

Opinion

Opinion: The Future of Global Health

When the next global health crisis strikes, will we be ready in 100 days?

Opinion: Right now, the answer is — doubtful. Ensuring timely access to medical countermeasures will be key.

By *Mona Nemer, Yazdan Yazdanpanah, Rebecca F. Grais* // 25 February 2026



CDC/Handout / Latin America News Agency via Reuters Connect

A medical specialist at work on a vaccine study in a clinical laboratory in Johannesburg, South Africa. Photo by: CDC/Handout / Latin America News Agency via Reuters Connect

Six years since COVID-19 was declared a public health emergency of international concern, science has never been more dynamic. Innovation has accelerated, sequencing technologies are more accessible, artificial intelligence is transforming biomedical research, and the [World Health Organization](#) Pandemic Agreement has laid the foundations for a long-awaited multilateral framework.

Yet one uncomfortable truth remains: the world still cannot guarantee that safe and effective diagnostics, treatments, and vaccines will be available and equitably deployed within the first 100 days of a new pandemic threat.

In 2021, the Group of Seven leading economies established the [100 Days Mission](#) to close this gap, recognizing that the first three months of an outbreak determine its global trajectory – and that failure to act at speed could cost millions of lives. Later that same year, the Group of 20 major economies endorsed the mission.

The [fifth implementation report of the 100 Days Mission](#), or 100DM, published by the International Pandemic Preparedness Secretariat at an [event in Paris](#), highlights encouraging progress in pandemic preparedness at national, regional, and global levels.

It shows that political momentum exists, partnerships are strengthening, and scientific tools are improving. But it also underscores a persistent vulnerability: The systems required to ensure rapid, equitable access to medical countermeasures are not yet fully operational, especially in low- and middle-income countries. Yet these tools are the cornerstone of operational preparedness.

The continued surge and spread of infectious diseases in 2025 make the stakes unmistakably clear. Outbreaks of mpox, H5N1, chikungunya, Ebola, and Rift Valley fever, along with the resurgence of measles and whooping cough, show how quickly local events can escalate when early detection, international coordination, and rapid access to medical countermeasures are lacking.

The persistence of mpox is particularly telling. Vaccines and diagnostics exist, yet endemic [countries have faced delays in accessing them](#). For diagnostics, the problem is twofold: [access to central laboratories is limited](#), and point-of-care diagnostic tests, which are the right tools for resource-limited settings, still do not exist. Availability is not enough if tools do not reach, or fit, the places that need them most.

These threats are emerging in a world where interactions between human, animal, plant, and environmental health are closely connected. Although this reality is widely acknowledged, it is still only partially reflected in policies, financing, and programmatic systems.

Delivering on 100DM will not be possible without embedding a One Health approach that strengthens surveillance, veterinary capacity, and environmental monitoring. At the same time, emerging risks, such as the potential misuse of AI in the biological domain, which could be used to create harmful pathogens and therefore increase biosecurity risks, reinforce the need to link public health with international security efforts.

It is also essential to move beyond siloed approaches. Diagnostics, treatments, and vaccines can no longer be considered separately. They must be part of integrated systems connecting research, regulation, manufacturing, and access, with the explicit goal of reducing disparities between countries in preparedness and response, to ensure a rapid and coherent reaction during future crises. 100DM provides precisely this structuring framework, capable of aligning scientific, industrial, and political priorities.

Financing is central to all of this. Pandemic preparedness competes with multiple global crises for limited public resources. Yet underinvestment now guarantees far higher costs later. Sustained, predictable funding, during “peacetime” in between potential pandemic threats, is needed to accelerate countermeasure platforms, strengthen regulatory cooperation, expand geographically distributed manufacturing, and ensure equitable access mechanisms are operational before the next emergency. This will require mobilising greater domestic and nonofficial development

assistance resources, accelerating innovative blended-finance mechanisms, renewing global commitments to research and development for diagnostics, therapeutics, and vaccines, and embedding day-zero triggers into pandemic financing and response systems

As we enter the final year of the IPPS mandate, we need to ensure 100DM is embedded into the global ecosystem. The question is no longer whether preparedness is necessary, but whether we are moving fast enough to make it fully operational. Do we have the mechanisms in place to guarantee rapid access to the diagnostics, treatments, and vaccines that will make the difference against emerging threats?

France's G7 presidency and the 2026 [United Nations](#) High-Level Meeting on Pandemic Prevention, Preparedness and Response present multiple opportunities to galvanise stronger global action on pandemic preparedness. France is uniquely positioned to shape this agenda: its leadership of the One Health Summit and its cohosting with Kenya of the [Africa Forward summit](#) in Nairobi provide influential platforms to anchor global health security — and research and development in particular — at the centre of the international agenda. Early signals are encouraging, including the [launch of the BE READY European partnership](#), which begins to outline what a more effective European contribution could look like.

Yet gaps in our collective defences persist.

Regulatory coordination must accelerate, the depleted therapeutics pipeline needs urgent reinvigoration, innovative financing mechanisms are required to sustain vaccine development, and monitoring across the PPPR ecosystem must be strengthened and streamlined to avoid fragmentation and duplication.

If U.N. member states — through France's G7 presidency (leveraging its convening power) and the upcoming U.N. high-level meeting — champion this agenda, the ambition of the 100 Days Mission can shift from aspiration to reality, including for the countries most exposed and least resourced.

More reading:

- ▶ [US template for bilateral health deals bypasses WHO pandemic negotiations](#)
- ▶ [Is the pandemic treaty a 'UN power grab'?](#)
- ▶ [With the pandemic treaty adopted, what's next?](#)

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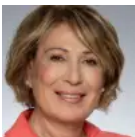
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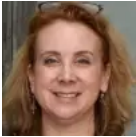
Mona Nemer

Mona Nemer is chair of the International Pandemic Preparedness Secretariat and the chief science adviser of Canada. A renowned health scientist, she has written extensively on science in emergency management, and is a tireless champion of evidence-based policymaking and international collaborative efforts to strengthen pandemic preparedness and health security.



Yazdan Yazdanpanah

Yazdan Yazdanpanah is director of the French ANRS emerging infectious diseases agency and the French Aviesan Institute of Immunology, Inflammation, Infectiology, and Microbiology. He is also cochair of the Global Research Collaboration for Infectious Disease Preparedness International Network, or GloPID-R, and head of infectious disease department at Bichat Claude Bernard Hospital in Paris.



Rebecca F. Grais

Rebecca F. Grais is the executive director of the Pasteur Network. Previously, she served as the director of research at Epicentre, an epidemiology and research branch of Médecins Sans Frontières. Her work primarily focuses on the prevention of infectious diseases and emerging infections in low- and middle-income countries, with an emphasis on public health intervention studies and efficacy trials of new vaccines and therapeutics.

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