

Learning from Different Nations' Experiences with COVID-19

Models of Public Inquiry, Methods to Globally Network

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Abstract

While all corners of the world have been touched by COVID-19, countries' experiences with the virus have certainly not been universal. Staggering divergences in outcomes between countries—in terms of lives lost, economic carnage, secondary health losses, learning loss, and social trust and cohesion, to name a few—underline the urgency of understanding how and why the COVID-19 pandemic has played out as it has in different settings and how we can best mitigate the impacts of this pandemic over the decades to come. This paper looks in detail at one important approach for learning from the pandemic: country-level COVID-19 commissions, i.e. interdisciplinary, country-level and country-led bodies carrying out “lessons learned” reviews of the given country's experience confronting COVID-19. This paper examines how country-level COVID-19 commissions could be a powerful tool to generate lasting changes in public policy and spending on pandemic preparedness and response, key questions for countries to consider as they develop their own commissions and thematic areas they could focus on, as well as how to link learning at the local and national levels to analysis and recommendations made by international bodies. Country-level reviews must begin as soon as possible to ensure the recommendations that come out of them can guide the effective distribution of resources and funding to better manage the ongoing COVID-19 crisis and prepare for future public health threats. Additional research into COVID-19 commissions is needed to ensure governments and organizations have a wealth of knowledge and best practices to draw on as they set up their own commissions. To that end, the Center for Global Development also plans to release a “starter kit” focused on the more technical aspects of how countries can form COVID-19 commissions.

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Introduction

Why have some countries fared better than others at different times throughout the COVID-19 pandemic? Despite both being island nations, for example, the United Kingdom has recorded ten times more deaths per capita due to COVID-19 than New Zealand as of August 2022.¹ The United States and Taiwan are both democracies, yet the US has recorded eight times more deaths per capita as of August 2022.² Senegal, which has a per capita GDP of roughly US\$1,500,³ has recorded roughly eleven times fewer deaths per capita as of August 2022 than Israel,⁴ which has a per capita GDP of roughly US\$47,000.⁵ Beyond lives lost to COVID-19, economic carnage, secondary health losses, learning loss, and social trust and cohesion are just a few other ways that outcomes have diverged between countries.

It is hard to overstate the human and economic costs of the COVID-19 pandemic—not just the loss of life from the virus but also the devastation to development trajectories in many countries that will continue for years. The World Bank has predicted the COVID-19 pandemic will erase at least 10 years of per capita income gains in more than a quarter of emerging market and developing economies.⁶ An estimated 114 million more people were pushed into extreme poverty in 2020, and the global labor force participation rate fell by 2.2 percentage points in 2020 (compared to a 0.2 percentage point decline during the 2008 global financial crisis).⁷ Progress towards gender equality has faced setbacks as a result of the pandemic's secondary impact on women's health and reproductive health, education disruptions, job and income losses that have disproportionately affected women, and increased gender-based violence.⁸ Education disruptions have led to learning losses and higher drop-out rates—disproportionately affecting the poorest children and further exacerbating inequalities. The IMF found that school closures lasted around twice as long in developing economies as they did in advanced economies in 2020–2021.⁹ According to UNICEF, at least 200 million children live in countries that are not equipped to provide remote learning; half of these children are in countries that fully or partially closed schools for at least nine months of the pandemic.¹⁰ In September 2021, schools were still closed for 117 million children in 18 countries.¹¹ Given that more novel viruses will develop, the prosperity of many low- and middle-income countries (LMICs) over the next several decades will depend on the ability to learn and apply lessons from COVID-19 at the country and

1 Data from Johns Hopkins University Coronavirus Resource Center. [Mortality Analyses](#). Accessed August 2022.

2 Data from Johns Hopkins University Coronavirus Resource Center. [Mortality Analyses](#). Accessed August 2022.

3 Data from [United Nations Statistics Division](#). Accessed August 2022.

4 Data from Johns Hopkins University Coronavirus Resource Center. [Mortality Analyses](#). Accessed August 2022.

5 Data from [United Nations Statistics Division](#). Accessed August 2022.

6 World Bank, January 2021. [Global Economic Prospects: Highlights from Chapter 1](#).

7 United Nations, May 2021. [UN World Economic Situation and Prospects as of mid-2021](#).

8 United Nations, May 2021. [UN World Economic Situation and Prospects as of mid-2021](#).

9 Ruchir Agarwal, February 2022. [Pandemic Scars May be Twice as Deep for Students in Developing Countries](#). IMF Blog, International Monetary Fund.

10 UNICEF, October 2021. [“At least 200 million schoolchildren live in countries that remain unprepared to deploy remote learning in future emergency school closures.”](#) Press Release.

11 UNESCO, September 2021. [“UNESCO warns 117 million students around the world are still out of school.”](#) Press Release.

global levels to better prepare for future outbreaks, including the need to create access to affordable treatment and vaccines for all. Without this, the gains from past and future economic development initiatives may be moot or significantly reduced.

The COVID-19 pandemic is an ongoing crisis that will not have a clear “end point.” Staggering divergences in countries’ experiences with the virus underline the urgency of understanding how and why the pandemic has played out as it has in different settings and how we can best mitigate the impacts of this pandemic over the decades to come. We also must learn from and reckon with the implications for the design of policies and financing to combat outbreaks and pandemics in the future—both at the local level and within the international health architecture.

This paper looks in detail at one important approach for learning from the pandemic: country-level COVID-19 review commissions and other associated models of independent inquiry. We examine how country-level COVID-19 commissions, i.e. interdisciplinary, country-level and country-led bodies carrying out “lessons learned” reviews of the given country’s experience confronting COVID-19, could be a powerful tool to generate lasting changes in public policy and spending on pandemic preparedness and response, key questions for countries to consider as they develop their own commissions, as well as how to link learning at the local and national levels to analysis and recommendations made by international bodies. Country-level reviews must begin as soon as possible to ensure the recommendations that come out of them can guide the effective distribution of resources and funding to better manage the ongoing COVID-19 crisis and prepare for future public health threats. This learning, moreover, is not just a chance to focus on challenges and shortcomings; it is also an opportunity to capture key innovations and improve national and global systems for billions of people. If done right, learning efforts from COVID-19 could fuel a historic reassessment of national and global governance that will prepare our planet for the coming challenges of the 21st century.

This paper builds on the discussions and writings of an interdisciplinary group convened by the Center for Global Development and Schmidt Futures to explore mechanisms for country-level learning and accountability around COVID-19.¹²

The preparedness puzzle

The COVID-19 pandemic has underscored how pandemic preparedness and response is both radically global and radically local. Different countries—and even different regions within countries—experience and respond to public health crises in different ways. These differences depend on a dynamic mixture of local politics, health systems, economics, geography, demography, culture, and values. Learning from COVID-19 must take into account these local specificities to generate effective lessons and guidance. At the same time, no country is isolated from the public

¹² <https://www.futuresforumonpreparedness.org/working-groups>

health decisions of other countries in our increasingly interconnected world; they are also exposed to the decisions and actions of international institutions with responsibility for health and development finance. This means the world as a whole—both individual nations and the international system—needs to rethink how we learn and move forward from this crisis in order to better confront the next one.

There is no one answer to the challenge of learning from COVID-19 and preparing for future pandemics; nor are learnings strictly “technical”, divorced from citizen values and preferences. On top of its public health and economic impacts, the pandemic has also been a political crisis for many countries, tearing at the social fabric that holds polities together. Learning that disregards the social specificities of countries in favor of a generic, abstracted set of public health principles will miss a crucial piece of the preparedness puzzle. Blanket recommendations and best practices issued by faraway experts alone will not suffice. Nations must develop rigorous COVID-19 learning efforts, not only to understand how and why the pandemic played out in their specific areas but also to provide spaces for communities to reflect and heal. Learning is a key process in improving institutions and local practices as well as developing a sense of closure and unity.

Learning from COVID-19 is even more urgent because pandemic preparedness has long been under-prioritized and under-supported at national and international levels—despite the increasing risk the world faces from pathogens and other biosecurity threats.¹³ Moreover, COVID-19 has highlighted the need to reimagine our very conceptions of pandemic preparedness and management. Existing measures of national preparedness and response capacities have not necessarily been indicative of how well countries have fared in their responses to COVID-19. For instance, while the Global Health Security Index¹⁴ and the Independent Health Regulation (IHR)-based Joint External Evaluations (JEEs) have helped identify key actions and gaps in countries’ preparedness prior to COVID-19, their pre-pandemic assessments failed to predict the varied range of national responses to this pandemic.¹⁵ Furthermore, many pre-COVID pandemic preparedness efforts aimed at containing emergent pathogens, with no secondary line of defense for how to live with a new pathogen in the medium-term as other treatments are developed.

How to develop and deploy learning and preparedness efforts is a key question that requires complex and nuanced consideration by policymakers in the very near term. There are already some existing efforts. The World Health Organization, for example, launched the Independent Panel for Pandemic Preparedness and Response (IPPPR) in 2020 to develop lessons from the COVID-19 pandemic to help countries and global institutions more effectively address future health threats.¹⁶ Other efforts

13 Global Preparedness Monitoring Board (GPMB), 2019. *A World at Risk: Annual report on global preparedness for health emergencies*.

14 The Global Health Security Index is an assessment of health security capabilities in 195 countries; see more [here](#).

15 Felix Salmon, “Rich countries’ pandemic preparedness failures,” *Axios*, January 21, 2021; Pandemic Action Network, 2020. *The Next Pandemic Won’t Wait: An Agenda for Action to Strengthen Global Preparedness*.

16 See: [Independent Panel for Pandemic Preparedness and Response \(IPPPR\) website](#).

include the G20 High Level Independent Panel (HLIP) on Financing the Global Commons for Pandemic Preparedness and Response¹⁷ and the *Lancet* COVID-19 Commission.¹⁸ These groups are important, but COVID-19 learning and accountability cannot solely occur at the international level. Learning must also occur at the local (community) and national levels, including in countries that do not have histories of intra- or after-action inquiry or the resources to support the learning efforts themselves. Several countries, including the United Kingdom,¹⁹ the United States,²⁰ and Sweden,²¹ already have plans for COVID-19 learning efforts underway. But the pandemic is a global challenge. Learning that only occurs in a handful of wealthy nations will miss crucial insights and fail to lead to essential reforms across the world. Without this array of learning initiatives, lessons will not crystalize into new practices to combat the next pandemic. While COVID-19 learning is important at both the national and international levels, countries are the ones best suited to thoroughly examine their institutions' performance and implement changes based on those learnings.

The starting point for these considerations is a simple yet important question: if local learning is key to policy reforms and a better “next time” response, are COVID-19 commissions or other kinds of country-level independent review a good solution? And what would it take to make such approaches effective?

The importance of national COVID-19 commissions

Learning is local

A key rationale for country-level COVID-19 commissions—or other “lessons learned” efforts or reviews—is that many of the most essential lessons of the pandemic are not necessarily universal. Different approaches to COVID-19 that were successful in one country failed in another (and vice versa) throughout the course of the pandemic. Even different regions within the same country have experienced the pandemic in diverse ways. Moreover, countries' experiences confronting COVID-19 have not been linear; rather, they have meandered as new science, technology, and political conditions change what type of responses are appropriate, effective, and valued. COVID-19 commissions can make sense of these multidimensional stories.

Above all, COVID-19 commissions can provide the specificity required for institutional evolution in particular places, avoiding reforms driven by generalized findings that may work in one context but not another. The ultimate goal of any commission should be to illuminate the changes needed to prevent a similar tragedy, weigh the costs and benefits of different interventions, and motivate those in power to institute those changes. Well-written reports do not save lives. Well-reasoned,

17 See: [G20 High-Level Independent Panel \(HLIP\) website](#).

18 See: [Lancet COVID-19 Commission website](#).

19 See: <https://committees.parliament.uk/work/657/coronavirus-lessons-learnt/publications/>.

20 See: <https://www.covidcpg.org/>.

21 See: <https://coronakommissionen.com/>.

locally informed, and evidence-based reports whose recommendations are implemented do. National commissions can provide the specificity needed to make those implementations effective by tailoring recommendations and outlining detailed changes at legislative, budgetary, and organizational levels.

Still, there are some general focus areas that have emerged throughout the pandemic, and while countries should tailor their learning efforts to their specific contexts, we feel it is useful to propose a broad list of topics COVID-19 commissions could focus on:

1. **Understanding the toll**—What was the toll of COVID-19, both in terms of numbers and the qualitative experiences of trauma and grief? *Quantifying the toll*: Attempting to produce consensus numbers on, for example, lives lost, other health effects, learning loss, economic impact, mental health impact, and equity. *Trauma and grief*: Focusing on story-telling and understanding people's diverse experiences of the pandemic—around, for example, loss of life, health trauma (stories of survivors, long-COVID), frontline health workers (trauma, burnout, PTSD), household trauma (mental health, substance abuse, domestic violence, relationship stress, children's experiences, separation from loved ones), economic trauma (lost businesses, jobs, income), and social trauma (polarization, distrust, violence)—accounting for the range of suffering, frustration, anger, and grief.
2. **Financing for pandemic prevention, preparedness, and response**—What did country-level investments in pandemic prevention, preparedness, and response entail prior to COVID-19? Where were the noticeable gaps in financing, both before and during the pandemic, and how did they impact the response? What incentives for financing of prevention and preparedness at the center/federal or subnational level were in place? What capacity was there to finance the surge in expenditures during the pandemic? Did fiscal space play a role in limiting the speed and scope of the financing response for health, social protection, and firm support? What is the cost to fill identified preparedness gaps and what are prospects for increased financing for this use?
3. **State of prevention and preparedness**—What was the state of pandemic prevention and preparedness? How have OneHealth and multisectoral interventions been financed and delivered? How can preparedness capacities be strengthened to prevent future pandemics? How can threats be addressed at the human-animal-ecosystem interface to minimize spillovers from animals to humans as well as the environmental and economic conditions that facilitate spread?
4. **Human and animal health system capacity and readiness**—What was the capacity of the health system to efficiently and effectively confront this crisis, including surge capacity, ICU beds, stockpiles of PPE and other critical medical supplies, health workforce, and animal health monitoring? What triage and resource allocation tools or guidance existed? What gaps did the pandemic reveal and how can we address them to strengthen health system capacities for future disease threats? What was the role for international collaboration or

financing? What lessons are there around relying on international cooperation for support for these things (related to, for example, speed, quality, reliability)?

5. **Data, surveillance, and reporting**—How did experts at the national, regional, and international levels detect, assess, and report the threat posed by COVID-19? What was the state of data and information (vital statistics, case/disease reporting, and related), outbreak detection and surveillance capacities and capabilities (including early warning systems, testing and contact tracing, genomic surveillance), information sharing, and tracking and reporting on mortality data? An examination should include national systems as well as regional (e.g., Africa CDC) and participation in international networks (e.g., WHO early warning system).
6. **Containment and mitigation measures**—How did policymakers handle warning signs, both in the initial days and throughout the pandemic? What were official policy responses to COVID-19 at the national and sub-national levels (e.g., lockdowns, travel restrictions, social distancing, mask mandates, testing and tracing, quarantines, school closures)? How effective were these measures and what direct and indirect impacts did they have on health, society and livelihoods, and the economy? How well tolerated were these measures? What were the sources of discontent about them and how long were people happy enough to comply?
7. **Research and development**—How did domestic research and development on medical countermeasures play out? How did countries finance and participate in research and development around such measures? How did countries participate in clinical trials? Were expedited regulatory, benefit sharing, or access terms agreed alongside trials? Were there political or ethical issues around trial design and/or participation in trials that could have been addressed better beforehand?
8. **Regulatory issues**—Given the importance of early at-risk procurement of vaccines during the COVID-19 response, what legal or regulatory changes were made to enable speedy regulatory review of potential vaccine candidates? Were other countries' regulatory decisions referenced? Was the WHO Emergency Use Listing adopted as a standard? How did regulatory approvals or requirements—at country or global level²²—influence country vaccine procurement timing and financing? In hindsight, what kinds of domestic, regional, or international regulatory and legal instruments would have facilitated speedier and more transparent licensing of vaccines?
9. **Procurement**—Did the procurement structures for medical countermeasures help effective coordination, lead to relatively good outcomes, work with civil society, use good data, and build public trust and accountability? Was early funding available to finance purchases of medical countermeasures? Were procurement policies and approaches sufficiently speedy and agile? How was international financing used to support the needed scale and speed

22 For example, the World Bank's initial requirements for three Stringent Regulatory Authority (SRA) approvals before countries could access financing. See CGD commentary [here](#).

of procurement of medical countermeasures? Were international pooled procurement facilities or agencies utilized? How and why? What were limitations and shortfalls in domestic and global efforts? How much transparency was there in procurement? Were contracts and their terms published? Was there congressional or parliamentary oversight of emergency procurement?

10. **Supply chains and delivery**—How efficient and effective were manufacturing, supply chains, and last mile delivery systems and processes for medical countermeasures? Where were there capacity and financing gaps and what impact did these have? For example, did supply chain capacity limit the ability to adopt and/or the reach of the more effective mRNA vaccines? How did the delivery and distribution of vaccines and therapeutics play out? How were issues around equity and access handled?
11. **Governance and bigger international picture**—How did governance structures for prevention, preparedness, and response at the international, regional, and national levels factor into and impact the response? What role did national task forces and/or committees working on the COVID-19 response play? How did the international response (WHO, multilateral development banks, regional bodies, international recommendations and funding, donors, pooled procurement, trade and travel restrictions) affect the local response? What was useful and what could have been better? What was the role for the private sector in the response? What was the role of civil society organizations in the response?
12. **Economic impact**—What economic impact has the pandemic had on the nation, localities, and families (including budgetary effects, fiscal space)? What are projected future impacts on different sectors of the economy and growth? What tools did national and sub-national officials use to help mitigate the economic impacts of the pandemic? What policies or programs were put in place (social protection policies, safety nets, cash transfers, support to affected economic sectors and firms), and what was their impact?
13. **Secondary impacts of COVID-19**—Beyond the direct health impacts of COVID-19, what knock-on effects did the pandemic have on other health services (such as vaccination, HIV/AIDS and TB treatment, access to family planning) and outcomes? How did disrupted access to health services impact numbers of excess deaths and development trajectories? What indirect impacts did COVID-19 have on other aspects of society and livelihoods (i.e., education and learning loss, mental health, women and girls)?
14. **Education**—What school-based countermeasures were put into place in response to COVID-19 (e.g., testing, mask mandates, distancing, ventilation)? What was the need and effectiveness of school closures, their impact on learning outcomes, and the effectiveness and costs of remote alternatives? What impact did the pandemic have on learning loss and what strategies were used to mitigate it?
15. **Vulnerable populations and social inequity**—How did governments define and engage with different at-risk communities during the pandemic (e.g., women and girls, healthcare workers, the elderly, low-income households, and racial or ethnic minorities, among other

groups)? What equity considerations were incorporated into official policies and programs related to the health and economic responses? What have been the disparities in share of disease burden, deaths, access and quality of care, allocation and distribution of vaccines and therapeutics, and socioeconomic impacts?

16. **Political economy, individual freedoms, and democratic norms**—How did political economy factors play into and impact the response? Were democratic norms, institutions, and processes respected and upheld throughout the crisis? What restrictions on liberty and enforcement mechanisms were put in place during the pandemic? What was necessary/justified/evidence-based? What was overreach? What was the degree of public support? Were COVID-19 restrictions abused for other purposes? Where was more needed to bring the population along? What is the appropriate role of restrictions and mandates in an emergency? What are some principles from a “do no democratic harm” approach (e.g., looking at the issue of media freedom, ensuring emergency measures have time limits)?
17. **Channels of information and disinformation**—What sources of information and disinformation were at play, and how did they influence public trust and behavior? What was the accuracy, appropriateness, effectiveness, and transparency of official public/scientific communications? What role did mainstream and alternative media coverage and social networks play? What was the effect on polarization? How efficiently and effectively was disinformation addressed? What methods and tools can be utilized for tracking or mapping disinformation to have evidence earlier on to counter it?

The unique power of commissions

Admittedly, there is not a single definition for what a “commission” is. Commissions can be varying sizes, they can be private or public, and they can have variable scopes of work. Nonetheless, for the purposes of this paper, we would like to focus on a few key characteristics of successful commissions that differentiate them from other convenings such as groups of academics or task forces. These include a scope of work exclusively interested in promoting the public benefit, legitimacy in the public eye, and members with diverse backgrounds. A commission should be understood to have an ethos independent of any political party or private interest. Much of this comes down to the way the commission formation is handled and how members comport themselves as they undertake their work rather than a strict checklist of commission “Do”s and “Don’t”s.

Some may wonder why commissions are a good way to address these questions and challenges over other forms of information collection, analysis, and dissemination. Academics and journalists, for example, will likely look into these issues rigorously in the years and decades to come. Crisis commissions, however, provide three advantages which other, more decentralized efforts do not²³:

23 See Philip Zelikow’s [keynote on COVID-19 commissions](#) at the 2021 Futures Forum on Preparedness.

1. **Social Symbolism:** After widespread tragedies, there is often a societal yearning for an authoritative response and acknowledgement that gives a sense of closure. Commissions provide a culturally significant focal point for this response and acknowledgement.
2. **Scale of Effort:** Unlike academics or journalists, commissions can mobilize large pools of resources to provide a comprehensive analysis. Commissions are also a great means of convening large groups of stakeholders and experts from diverse backgrounds who otherwise may not collaborate or exchange ideas. The scale of a commission is also a major source of authority.
3. **Policy Development:** Academics and journalists are good at diagnosing problems, but not always as focused on proposing solutions. Commissions can dive into the detailed and difficult work of crafting effective policy recommendations.

COVID-19 commissions will not provide all the answers to how and why the pandemic played out as it has, nor should they try. Instead, they can provide a shared understanding of events and challenges that can serve as a foundation for future work and societal healing. In the years to come, there will be a strong urge to make sense of the pandemic and distill a coherent narrative and lessons from chaotic and complex sequences of events. How these narratives settle has a large power to shape local political and social climates long after the pandemic has receded. Beyond their role shaping policy and budgetary improvements, commissions can be an early and influential force shaping these narratives. While less easily quantifiable, this could be a significant, long lasting, and impactful contribution of country-level commissions to collective well-being beyond COVID-19.

Prioritizing and financing pandemic preparedness

An influx of global resources available for health from the public and private sectors presents an urgent and unprecedented opportunity to bolster public health infrastructure through learning and accountability efforts. The international finance community cannot anticipate a one-size-fits-all approach to preparedness and response financing. Countries' specific financing needs will vary depending on their given context and experiences with the pandemic. National COVID-19 commissions can play a critical role in identifying gaps and how to make best use of resources for strengthening public health, including preparedness, based on the individual country's challenges and priorities.

Consequences of not prioritizing preparedness on display, again

The COVID-19 pandemic has proven once again just how detrimental not putting our money where our mouth is can be. The 2003 SARS epidemic, 2009 H1N1 influenza pandemic, and 2014–2016 West Africa Ebola outbreak all served as stark reminders of the importance of investing in health security preparedness—and the steep consequences of neglect. Numerous international commissions and panels have reviewed outbreaks and pandemic responses over the years,

affirming the critical need and urgency to shore up global preparedness capacities.²⁴ And while there have been notable efforts on both the global and national levels over the past two decades, the COVID-19 crisis illustrates the significant gaps that remain.

Despite warnings from health experts, pandemic preparedness has been chronically underfinanced, particularly in LMICs.²⁵ At the international level, health crises have typically been met with associated spikes in global health assistance for preparedness and response, which are quick to fall back down again. While a number of international programs and initiatives were established following the 2014–2016 West Africa Ebola outbreak—including multiple initiatives hosted at the World Bank and increased funding for the US-funded Global Health Security Agenda—funding for pandemic preparedness and response has generally been small in scale, fragmented, and geared more towards emergency response and immunization than preparedness.²⁶

While high-income countries have more resources to direct to preparedness and emergency response, LMICs are working with more constrained health budgets and limited fiscal space, making spending on preparedness a difficult decision for governments faced with competing demands. Further, the economic impact of the COVID-19 pandemic leaves many LMICs facing projected budget constraints for years to come, threatening progress on key development objectives and further widening the gap between developing and advanced economies.^{27,28}

The economic case is clear for investing in preparedness

As we have seen with COVID-19, the human and economic costs of not investing in pandemic preparedness and response are steep. The cost of investing in preparedness before a crisis hits, however, is a mere fraction of the cost of response and recovery efforts in the event of a major disease outbreak. While estimates vary, some estimates put the cost of the COVID-19 pandemic on the global economy at around US\$10 trillion during 2020–2021,²⁹ with further economic costs continuing

24 IPPPR, 2021. *Second report on progress*.

25 In 2019, pandemic preparedness made up less than 1 percent of global health aid. Thomas J. Bollyky and Stewart M. Patrick, 2020. *Improving Pandemic Preparedness: Lessons From COVID-19*. Council on Foreign Relations.

26 See: Georgetown Global Health Security Tracking website.

27 Adrian Gheorghe, Kalipso Chalkidou, Amanda Glassman, Tomas Lievens, and Anthony McDonnell, 2020. *COVID-19 and Budgetary Space for Health in Developing Economies*. CGD Note. Center for Global Development; Y-Ling Chi, Amanda Glassman, Srobana Ghosh, and Lydia Regan, 2021. *How Will COVID-19 Impact Our Progress Towards Universal Health Coverage?* CGD Blog. Center for Global Development.

28 Gita Gopinath, April 2021. *Managing Divergent Recoveries*. IMF Blog. International Monetary Fund; Joe Parkinson, "Covid's Next Challenge: The Growing Divide Between Rich and Poor Economies," *The Wall Street Journal*, May 18, 2021.

29 See: G20 HLIP report and CGD blog from Amanda Glassman and Eleni Smitham. *The Economist* estimated US\$10.3 trillion over 2020–2021, based on World Bank projections. *The IMF April 2021 Fiscal Monitor* estimated governments' fiscal costs at US\$10 trillion up to March 2021, comprising additional spending and forgone revenue. *McKinsey & Company* estimated the economic disruption caused by the COVID-19 pandemic could cost over US\$16 trillion. *GPMB* estimated the COVID-19 response at over US\$11 trillion in direct funding, with additional US\$10 trillion in future loss of earnings.

for years.³⁰ Meanwhile, estimates for the price tag on preparedness are within the tens of billions (rather than trillions).³¹

Given the global nature of health threats, investing in bolstering many aspects of pandemic preparedness at the global and national level is a global public good. It is in the interest of individual countries to invest in their own preparedness, and it is in the interest of the global community to support LMICs in doing so. This investment in country-level preparedness reduces the risk of local health threats cascading into global crises, benefitting all countries. For LMICs, additional support from the international community is needed to help close critical preparedness gaps and make progress towards a stronger global health security system. To promote greater country-level financing, there must be stronger incentives for countries to make on-budget investments in strengthening their national health security preparedness. Other considerations include how to structure and organize adequate, sustained investments on the national and global levels, where concessional financing can support greater LMIC investments, and review of cost allocation and subnational distribution of investments in wealthy countries.³²

Critical areas for investment

The COVID-19 pandemic has highlighted several critical areas for scaled-up investment. While the following comprise core areas for learning and accountability efforts to address, country-specific priorities will vary based on their given context and experience confronting COVID-19.

1. **Preparedness metrics:** Evolving how the global community defines and measures national preparedness and response capacities, including measures for assessing the functionality and performance of preparedness systems (i.e., testing, mortality data, genomic surveillance).
2. **Data, surveillance, and reporting:** Expanding global, regional, and domestic capabilities for outbreak detection, prevention, and reporting, including early warning systems, genomic surveillance, testing and tracing, and tracking and reporting mortality data.³³ Strengthening these capabilities includes improving the coverage, accuracy, and transparency of information, and creating incentives (and removing punitive measures) around data sharing and early reporting with minimum standards and accountability.
3. **Research and development:** Building and better coordinating global capacity to develop vaccines, diagnostics, and therapeutics quickly and against a range of pathogens.

30 In early 2021, the IMF projected output losses of US\$22 trillion between 2020–2025. In early 2022, the IMF projected global output losses from the pandemic of around US\$13.8 trillion through 2024.

31 Estimates vary, see [here](#). Further, the 2021 report from the G20 HLIP calls for an increase in international financing of at least US\$75 billion over the next five years, or US\$15 billion per year.

32 Amanda Glassman and Eleni Smitham, 2021. [Financing for Global Health Security and Pandemic Preparedness: Taking Stock and What's Next](#). CGD Blog. Center for Global Development.

33 Emma B. Hodcroft et al., "Want to track pandemic variants faster? Fix the bioinformatics bottleneck," *Nature*, March 01, 2021.

4. **Manufacturing capacity, procurement, and supply chains for critical medical supplies:**
Planning and financing to reduce fragmentation and inefficiencies and improve coordination to ensure rapid and equitable access to critical supplies.

There has been an influx of global resources for public health since the onset of the COVID-19 pandemic, with even more needed.³⁴ The world needs to think about how to most effectively use these resources, including seeing through urgent, unmet financing needs (e.g., funding for ACT-A priorities), as well as securing and organizing new resources and creating stronger incentives at all levels. The pandemic will continue across different regions at varying intensities for the foreseeable future, so the time to start organizing and implementing country-level reviews is now. The reviews undertaken by COVID-19 commissions will be instructive in helping identify the biggest gaps and the most effective ways to deploy health resources, ideally informing any new institutions, mechanisms, or processes that are set up. Country-level COVID-19 commissions will help build the local strategies for how to mobilize funding and resources to improve pandemic preparedness around the world. But, building effective strategies in part depends on building effective commissions.

Key questions to consider in establishing country-level COVID-19 commissions

Given previous crisis reviews for past outbreaks and pandemics, along with several efforts already underway at the national, regional, and international levels to assess the COVID-19 response, nations interested in developing COVID-19 commissions will not have to work from scratch. In **Appendix A**, we outline a few of these existing efforts to assess the pandemic preparedness and response, as well as resources that could help emerging and existing commissions.

Even with existing examples to build from, emerging learning and accountability efforts will still have to make several important structural and procedural decisions as they develop. In this section, we outline several overarching considerations for COVID-19 learning efforts at the country-level. Questions around whether and how countries can structure their crisis reviews to learn from the successes and challenges of their response to COVID-19, what disciplines and experts should be represented on a COVID-19 review commission, and how national and international learning efforts can complement one another will be important for any commission to consider. Many questions remain—highlighting an important opportunity for further exploration.

34 The 2021 [G20 HLIP report](#) calls for an increase in international financing for pandemic prevention and preparedness of at least US\$15 billion per year over the next five years, with sustained investments in subsequent years. Reports from the G20 HLIP and IPPPR, among others, include recommendations to create a multilateral financing mechanism or Fund for global health security and pandemic preparedness. The G20 HLIP recommends the creation of a Global Health Threats Fund as a dedicated fund mobilizing US\$10 billion per year, based on pre-agreed contributions, to support investments in global public goods for pandemic prevention, preparedness, and response. IPPPR proposes an international pandemic financing facility that could mobilize long-term contributions of US\$5–10 billion per year for sustained preparedness functions, as well as rapid surge financing for response, to fill gaps at national, regional, and international levels.

First, it is necessary to understand whether COVID-19 commissions would be a useful and feasible mechanism to drive policy reform, accountability, and learning in a given country setting. Some countries do not have a precedent for such commissions, necessitating strategic thinking with in-country stakeholders on what version of a commission would make most sense, if any. In some countries, the pandemic is not at the top of the political agenda or is competing with many other issues for attention. Commissions will need to consider how to achieve political buy-in within such countries, or even whether a commission would be a value-adding strategy for learning and accountability.

In designing potential country-level COVID-19 commissions, key considerations center around their structure, scope, and impact.

1. Structure

Timing

Timing will be an important variable for all COVID-19 commissions to weigh. Unlike other crises such as natural disasters or terrorist attacks, the COVID-19 pandemic will not have a clear end point, and the now inevitable transition to endemicity will likely occur at different paces in different countries. A key consideration will be determining the right timing to run a commission and issue a report while balancing the scientific, public health, political, and social goals of any COVID-19 commission. The potential of further waves and changes in a country's pandemic stage due to unprotected populations also complicates the question of timing. Countries should be wary of waiting too long to roll out commissions if they hope to capitalize on existing public pressure around the crisis. Too long a lag could reduce commissioners' abilities to build on the momentum of public concern around COVID-19 and other pathogens. Of course, there is also the tradeoff that rolling out a commission while a crisis is ongoing will mean it will be difficult to assess causality and the ultimate success or failure of different measures. A commission should strive not only for accurate conclusions but also for change in response to those conclusions. It is up to each commission to understand this as a dual mandate where both components require due attention.

The question of timing is also inherently linked to the balance between accountability and learning. Given the advantages of setting up commissions sooner rather than later, and given the importance of preparing for future crises rather than solely assigning blame for past mistakes, there is a case to be made for commissions established in the midst of the pandemic to focus their objective on fact-finding and inquiry less for accountability and more for learning and applying lessons moving forward. Balancing the advantages and tradeoffs between these various aspects will be fundamental when crafting the mandate and considering the timing for a commission.

Governance and composition

Whether country reviews should be run by the government or civil society is a critical decision that may be made on a country-by-country basis depending on the political economy factors at play. Both choices have different advantages and disadvantages. For instance, governmental commissions have a certain stature, but can become politicized, while non-governmental commissions can struggle to build the same level of authority and legitimacy. Another major distinction to consider is whether to arrange commissions with judicial or nonjudicial modes of inquiry. While a judicial mode can provide subpoena power, it can also lead to bureaucratic time lags (and might be less vital in the case of COVID-19 commissions).³⁵

The political context in which a commission would operate will be fundamental to think about in terms of how learning and accountability efforts should be framed. The COVID-19 pandemic has been a politically charged issue in many countries. Organizing effective commissions should be more feasible in democratic contexts where there is a free press and where the country has taken more of a learning approach to the COVID-19 response over time. In weaker democratic contexts and in more polarized environments, a civil society-led approach might be more effective than a government-led one. While certainly more difficult, constructing legitimate commissions in polarized contexts, if possible, can be a powerful opportunity for impact. Learning and accountability initiatives could also be useful to non-democratic societies, however the feasibility of safely and effectively organizing commissions in these contexts poses significant challenges.

As for commission membership, a comprehensive COVID-19 review needs to be highly interdisciplinary and should incorporate perspectives on different aspects of the response. Commissions will have to integrate a range of experts from fields such as public health, economics, government, pharmacology, supply chain management, and anthropology, for example, to understand the spectrum of failures that arose during the pandemic and the connections between them. When considering who to include from civil society, commission architects should reach out to groups that have been most effective working in the country as a starting point. Commission architects should also consider regional (i.e., sub-national, rural/urban), gender, and ethnicity composition dynamics and ensure these review bodies are representative and inclusive. One of the most important impacts of COVID-19 commissions may be bringing together scholars and practitioners who didn't interact before the pandemic and creating long-lasting bridges between disciplines that can bolster more robust responses to future public health crises.

But beyond the voices and experiences that the actual commission members bring to the table, commissions must also be sure to incorporate perspectives from communities into their reviews. Emphasizing the public interest as a guiding effort is essential to the credibility and comprehensiveness of the commission process.

³⁵ See Philip Zelikow's keynote on COVID-19 commissions at the 2021 Futures Forum on Preparedness.

Connecting national and international learning efforts

Crisis reviews can occur at many scales and cover varying numbers of regions and countries. While international commissions play an important role in examining lessons and affirming priorities and recommendations at a global level, for policy and practice reforms to have a greater chance of uptake and implementation, there must be demand and buy-in from country governments as the controllers of spending and policy—thus affirming the importance of national commissions. For example, a health official in a given country might read a big-picture international assessment from the WHO, but this does not carry the same weight as a domestic process over which the government and population can feel ownership.³⁶ Further, the focus and recommendations of an international assessment in general will be less catered and applicable to the country-specific context and priorities.

At the same time, COVID-19 has also been a global challenge, so any national commission will need to consider how to connect national and international lessons and concerns. There may be important lessons for commissions to take from international reviews. Similarly, there are also important lessons countries can learn from cross-country or regional level comparisons. There should be a degree of coordination between efforts to share insights, understand how the global response interacted with local realities (i.e., how the design of COVAX affected local vaccine access; how WHO advice and guidance played out within countries), and ensure some level of standardization and—where needed—collaboration and assistance. An organized COVID-19 learning network or consortium comprised of country-level commissions, and connected with international and regional review bodies, can help link the different learning efforts as they evolve. A network approach to COVID-19 learning and accountability allows lessons to be analyzed cross-nationally and at the global level, providing a more comprehensive picture of how to better prepare for and prevent the next pandemic threat. National IHR Focal Points³⁷ and/or National Public Health Institutes (NPHIs)³⁸ are apparatuses to build upon and to include in connecting learning efforts, as well as any COVID-19 reviews already completed or underway.

The final report from the IPPPR includes a recommendation for a high-level Global Health Threats Council, to be established by the UN General Assembly and led by heads of state/government. While the intention of the proposed Council differs from that of a learning network—with the former seeming to offer more high-level symbolism and oversight functions—a key proposed function of such a Council includes ensuring “maximum complementarity, co-operation and collective action across the international system at all levels.”³⁹ A learning network should seek to explore either formal or informal connections between the two bodies. Additionally, the IPPPR report includes a

36 Further to this point, see 2015 [AidData report](#) that found that external assessments from international organizations that rely on host government data are more influential.

37 <https://www.who.int/teams/ihr/national-focal-points>

38 <https://www.cdc.gov/globalhealth/healthprotection/nphi/about.htm>

39 IPPPR, 2021. COVID-19: Make it the Last Pandemic.

recommendation for the WHO to conduct universal periodic peer reviews of national preparedness and response capacities for the sake of learning and accountability between countries.⁴⁰ Similarly, the G20 HLIP report recommends the establishment of a Health Security Assessment Program to provide assessments of countries' prevention and preparedness capabilities and investments.⁴¹ This would also be an important area for a learning network to explore, assessing the potential benefits and feasibility of collaboration or joining efforts.

2. Scope

Thematic focus areas

Given the broad scope of the COVID-19 crisis, commissions may want to organize their assessment around several thematic focus areas (see the earlier list of thematic areas for a menu of options). Selection of specific themes to address as part of the national reviews should be locally determined according to the country-specific context and priorities while also considering that broader scopes can diminish commissions' abilities to push for lasting change. Historically, commissions with narrower mandates have been more successful than commissions with broader mandates.⁴² Narrower mandates allow commissions to target their outreach to a key group of stakeholders without being spread too thin. This insight poses a particular challenge for COVID-19 commissions given the all-encompassing nature of the pandemic. COVID-19 has touched every corner of life from medical systems to education to supply chains to the economy. There will likely be an impulse for commissions to address a range of foundational societal needs highlighted by the pandemic. However, commission architects must consider the tradeoff between breadth and effectiveness as they strike a balance between an appropriate scope of work for commissions and ensuring that work has lasting impacts.

Data

COVID-19 commissions can play essential roles collecting, organizing, and analyzing data to find out what happened and why. The research and evidence currently available around country responses to COVID-19 is limited. Especially when it comes to the effectiveness or cost-benefit analysis of non-pharmaceutical interventions (e.g., masks, lockdowns), there is little evidence for which interventions have worked best throughout the pandemic and why. There is also a paucity of data around the uses and effectiveness of public health spending in LMICs. Commissions should be aware of these uncertainties and data gaps at the outset and set clear expectations for what type of pronouncements they will hope to make by the end of the process. Some commissions might

40 IPPPR, 2021. *COVID-19: Make it the Last Pandemic*.

41 G20 HLIP, 2021. *A Global Deal for Our Pandemic Age*.

42 One study has shown roughly 85 percent of narrower commissions' key recommendations were partially or fully adopted, compared with roughly 55 percent for commissions with broader mandates. Jordan Tama, 2011. *Terrorism and National Security Reform: How Commissions Can Drive Change During Crises*. Cambridge University Press.

plan to produce data and measurements in understudied areas, while others may just make broad assessments and note some impacts are difficult to measure.

Measuring success

It is also not clear which goals and objectives can be used to measure and understand outcomes of the management of the crisis and therefore to bound the scope of the inquiry—numbers of cases or deaths, extent of indirect impacts on health, livelihoods and education, and equity, for example, or other outcomes. While there is not necessarily a “right” answer to this question, COVID-19 commissions should be intentional with their choice of metrics and explain their reasoning, including what constitutes a good or bad outcome.

3. Impact

At the end of the day, commissions should lead to real-world changes. This means commissions should focus on specific policy and organizational prescriptions and guidance and make clear who should make each decision to implement a change and when. The aim is not just about learning from what happened or accountability for it, it is fundamentally about informing what happens going forward. Commissions must be strategic not only in what they choose to study, but also in how they choose to organize and disseminate their findings to achieve the greatest impact.

Public perception and buy-in will play a large role in a commission’s impact. To this end, commissions should spend the time to understand how the public prioritizes accountability vs. learning and consider how they will frame their decisions to pursue some avenues of action and not others. There is often a tradeoff between accountability—which can be associated with blame and can lead to divisiveness—and learning.⁴³ Investigations can reveal both systemic failures and culpable individuals. Commissions should be strategic about where they can leave the largest impact based on their powers, resources, and constraints. Moreover, it is important to remember how uncertain global knowledge of the virus has been through much of the pandemic. Actions that come across as mistakes with hindsight, in the moment, may have seemed reasonable and warranted. A focus on learning sees this without assigning blame while a focus on accountability may risk judging past actions with knowledge that was unavailable at the time. That does not mean there is no room for accountability, but, when crafting a commission’s remit, commission architects should consider this tradeoff and what approach will be most effective in the given context. Further, commissions should take into account the importance of the perception of transparency in the public’s eye when considering what aspects of the commission’s work should be in the public domain. For instance, will interviews and background research be made available to the public, and if so, when?

43 Jordan Tama, 2011. *Terrorism and National Security Reform: How Commissions Can Drive Change During Crises*. Cambridge University Press.

In addition to the data collection and research necessary for any commission's goals, coalition building is also key—both within and outside the commission. Commissions are more influential when all of their members are on the same page in public.⁴⁴ Effectiveness also depends on which actors commissions are able to mobilize to institute recommended changes, both within and outside of government. Coalition building with relevant actors while conducting research and analysis—rather than only after a final report is released—helps streamline follow-on action once commissions complete their work. Focusing on publicity and promotion is another form of coalition building with the general public that commissions should not leave as an afterthought. Generating public understanding, support, and enthusiasm around a commission's efforts is a critical part of gaining the legitimacy needed to make the process work.⁴⁵ Particularly as time pushes on and the “window of opportunity” after a crisis closes, other priorities can cause a commission's efforts to lose urgency. Fueling public interest in a commission's work is a way to combat and delay this loss of momentum.

A commission's members are also a critical piece of its legitimacy in the public sphere. Commission leaders and members should be selected with an eye toward political credibility, otherwise they risk the public rejecting their analysis and recommendations. This includes a perception among the public of stature, political diversity, and unbiased decision-making.⁴⁶ Ideally co-chairs will represent diverse backgrounds and have a national profile that will allow them to garner support from their backers and personal networks.

A vision for action

If the past is any indication, broad, high-level recommendations and guidance developed by international bodies will not be effectively implemented where it matters most—at the country level—unless learning is localized to take into account the nation- and region-specific contingencies that shaped the success or failure of different COVID-19 responses. At the same time, there must be some level of international coordination between these national and regional efforts to ensure an efficient use of resources as well as to support countries without sufficient resources to independently organize learning and accountability initiatives. Effectively, this is a vision for largely decentralized, country-level and country-led learning with a central “hub” to connect learning efforts and facilitate communication and sharing of lessons and best practices at all levels.

One option for where this international coordination could be based is at the Global Preparedness Monitoring Board (GPMB), which is staffed by a joint secretariat from the WHO and the World Bank. Another option could be basing it at the newly proposed Global Health Threats Council.⁴⁷ Wherever this international coordination role sits, it will require investment to ensure the body is adequately

44 Ibid.

45 Ibid.

46 Ibid.

47 IPPPR, 2021. [COVID-19: Make it the Last Pandemic.](#)

equipped and staffed to take on this work. An early goal for this coordinating body should be to compile a database of already existing COVID-19 learning and accountability efforts. This database should include any publicly available documents and timelines and categorize the efforts based on the criteria outlined in this paper, such as governmental vs. non-governmental efforts and areas of inquiry.

This coordinating body should also assemble a pool of funding to support learning and accountability work in regions without the resources to carry out efforts on their own and regions without prior histories of similar crisis review. This funding can come from both public and private sources. There is also a special role for philanthropy in this effort—to enable independence and flexibility as well as the capacity to insert into the political process without being muzzled by it.

While it would be ideal if all countries can run their own COVID-19 commissions, we realize this may not be possible. The priority countries where we believe conducting COVID-19 reviews would be particularly beneficial—both for the country itself and others in the global community—should include a mixture of countries who have mounted relatively successful responses to the pandemic, and those who have not. This may also include countries who have been successful in some elements or periods of their response, while struggling more with other elements or periods.

The international community must treat COVID-19 learning initiatives with the same urgency as the response to the virus. However, there must be a greater level of coordination than we have seen throughout much of the pandemic. We recommend an international gathering to discuss COVID-19 learning efforts and coordination, either hosted by the United Nations or a country already developing learning initiatives. This gathering must feature a diversity of countries, both in terms of geography and development.

Moving forward

Additional research into COVID-19 commissions is needed to ensure governments and organizations have a wealth of knowledge and best practices to draw on as they set up their own commissions. There are several focus areas related to COVID-19 learning and accountability that would benefit from additional exploration, including research into:

1. Areas of analysis that will trigger reforms and action to enhance future investment and action on prevention and preparedness
2. Effective ways to build linkages between local, national, regional, and international learning efforts
3. Strategies for conducting outreach to parliamentarians to ensure buy-in for commissions from those making laws, and for outreach to the public to ensure their buy-in
4. Ways to develop a network of funders who can help support learning and accountability efforts in critical countries that lack adequate resources

5. Tools to support countries and localities navigate the international financing available to help implement identified reforms
6. List of “known unknowns” to illustrate areas of inquiry that would be helpful to COVID-19 commissions but which currently lack sufficient data

The Center for Global Development also plans to release a “COVID-19 Commission Starter Kit” focused on the more technical aspects of how countries can form COVID-19 commissions, including:

1. Mechanisms for forming different committees within commissions and pitfalls to avoid
2. Investigative roadmaps that can guide countries with no history of after-action reviews
3. Templates for financing COVID-19 commissions in LMICs
4. Guidance to ensure national commissions integrate insights from international and other country-level or regional learning efforts, and vice versa

The COVID-19 pandemic has been an unprecedented global tragedy. But it is also an unprecedented opportunity. Humanity has been lucky SARS-CoV-2 was not more deadly and that scientists were able to develop effective vaccines so quickly. We may not be so lucky with future novel viruses. Perhaps this pandemic has been a dress rehearsal for a greater future threat. The next few years are a chance to learn from COVID-19 and improve national and international response mechanisms so that a future virus does not snowball into a future catastrophe.

Appendix A. Existing efforts and resources

The table below outlines a few of the existing efforts to assess the COVID-19 pandemic preparedness and response, as well as resources that could help emerging and existing commissions. This list is not exhaustive and does not intend to cover all efforts currently underway.

Effort	Scale	Description/Focus
Independent Panel for Pandemic Preparedness and Response (IPPPR)	International	Established by the WHO in 2020 to review insights and lessons from the WHO-coordinated global response to COVID-19, as well as past health emergencies, and provide recommendations for strengthening global pandemic preparedness and response capacities. The review assesses the effectiveness of mechanisms at WHO's disposal during the COVID-19 response; the 2005 IHRs and progress on implementing the recommendations of past IHR review committees; and the timeline of events, WHO recommendations, and national government responses related to the pandemic, in order to better understand the impacts of both the pandemic and the response efforts. The panel published their final report and recommendations in May 2021. ⁴⁸
Global Preparedness Monitoring Board (GPMB)	International	GPMB is an independent monitoring and accountability body launched by the WHO and World Bank in 2018. They produce an annual report on the state of global outbreak preparedness and response capacity, including critical gaps and high-level recommendations. GPMB's 2020 annual report ⁴⁹ provides an assessment of the global response to COVID-19, and the 2021 report ⁵⁰ highlights the inequality, inaction, and lack of global coordination that contributed to the challenges of the pandemic.
Lancet COVID-19 Commission	International	The Lancet commission is composed of an interdisciplinary group of experts across the health sciences, business, finance, and policy sectors. Through 12 different task forces, the commission focuses its work around four main themes: recommendations to contain COVID-19; mitigating the humanitarian crises that have emerged; confronting the related economic impacts; and global recovery.
G20 High-Level Independent Panel (HLIP) on Financing the Global Commons for Pandemic Preparedness and Response	International	The Italian Presidency of the G20 commissioned the HLIP to identify gaps in the financing of the global commons for pandemic preparedness and response and produce recommendations for sustainable financing options/mechanisms to fill these gaps, leveraging public, private, philanthropic, and international financial institution (IFI) resources. The panel builds on other international efforts (e.g., IPPPR, GPMB), bringing a distinct economics and finance angle. The HLIP presented its final report to G20 Finance Ministers and Central Bank Governors in July 2021. ⁵¹

48 IPPPR, 2021. COVID-19: Make it the Last Pandemic.

49 GPMB, 2020. A World in Disorder.

50 GPMB, 2021. From Worlds Apart to a World Prepared.

51 G20 HLIP, 2021. A Global Deal for Our Pandemic Age.

Effort	Scale	Description/Focus
US COVID-19 Commission Planning Group	National	The Planning Group is exploring options and laying the groundwork for the organization, scope, and strategy for a commission examining the pandemic response in the United States. ⁵² Proposed focus areas, subject to change, cover origins and prevention; risk assessment; national readiness and response; communities at risk; state and local readiness, containment, and mitigation; caring for the sick; vaccines, diagnostics, and therapeutics; data issues; and issues faced by victims and their families.
UK Response Review	National	The Science and Technology Committee and the Health and Social Care Committee within the UK House of Commons are conducting a joint inquiry to distill lessons learned from the ongoing COVID-19 response to inform decisions during the remainder of the pandemic and in the future; to document evidence from those involved in the decision-making process in real time; and to examine how the government has used scientific advice throughout the pandemic response.
African Union Governance Response Report	Continental	The African Peer Review Mechanism (APRM) of the African Union released a report in July 2020 on Africa's governance response to COVID-19, examining initial response measures in member states and on a continental and regional level (and their implications and effectiveness), and offering recommendations on policy responses for the African Union and its member states.
3ie Evidence Synthesis Response to COVID-19	International (with specific focus on LMICs)	Launched in partnership with Africa Centre for Evidence (ACE) and the Global Evidence Synthesis Initiative (GESI), 3ie's evidence synthesis provides easy access to timely syntheses of existing research to help inform responses to COVID-19 in LMICs. As part of this effort, 3ie is building a collection of existing reviews relevant to the COVID-19 response, producing briefs alongside them that contextualize the reviews to the current crisis, and developing new and updating previous syntheses.
Exemplars in Global Health (EGH)	National-level, with cross-country learnings	EGH is studying emerging positive outliers at the country-level (including a lower middle-income country example) that have done comparatively well at detecting, containing, and treating COVID-19, in order to better understand and learn lessons from countries' actions in the initial phase of the pandemic. EGH also examines lessons from past outbreaks and how countries have applied them in their response to COVID-19.
Health Security Net	International	An online, publicly available library of global health security resources including warnings, evaluations, oversight efforts, strategies, and other documents dating back to 1995 that relate to pandemics. The library includes materials from the COVID-19 pandemic as well as a metadata and tagging schema optimized for public accountability and learning efforts.

52 Editorial Board, "Opinion: The U.S. needs a nonpartisan commission to evaluate pandemic failures," The Washington Post, May 23, 2021.

Effort	Scale	Description/Focus
WHO Guidance on Emergency Response Reviews	International	WHO webpage offering guidance, resources, online courses, and simulation exercises on emergency response reviews, including After-Action Reviews and Intra-Action Reviews. Also includes guidance for conducting a country COVID-19 intra-action review (published July 2020). ⁵³
COVID-19 Global Evaluation Coalition	International	An initiative of evaluation units from countries, UN agencies and multilateral institutions to foster collaboration, create synergies, and avoid duplication in evaluating different elements of the COVID-19 response. The coalition will support and communicate participants' evaluations and provide evidence in order to inform COVID-19 response and recovery and facilitate lesson learning.

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53 WHO, 2020. Guidance for conducting a country COVID-19 intra-action review (IAR).