

Panel for a Global Public Health Convention Priorities for the UN HLM on PPPR in 2026

I. Sustainable Financing

Context: Effective pandemic prevention, preparedness and response (PPPR) is an investment, not a cost. Yet PPPR financing is declining. Debt distress and competing fiscal priorities continue to constrain domestic investment particularly in low-income countries, compounding existing gaps in PPPR. Current international financing also falls far short of the estimated US\$15 billion per year needed to close global PPPR gaps, with the Pandemic Fund significantly underfunded. And without a coherent system for monitoring PPPR financing flows, accountability is limited and countries facing health emergencies are less able to rapidly identify available financing.

Commitments

- *Acknowledge* that PPPR is a global public good, the benefits of which extend across borders and accrue to all countries, warranting investment commensurate with its substantial returns for health, productivity, and development.
- *Recognize* the fiscal constraints facing low-income countries, particularly those facing debt distress, and encourage the use of innovative financing mechanisms to expand fiscal space for PPPR investments, including debt relief instruments such as debt-for-health swaps.

Domestic/Regional

- *Commit to ensuring* predictable domestic investment in PPPR, integrated within broader health system strengthening through a whole-of-government and multisectoral approach. To that end, *commit to* progressively scaling up domestic financing for PPPR, endeavoring to allocate a minimum of 0.2% of GDP to PPPR, alongside sustained investment in universal health coverage.
- *Establish* transparent, disaggregated national mechanisms for tracking and reporting domestic PPPR expenditure.
- *Strengthen* national and regional capacity for producing pandemic-related health products, including investing in local and regional manufacturing, and research and regulatory systems.
- *Recognize* the essential role of regional development banks in supporting PPPR financing, and *encourage* enhanced financing collaboration among countries within regions.

International

- *Strengthen and align* international financing to build and sustain PPPR capacity, particularly in low- and middle-income countries, including through technical and financial assistance.
- *Expand support* for the Pandemic Fund through predictable financial commitments.
- *Commit to* adequate and predictable financing of the WHO and the WHO Contingency Fund for Emergencies.
- *Support* the full operationalization of the Coordinating Financial Mechanism established under the amended International Health Regulations (2005) (IHR) and the WHO Pandemic Agreement.
- *Endeavour* to meet the estimated US\$15 billion per year in new international financing target to fund effective PPPR.
- *Establish* a unified international mechanism for tracking and publicly reporting PPPR financing flows to enable resource allocation, accountability, and the rapid identification of available financing during health emergencies.

II. Objective Monitoring

Context: Accountability for PPPR commitments depends on objective, comparable and timely data. Yet the current monitoring infrastructure is fragmented and inadequately linked to PPPR processes.

Commitments

- *Establish* an objective, comprehensive national system for monitoring pandemic risk and PPPR capacity and implementation, with a clear mandate, governance structure, and links to national PPPR plans, spanning all relevant sectors, including human health, animal health, agriculture, food systems, biodiversity, climate, disaster risk reduction, finance, trade, transport and security.
- *Urge* the public disclosure of disaggregated and comparable monitoring data, enabling resource allocation and accountability.
- *Commit* to systematic reporting of monitoring data to new and established monitoring mechanisms for PPPR, including the Conference of the Parties established under the WHO Pandemic Agreement and the States Parties Committee for the Implementation of the IHR.

III. A Multisectoral Approach to Pandemics

Context: Pandemics are multisectoral crises. Effective PPPR therefore requires whole-of-government and whole-of-society approaches, both nationally and across the international system, built on strengthened coordination among existing bodies and instruments.

Commitments

Domestic

- *Establish or strengthen* national coordination mechanisms for PPPR that facilitate collaboration across relevant sectors and levels of government, consistent with the One Health approach, including human health, animal health, agriculture and food systems, environment including biodiversity and climate, water and sanitation, disaster risk reduction, education, finance, trade, transport, customs and border management, communications, social protection, and security.

International

- *Call on* relevant organizations and entities, including the Quadripartite organizations (WHO, FAO, UNEP, WOA), UNICEF, UNDP, WTO, the UN Office for Disaster Risk Reduction, the World Bank and OCHA, and the governing bodies of relevant international instruments, within their respective mandates, to strengthen coordination, collaboration and policy coherence for PPPR, and identify and advance areas of complementarity.

IV. Additional Asks

- *Decide* to convene a high-level meeting of the General Assembly on PPPR no later than 2030 to review progress against the commitments contained in this Declaration and other relevant international instruments for PPPR.
- *Welcome* the adoption of the WHO Pandemic Agreement by the World Health Assembly, call on all WHO Member States to move expeditiously toward its signature and ratification upon its opening for signature, and encourage all States to strengthen capacities for its implementation.
- *Urge* the Intergovernmental Working Group to conclude, as a matter of priority, negotiations on the Pathogen Access and Benefit Sharing annex to the WHO Pandemic Agreement.