
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.