
The Panel recommends

- I. Ensure that **national and subnational public health institutions** have **multidisciplinary capacities** and multisectoral reach and the **engagement of the private sector and civil society**. **Evidence-based decision-making** should draw on inputs from across society.
- II. Heads of State and Government to appoint national pandemic coordinators accountable to the highest levels of government, with the mandate to drive whole-of-government coordination for both preparedness and response.
- III. **Conduct multisectoral active simulation exercises on a yearly basis** as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning and accountability and establish independent, impartial and regular evaluation mechanisms.
- IV. **Strengthen the engagement of local communities** as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.
- V. **Increase the threshold of national health and social investments** to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage and a strong and well-supported health workforce, including community health workers.
- VI. Invest in and coordinate **risk communication** policies and strategies that ensure timeliness, transparency, and **accountability**, and work **with marginalized communities, including those who are digitally excluded, in the co-creation of plans that promote health and well-being at all times, and build enduring trust.**