

CALL TO ACTION

From Panic and Neglect to Permanently Prepared Health Systems

Africa CDC–MSH UNGA Side Event | New York City | 24 September 2026

Preparedness is not what we build when an outbreak begins. It is the capability our health systems and communities must possess every day.

Shared proposition

As global leaders gather for the UN General Assembly High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR), Africa CDC and Management Sciences for Health bring a practical message from current outbreak experience: global commitments become real only when countries possess functioning capabilities before an emergency begins.

The ongoing Bundibugyo virus disease response reinforces three lessons: trust and detection start locally; information must move fast enough to change decisions; and preparedness is operational. Community health systems and primary health care (PHC) are therefore health-security infrastructure—not an adjunct to emergency response.

Five priorities for permanently prepared health systems

- **Start where outbreaks start.** Continue efforts to institutionalize community detection, trust, referral, risk communication, continuity of essential services and a trained, equipped and protected frontline workforce. Community health systems and digitally enabled PHC should serve both routine care and emergency readiness.
- **Make preparedness a permanent national and subnational capability.** Build on ongoing efforts to embed PPPR in governance, public-health institutions, plans and budgets, and keep surveillance, laboratories, emergency coordination, referral and workforce readiness functional between emergencies.
- **Build a connected community-to-decision system.** Link community and PHC signals to laboratories, surveillance, emergency operations, logistics and decision-makers through nationally owned, interoperable information and digital systems.
- **Finance readiness between emergencies.** Protect domestic financing for foundational and recurrent preparedness capacity. External financing should be aligned, catalytic and designed to strengthen country-owned systems rather than create parallel structures.
- **Advance health sovereignty through regional readiness and equitable access.** Strengthen border-community readiness, cross-border surveillance, laboratory networks, information sharing, points of entry, resilient supply chains, regulatory readiness and timely access to essential health products.

Three messages for the UN General Assembly PPPR High-Level Meeting

- **Institutionalize preparedness.** Commitments to make PPPR a permanent function of national and local health systems must now be translated into tangible action, ensuring frontline, surveillance, laboratory, coordination, and response capabilities remain strong between emergencies.
- **Finance readiness, not only response.** Equity and resilience require sustainable domestic investment complemented by aligned international financing that reinforces country-owned systems.
- **Start where outbreaks start.** Community health systems, PHC, the health workforce and digitally connected community-to-decision systems should meaningfully sit at the centre of implementation, linked across subnational and cross-border levels.

Immediate follow-up

- **Capture commitments from the room.** Country- and institution-specific actions will be reflected only where they are stated or validated by the relevant participant.
- **Carry the messages into the 25 September deliberations.** Africa CDC and MSH will circulate a concise outcome note to participating institutions and relevant delegations for reference in the PPPR High-Level Meeting.
- **Use existing accountability mechanisms.** Follow-up should align with the Africa Health Security and Sovereignty Agenda and existing national or regional review processes, avoiding a parallel reporting architecture.

From panic and neglect to permanent readiness: stronger communities, stronger primary health care, stronger national systems and stronger regional solidarity.