

A close-up photograph of various medical instruments resting on a light blue, textured fabric surface. The instruments include a pair of silver surgical forceps, a metal probe with a blue handle, a metal clip, a blue pen-like tool, and a teal stethoscope. The lighting is soft, highlighting the metallic and plastic textures of the tools.

**UNIVERSAL ACCESS
TO QUALITY HEALTH
IS THE SUREST WAY
TO PREPARE FOR THE
NEXT PANDEMIC**

Whitepaper
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→ **THE COVID-19 PANDEMIC DEMONSTRATED THE** extraordinary damage one infectious disease can wreak on lives, livelihoods, societies and economies. The speed with which SARS-CoV-2 spread showed how our health and destiny as humans are intricately tied. To secure the world from such disease agents, we must invest to ensure that all communities have access to the health systems they need to curb disease outbreaks before they become full-blown crises. Failing to invest in efforts that ensure every community across the world is prepared for future pandemics can be catastrophic.

It is not a question of if, but when we will face the next threat from a pathogen that can cause a pandemic. Indeed, the frequency of infectious disease outbreaks across the world is increasing. With population growth and climate change putting increasing stress on the global ecosystem, we will see more zoonotic spillover events, where pathogens from the animal world become threats to humans. With antimicrobial resistance (AMR) a growing menace, we face an increasing risk of being confronted with pathogens impervious to lifesaving medical tools, including antibiotics.

And the window of opportunity for us to be ready for the next pandemic is closing. The speed with which outbreaks can turn into pandemics means that advance preparations largely determine the effectiveness of the response. After every previous large infectious disease outbreak such as SARS or Ebola – and now following COVID-19 – the chorus of increased calls to step up investment in global preparedness has grown. We now have a limited opportunity to apply the lessons we learned and ensure that, globally, we are never again caught on the back foot in the face of an outbreak of pandemic potential.

The best way to build pandemic preparedness capabilities is by investing more vigorously in the fight against the infectious diseases killing most people today. The infrastructure and capabilities put in place to defeat these diseases, such as medical supply chains, laboratories, community health workers and disease surveillance, are what is needed to identify and respond to new outbreaks. For example, the systems built to fight older pandemics, such as HIV, TB and malaria, served as the cornerstone of the fight against COVID-19. Community health workers – trusted members of the community – were key in ensuring continued access to healthcare, especially for the differential diagnosis of fever and for delivering appropriate health messages to the population.

Saudi Arabia has a related example. Its response to the Middle East respiratory syndrome coronavirus (MERS-CoV) made a significant contribution to how the country approached the fight against the COVID-19 pandemic. Smart investments to tackle the big infectious diseases of today can achieve great results in strengthening health and community systems.

Achieving pandemic preparedness is fundamentally about building stronger systems for health, particularly public health capacities and primary healthcare, which are the basis for building universal health coverage (UHC). The best way to build and keep such capacities “warm” is to use them: exercised muscles are stronger than muscles left idle. Moreover, most future threats are likely to emerge from the failure to respond effectively to current diseases.

UHC is an effort to ensure that all people have access to the full range of quality health services they need wherever they are and whenever they need them →

ABOUT THE AUTHOR

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Between 2015 and 2017 Peter was a Research Fellow at Harvard University, dividing his time between the Mossavar-Rahmani Center for Business and Government at Harvard Kennedy School and the Harvard Global

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→ without suffering financial hardship. More than 1 billion people lack access to basic healthcare, and in many parts of the world, one-third of all households must borrow money or sell assets to pay for essential health services. At the center of UHC is universality, which emphasizes the importance of the “U” in UHC. Baked into that “U” is the commitment to equity. In seeking to build true UHC off the back of efforts to fight existing diseases, Japan’s fight against TB and its achievement of UHC after World War II can be instructive. In the early 1950s, Japan launched a massive nationwide effort to combat TB, which combined the latest scientific tools, community mobilization, private sector engagement and determined efforts to reach the most marginalized communities. Not only did Japan achieve dramatic reductions in TB infections and deaths, but it also used this effort as the platform on which to create UHC.

In many countries, lack of equitable access to health services has proved a formidable barrier to accelerating progress against infectious diseases. Pandemics thrive on and exacerbate the fissures in our societies. Actions to address health inequity, tackle human rights-related barriers and redress gender inequalities are as important for pandemic preparedness as they are for fighting existing diseases. Resilience to future pandemic threats can only be built by considering community systems as an integral part of the systems to build preparedness, early detection and response to outbreaks. By expanding investments to build the resilience and innovation of communities in fighting infectious diseases, global health entities can contribute to making the world battle-ready for multiple pathogens of pandemic potential. The “U” in UHC will not be attained automatically, but by deliberate, sustained action to create people-centered and inclusive systems, and to remove barriers to access health services.

Since its founding, the Global Fund, with support from donors such as Saudi Arabia, has invested vigorously in health and community systems to fight HIV, TB and malaria, as well as to create sustainable systems that can support countries to achieve UHC. The Global Fund is the

world’s largest multilateral provider of grants for health systems. We are investing US\$6 billion in 2024–2026 to support countries in this cause, which represents over one-third of all Global Fund investments in this period. Such areas of investment include components needed for pandemic preparedness, including laboratory networks, disease surveillance systems, supply chains, primary healthcare facilities and community health workers. Our community-focused programming and inclusive governance model enable our grants to reach remote and vulnerable populations, including those marginalized by poverty, stigma, discrimination or criminalization.

To achieve UHC and build strong foundations for pandemic preparedness, the world must strive to ensure that civil society and communities are the beating heart of everything we do – from governance to delivery of services to the last mile. Time and again, community engagement, leadership and systems have proven an invaluable backbone of the response during crises. Community trust and engagement of those most marginalized are vital determinants of success in response to any disease. All too often, the people most vulnerable to diseases are the same people who don’t have access to healthcare. Resilience to future pandemic threats can only be built through active engagement with communities in conceptualizing, planning, implementing and monitoring the pandemic preparedness enterprise from end to end. Strengthened community systems will enable communities to produce innovations and generate evidence-based data that can be used in programming and policymaking as an integrated part of pandemic preparedness, early detection and response to outbreaks.

By investing in strong, equitable and resilient health and community systems while tackling the world’s leading infectious diseases, and by working together to ensure that UHC is a central tenet of the global health architecture, we can make the world a safer place and accelerate progress towards Sustainable Development Goal 3 – achieving universal health coverage and health and well-being for all. Together, we can build a healthier and more equitable world. ■



ABOUT FII INSTITUTE

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