a truly global response.

This initiative can build systematically upon the groundwork created earlier by the administration. On July 1, it released the U.S. Covid-19 Global Response and Recovery Framework. At the September 22 Global Covid-19 Summit, “Ending the Pandemic and Building Back Better,” the administration outlined targets in three critical areas: Vaccinate the World, Save Lives Now, and Build Back Better.

It should draw systematically from the lessons learned through Operation Warp Speed, including strategic use of the Defense Production Act, and the imperative for speed, accountability, concentrated authority, and a blend of civilian and military institutions.
It should draw upon the lessons learned in strengthening public health capacities, through the Global Health Security Agenda as well as through independent initiatives such as the 7-1-7 framework developed by Resolve to Save Lives.

To move to a true action plan and concrete targets, however, requires a careful and urgent assessment of what is required for the coming years. That has not yet been completed by the U.S. government or outside groups. Such an essential exercise would examine requirements for closing the vaccine gap and ensuring delivery capacity; lay the groundwork for boosters; meet critical needs in therapies, testing, PPE, and oxygen; ensure the integrity and contribution of COVAX and regional bodies; advance regionalized manufacturing capacity; and invest in a new long-term mechanism for funding pandemic preparedness. It would include a careful look at what will be required to address the secondary impacts of the pandemic in vulnerable countries in terms of economic instability, food insecurity, and displacement. The initiative should lay out steps both to combat disinformation and misinformation and to ensure greater transparency from vaccine manufacturers regarding deals made, agreed pricing, and delivery timelines.

The initiative will rely on an accelerated effort to better understand what exactly is needed to create effective delivery capacity in many individual countries, and at what cost. Applied research, through select, in-depth, and rapid country case studies, will be valuable to inform choices. One guiding principle should be strengthening primary healthcare, with a special focus on building a resilient health workforce.

Every effort should be made to innovate and optimize existing platforms. That means securing the next three-year vision for the Global Fund that enlarges its mission to include delivery of essential non-vaccine inputs (e.g., tests, oxygen, and PPE) and builds health security preparedness. It also means making systematic use of PEPFAR’s capacities, far more than has been the case up to now.

And to account for our shortcomings in the Covid-19 response and adequately prepare for the future, it will be important to press ahead in 2022 with an independent high-level national commission on the pandemic, with cooperation and support from the Biden administration and bipartisan leadership.

2. In Q1 of 2022, President Biden should appoint a presidential global health security envoy, based at the Department of State, to lead the U.S. international effort.

This should be a person of considerable gravitas, committed through 2024, charged with a strong mandate, supported by an expanded team of experts, and with direct reporting access to the president. It should be someone with a record of advancing American security and diplomacy.

The mandate should include:

- **Drive forward the development of the U.S. initiative, action plan, and budgets.**

- **Open a sustained dialogue with Congress.** Success will ride on preserving and strengthening the fragile bipartisanism that has been and remains foundational to success in advancing America’s health security. The envoy should build systematically on the PEPFAR and Global Fund legacy of strong bipartisan support secured from Congress over an almost two-decade period, spanning the Bush, Obama, and Trump administrations.

- **Coordinate the international strategy across U.S. agencies.** This should be done in close concert with the White House, which will retain strong operational control over vaccine procurement and delivery, and with whatever mission control capacity is created to coordinate accelerated development of countermeasures (e.g., vaccines, therapies, and diagnostics) and monitoring and surveillance, both domestically and globally.
• **Deepen and expand U.S. diplomatic engagement, particularly with the Global South, key allies, international institutions, and regional bodies.** In particular, Indonesia should be a major partner, as it assumed the G20 presidency in December 2021, and Germany could be a key ally, as it chairs the next year of the G7.

• **Take a leadership position in ongoing negotiations on a pandemic agreement, reform of the International Health Regulations (IHR), and concrete measures to strengthen the WHO.** These negotiations, if successful, will be important in advancing equitable access in the future, enabling better coordination regionally and internationally, and prioritizing specific IHR reforms in such areas as travel restrictions, transparency, and biosurveillance. They can become a forum for advancing a global leadership council and reaching consensus on future preparedness priorities. It will be critically important that these negotiations support, and do not divert from, the ongoing acute response.

3. **The administration should prioritize vaccines as the backbone of both the domestic and international response.**

To bring order to a currently disordered world, the presidential envoy should organize the international plan’s vaccine strategy around five core goals:

• **Ensure affordable, timely supply to COVAX, regional bodies, and key partner states.** The envoy will need to make a deliberate and concentrated commitment to rebalance supply to cover the estimated gap for low- and middle-income countries in 2022, estimated at 3 billion doses, so as to avoid a worsening of inequities as the more wealthy and powerful countries expand booster coverage and campaigns to vaccinate children. It will require concluding multiyear partnership plans that set specific, realistic coverage targets.

• **Strengthen delivery capacity.** That will require a special focus on strengthening the health workforce at the primary care level.

• **Combat disinformation, vaccine hesitancy, and refusal.** The United States is in a position to enlist U.S. tech and social media to be an integral part of this effort.

• **Strengthen World Bank and other multilateral financing of procurement.**

• **Advance regional production partnerships with major vaccine developers.** Early promising work is already under way in South Africa, Rwanda, and Senegal. It will require careful planning for sustaining demand over time for vaccine production and laying out a strategy for diversified vaccine production.

4. **The administration should make therapies and tests among the highest priorities of the U.S. initiative.**

As part of its diplomatic strategy, the administration should develop a strategy to foster global alignment around a “test and treat” approach to Covid-19 and support the development and distribution of multiple therapeutic options for treating Covid-19. It should spearhead international efforts to secure adequate global funding for testing and treatment options; prioritize efforts to create a mechanism for ensuring equitable access to and distribution of Covid-19 tests and therapies; and promote policies to strengthen global demand for Covid-19 tests and therapies. The heads of state summit in early 2022 and run-up to the Global Fund replenishment, which the United States will host in the second half of 2022, can be used to advance international consensus on the approach and determine the amount of funding needed to scale up global access to diagnostics and therapies.
The United States should also designate a lead agency for efforts aimed at ensuring the distribution of Covid-19 therapies in low- and lower-middle-income countries. Work on Covid-19 therapies so far has been carried out by diverse agencies, with the NIH leading work on research and the ACTIV field trials, in coordination with BARDA and the U.S. Food and Drug Administration (FDA). While the NIH can play a role in assessing the potential of combination therapies to anticipate and prevent drug resistance, and support the development of second-generation medical countermeasures, USAID is well suited to oversee programs to generate demand for Covid-19 therapies and to support countries in distributing Covid-19 therapies. In doing so, it should work in coordination with HHS agencies, notably the CDC, and draw both on the expertise of PEPFAR, which has considerable experience delivering antiviral therapies, and on that of DOD, with its planning, contracting, and logistics capabilities.

Building demand for Covid-19 tests and therapies, along with countering the political challenge of misinformation and disinformation, will require greater attention to communications. The United States should launch a special, dedicated initiative in this area, led by the CDC and in partnership with USAID, to develop and deliver training to enable health experts to communicate clearly about the benefits of Covid-19 therapies with their communities and to ensure adherence to treatment regimens to avoid the potential for the development of drug resistance.

5. The administration should take a strategic approach to developing future vaccines, therapies, and diagnostic technologies, along with monitoring and surveillance, domestically and globally.

This approach should prioritize the following goals:

- **Refine and fund the American Pandemic Preparedness Plan.** That will entail reaching bipartisan agreement in Congress on a long-term funding platform and defining the authorities of the mission control mechanism and where it will be based.

- **Advance U.S.-EU cooperation, particularly between BARDA and the newly established EU Health Emergency preparedness and Response Authority (HERA).**

- **Expand support for the Coalition for Epidemic Preparedness Innovations (CEPI).**

6. The United States should prioritize the establishment and resourcing of a Pandemic Fund and a High-Level Leaders’ Council.

Without U.S. leadership, the world is unlikely to take decisive action on either pandemic preparedness or response. While there is growing consensus around the need for both a Pandemic Fund and a High-Level Leaders’ Council, only a handful of nations have thus far backed these proposals. There is a relatively high risk that these reasonable reforms to the international system could languish in the face of geopolitical divisions and bureaucratic resistance to change. The United States needs to show the same strong level of global leadership and patient determination on pandemics that it is exhibiting on climate, embarking on a sustained diplomatic initiative to enlist the support of a larger and more diverse group of countries. The U.S. decision at the World Health Assembly Special Session in November 2021 to support the advancement of negotiations beginning in the spring of 2022 on a new pandemic agreement may help attract greater support for both the council and the fund.

On the fund specifically, the CSIS Commission reaffirms its earlier position that the United States should aim for at least a $2 billion contribution toward a goal of a $10 billion annual fundraising target from all donors. The U.S. contribution will serve as a key signal and high-water mark for other nations’
contributions. Thus far, the administration has only committed $250 million from the American Rescue Plan Act, with another $250 million pending in the Fiscal Year 2022 State and Foreign Operations bill. This is insufficient. The administration requested an additional $600 million for the fund that was slated to be included in the Build Back Better bill, but that was stripped along with reductions in other domestic pandemic preparedness funding. The White House and Congress should work together to ensure that full support for both global and domestic preparedness funding, including establishing the new fund, is included in whatever spending package moves through Congress in early 2022. In parallel, the administration should ensure that the members of the Joint Health and Finance Task Force and the World Bank reach agreement on the modalities of setting up a new fund by the time of the second Global Covid-19 Summit, expected in late Q1 of 2022. Furthermore, to ensure sustained financing that recognizes pandemics as an ongoing national security threat and avoids supplanting other global health priorities, the administration should also work with the Departments of Defense and Treasury, congressional leaders, and allies to identify new sources of pandemic preparedness funding outside of the foreign assistance budget, modeled after the funding approach for anti-terrorism efforts following 9/11.

7. **DOD’s responsibilities, capabilities, and funding authorities related to global health threats should be re-examined to expedite integration into the U.S. initiative.**

DOD should be included from the outset of planning efforts, but it must follow the strategic direction of a lead federal agency, designated by the White House, for the U.S. international Covid-19 response. As laid out in this white paper, that should be the Department of State.

The current Biodefense Posture Review provides an excellent opportunity to re-examine organizational structures and funding authorities that may be impeding cooperation across the interagency and to create a holistic view of biological threats from any source. DOD capabilities dealing with biological threats—through biosurveillance; research and development of diagnostics, therapeutics, and vaccines; counterproliferation; and clinical care—should be more closely coordinated and synchronized both within DOD and with external partners. And while DOD should not supplant ongoing development efforts, adequate funding authorities are necessary to allow for immediate crisis response and longer-term host-nation health system strengthening in concert with other federal agencies.

Specifically, 10 USC Ch. 16 section 333 authority to provide training and equipment to national security forces of foreign countries for the purpose of building capacity against threats that could impact the United States should be expanded to include global health risks. Additionally, a global health engagement funding line with multiyear authorizations should be established to support ongoing DOD military-to-military and military-to-civilian health system-strengthening activities.

Ultimately, the U.S. military’s success in preventing, detecting, and treating infectious disease threats has only been possible because highly dedicated, skilled people dedicate their careers to this enterprise. This reservoir of military medical and scientific expertise has and could continue to make relatively unnoticed but critical contributions in areas not of commercial interest to the overall U.S. health system or pharmaceutical industry—including malaria, Ebola, and new vaccine platforms—so long as it is adequately resourced and sustained.

8. **The United States should test engaging with China on global health security.**

Despite the charged atmosphere, the Biden administration should focus its energy on a series of confidence-building measures to test whether a moment of détente with China might be possible on certain health security matters. In conducting these steps, the United States should remain skeptical, cautious, and realistic in its ambitions. Leaning on long-established commercial and scientific partnerships may present the most
likely paths to cooperation in the near to medium term, even if formal international forums remain hostile. There are three bilateral agreements that lapsed from 2017 to 2020. We should explore extending or updating those enabling instruments.

As China faces the reality of a reopening global economy, its no-tolerance travel policies may become untenable compared to the economic appeal of recovering domestic consumption, international business, and tourism. Of course, Omicron now raises additional complications and dangers. Though over 80 percent of China’s 1.4 billion citizens have been fully vaccinated with Chinese vaccines, those vaccines provide minimal protection against infection, and it is still uncertain what level of protection they may provide against extreme illness, hospitalization, and death. Pressures are intensifying for a national campaign to introduce a third dose of an mRNA vaccine.

Eventually, resumed travel between the United States and China may also help to ease broader tensions through the exchange of people and ideas. Mutual recognition of proof of vaccination, quarantine reductions, and a resumption of certain visas could facilitate a modest reopening.

Public health infrastructure is another conceivable area of collaboration. Building on the long history of U.S.-China cooperation on basic public health capacities, U.S. and Chinese public health officials could share their experiences with the Covid-19 pandemic with their counterparts in an effort to strengthen disease surveillance and response in both countries. While having to navigate fundamentally different philosophies in their approach to pandemic control, officials from both countries have advantages to offer in terms of infrastructure and expertise that could be useful for future emergencies. National academies and regulatory agencies have a potentially very important role to play.

And while supply chains remain a politically contentious issue, as both countries seek to onshore capacity and avoid an overdependence on the other for a whole host of commodities—raw materials, active pharmaceutical ingredients (APIs), PPE, and medical drugs and devices—restructuring those supply chains will take time. In the immediate term, secure, resilient supply is a national security imperative, even if overt bilateral cooperation may be sensitive, and avoiding further shocks is in the direct self-interest of both China and the United States. Opening a dialogue to discuss exemptions of fair trade or World Trade Organization rules for certain products during pandemics may be a plausible starting point.

As a climate envoy was critical to diplomatic efforts in the COP26 process, so too could concentrated diplomatic power in a U.S. presidential envoy on global health security provide a new opportunity for focused negotiation between the United States and China and greater dialogue in multilateral settings. Such an appointment could not only generate additional incentives for action by HHS and the National Security Council, it might also motivate both sides to resurrect the informal communication channels that have been disrupted since the onset of the Covid-19 pandemic. And while more contentious areas, including biosurveillance, shared research and development of medical countermeasures, and countering disinformation, will likely remain off the agenda for the medium term, these initial steps on more palatable topics could pave the way to more expansive future conversations.

The Way Forward
The year 2022 is a year of decision. This third year of the SARS-CoV-2 pandemic, opening with the remarkably fast Omicron wave, will be no less complex and challenging than the first two years, even while we are equipped with remarkable scientific and technological tools, and even after the extensive progress we have made in building protections. We will continue to sort out the science surrounding the Omicron variant: whether it is more virulent, what protections vaccines provide, what unfolds post-surge, and what
is needed next in terms of vaccine development, new therapies, and non-pharmaceutical measures. In the meantime, deep and pressing global inequities will continue to create new variant threats and future vulnerabilities for all, including Americans who are fully vaccinated and boosted and children who are not yet eligible for vaccines.

The United States has stepped back onto the world stage, made major important investments, and created new facts, new diplomatic pathways, and new expectations. But that progress is not likely to be consolidated and advanced under current circumstances unless a far more strategic and disciplined international approach is taken that is integrated with the domestic approach, wins support in Congress, and addresses both the immediate acute global needs and the long-term requirements for global readiness against future threats.

At base, the moment has arrived for an urgent re-think among American policymakers, built around a U.S. multiyear international initiative led by a presidential envoy, with clear priorities and concrete, quantifiable targets. We need to re-think and elevate the State Department’s role at the same time that we re-think the role that can and should be played by the Department of Defense. We need to reconsider, carefully and quickly, what scale and type of U.S. leadership and investment are essential to surmount the disorder in the global response, at the same time that we update our thinking on the true nature of the security threat that the pandemic poses to U.S. national interests.

If we pursue this course, and explain it effectively to the American people, they will be supportive. They will understand the powerful rationale behind such an international initiative: that it will advance the security of all Americans, advance an ethical and humanitarian agenda, align with and balance all that we do inside our borders to combat the pandemic, and help restore stability and prosperity.

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