

## Consultation - Moving from Words to Action

2 September 2021, 15:00-17:00 CEST

### Summary of Roundtable

In the last 15 years, panels and review groups set up following health crises, including the Ebola outbreaks in West Africa, have made hundreds of recommendations on reform of global health emergency preparedness and response. While important changes have taken place, many recommendations have not been implemented and few commitments have been made or fulfilled.

To address these issues and seek answers to these important questions, the GPMB hosted a roundtable on Moving from Words to Action, the findings of which will form the basis for the GPMB 2021 Report.

The following papers were commissioned as background to the roundtable:

**Identifying political barriers to pandemic preparedness.** Blavatnik School of Government, University of Oxford

**Always fighting the last war? Post-Ebola reforms, blind spots and gaps in COVID-19.** Global Health Centre, Geneva Graduate Institute

### Session format

The roundtable included guest participants and Board members (see annex for list of participants). Guests were asked to provide opening comments on Part 1 and Part 2, followed by discussion with Board members. In Part 3, guests shared concluding observations on the key priorities for moving from words to action.

#### **Part 1: Making Calls for Action**

*Opening observations by guest speakers, Barbara Stocking and Harvey Fineberg*

- Many review bodies have been established to assess the response to health emergencies and provide recommendations on reforms to global health security. Have they been effective in driving change and incentivizing action?
- How can lesson learning and reform processes be improved? Are there changes to their establishment, mandate and functioning that could make them more effective?

#### **Part 2: Moving from Calls to Commitments**

*Opening observations by guest speakers, Anarfi Asamoah-Baah, Jane Halton, and Peter Piot*

- How can we drive consensus around reforms to global health security? Is it more effective to develop powerful coalitions among small groups or to attempt to achieve broad consensus?
- What lessons can we learn from the experience in negotiating other instruments and political declarations, such as the IHR (2005), PIP Framework, and UNGA political declarations on HIV/AIDS?

#### **Part 3: Moving from Commitments to Action**

*Final observations from guest speakers*

- Is there consensus around the actions and urgent priorities that should be implemented first?
- What are the main obstacles to progress and what measures and incentives can be used to push countries and international organizations to take action? What are the opportunities to spur action in the wake of COVID-19?
- Who should be the key drivers of these reforms? What is the best forum to drive this change?

# Summary of Discussion

## Part 1: Making Calls for Action

### **What can be learned from past reviews and responses to health emergencies?**

- No single past pandemic or subsequent review holds the key to preparedness, but there is something to learn from all of them, and we should not overfocus on one.
- A general learning is that countries and citizens don't react properly to outbreaks and don't or won't coordinate. Underpinning this catastrophically poor reaction are issues of weak understanding, short-termism and the prioritization of sovereign interests that we need to consider for future processes and strategies.
- We have often witnessed over-alarm and under-delivery.
- It is essential to acknowledge that progress has been made. Several improvements were noted to have occurred arising from the 2009 H1N1 review and the 2015 Ebola review, including in IHR and PIP protocols; in the WHO emergency function; an increase in funding for LMICS. However, previous reviews have often failed in terms of size, scale or mandate, for instance with technical bodies struggling to get attention.
- Challenges and questions regarding the role of WHO need to be honestly addressed, including funding and governance issues. Is WHO functioning as a leader or a servant? How is WHO viewed, and how can it deliver in terms of responsiveness in health emergencies? How do we better balance WHO's authority with its responsibilities? What are the responsibilities of member states?

### **How can we do it better?**

- Stronger lesson learning and reform processes needed to be truly immersed in present political realities, be future-facing, and engage deeply with the perspectives of the stakeholders needed to implement reforms.
- Future processes needed to be bold enough to address the challenges and identify bold solutions (for instance treaty, framework, global threats council). Overly technical groups can fail to secure the necessary mandate.
- While historical lessons are important for preparedness, improving lesson learning and reform processes requires a deep engagement with the present political imperatives and realities, and the ability to imagine the future.
- We need to understand where public and government understanding of preparedness is weak and address this: for instance, communicating effectively about infectious disease risks and management.
- We need to deal with political realities, including the conflict between what is best for a country and what is best globally.
- 'Global' has different interpretations. Although there has been a rise of nationalism, there has also been an increase in the influence of regional groupings, for example, the African Union and Africa CDC. Approaches to global health advocacy must respect and work within this changing context, understanding global as a federation, not an abstraction. Approaches that deal with that new global reality are likely to be most effective.
- It is better to focus on implementing a small number of big ideas: which means the right elements, right authority, right timing of commitments. We need to think big, focusing on a small number of big ideas.
- We need to think in terms of incentives for countries – both carrot and stick. We need to ensure that review and governance bodies have the legitimacy and political acceptance that is needed.

- Communication is essential, both in communicating the nature of scientific uncertainty and risk, and talking – and listening – to finance, political stakeholders with understandings and imperatives different to our own.
- We need to focus on linking responsibility, accountability and authority, which have been apart in this pandemic.
- We need to look at the future, thinking of the resentments and resource struggles likely to inform the next pandemic. We need to negotiate competing forces as best as possible.

## Part 2: Moving from Calls to Commitments

Past attempts to move from calls to commitment demonstrate that it is critical to think beyond health to all stakeholders impacted by preparedness, and beyond past and present concerns to already imagine what the future needs for preparedness may be.

### How can we drive consensus?

- Both small and large groups have their role. Small groups can have an agility in pushing through initiatives, garnering resources and establishing a vanguard movement; large groups are needed for broader consensus. In practice, large and small groups may often work in tandem.
- We need to start by listening and being genuinely open to different perspectives. We should act cognizant of the dominating factor of sovereign state interests, and of the most important underpinning imperatives in politics, notably money and security.
- The language we use is important in negotiations, and we should take care to get it right and to speak the language of others. Achieving consensus through negotiation takes enormous back-office work, which needs to be planned for effectively.
- Unanimity is not the goal of consensus, rather we must seek a 'brilliant coalition' where a group is willing to put aside differences and act as a vanguard movement. The UN Special Session in South Africa for AIDS provides an example of how this can function.

### What did we learn from past processes?

- Experience of previous negotiations (eg PIP) underscores the importance of establishing an interest that all parties share and working from that basis. We need to better understand the complex, structural issues underpinning inequity in order to build effective processes.
- As global health experts, we need to understand our role in the system as advisers, rather than decision makers. We need to be better communicators, talking the language of the decision makers, not among ourselves. We need to think carefully about the different groups with whom it is essential to engage, including finance and defence ministers, regional groups, the private sector. We also need to engage with groups who we may have overlooked, who have the potential to advocate for us.
- We should not be unrealistic about deadlines. Gaining engagement from different groups is increasingly challenging and can take time.
- We need to weigh up the disadvantages and advantages of establishing parallel bodies to the WHO/existing global health architecture.

## Part 3: Moving from Commitments to Action

Guest speakers made the following points in conclusion to the roundtable discussion:

- Think big and speak outwards to decision-makers, not among ourselves. Join up pragmatic, bottom-up thinking with our ideal for preparedness.
- Think about what will really function as a motivation for different parties and utilize that, understanding that this motivation is likely to be selfish: with COVAX, countries were motivated

because they did not want to bet on a single vaccine candidate. Understand that motivations are different for different people.

- Focus on helping leaders and governments to truly understand pandemics.
- Finance WHO appropriately, so that it can fulfill its mandate.
- Focus on the private sector, particularly on sectors negatively affected by the pandemic and how they could be advocates for change.
- Engage civil society, looking to climate change as an example of how citizens can mobilise and put pressure on their governments for positive change.

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## Annex: Roundtable Participants

### Chair

- Elhadj As Sy (GPMB Co-chair)

### Guests

- Anarfi Asamoah-Baah, Presidential Coordinator of Government of Ghana's Coronavirus Response Programme.
- Harvey Fineberg, President of the Gordon and Betty Moore Foundation, and former Dean of the Harvard School of Public Health, Provost of Harvard University, and President of the Institute of Medicine.
- Jane Halton, former Secretary of Health and Secretary of Finance of Australia, and current chair of the CEPI Board.
- Peter Piot, Former Director of the LSHTM.
- Barbara Stocking, Former Chief Executive of Oxfam GB, and former president of Murray Edwards College, Cambridge.

### GPMB Members

- Dr Victor Dzau
- Dr Chris Elias
- Sir Jeremy Farrar
- Dr Yasuhiro Suzuki
- Dr Jeanette Vega Morales