Rethinking Policy Priorities in the light of Pandemics

A CALL TO ACTION

March 2021

Pan-European Commission on
Health and Sustainable Development

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An independent commission convened by

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President of Bocconi University,
former Prime Minister of Italy

to **"Rethink policy priorities in the light of pandemics"**

This Call to action is the first statement of the Pan-European Commission. The final Commission report will be published in September 2021.

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https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/pan-european-commission-on-health-and-sustainable-development

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We cannot achieve a sustainable future for health and development in Europe if we fail to address the conditions that allowed the COVID-19 pandemic to inflict unprecedented damage on lives and economies.

We need to accept that the global system has failed to contain this pandemic, and we empathize with all those who have lost loved ones to COVID-19.

We are grateful for the phenomenal efforts made by the health- and social-care workforce. We need new structures that can detect emerging threats and respond to them rapidly. We need to learn the lessons from this crisis; strengthen existing institutions, including WHO both centrally and, especially, at the Regional Office for Europe and its country offices; and develop a new and ambitious approach that goes beyond anything we have done so far.

The Pan-European Commission on Health and Sustainable Development calls for the full implementation of the concept of One Health in all settings where health policies are developed.

With the same urgency, it calls for a fundamental rethinking of policy priorities well beyond health policies, if the lessons from the pandemic are to be addressed proactively, with measures acting in the settings where the initial threats to sustainable health are most likely to occur.

The Pan-European Commission on *Health and Sustainable Development calls for:*

1. OPERATIONALIZE THE CONCEPT OF ONE HEALTH AT ALL LEVELS:

a. Focus on the **interdependence** of human, animal and environmental health.

b. Take measures to address **gaps and overlaps in existing structures**, including the various United Nations specialized agencies.

c. Establish an **Intergovernmental Panel on Health Threats** that can assess risks arising from human activities, including climate change, emerging zoonotic infections and antimicrobial resistance, and that can propose appropriate solutions.

d. Scale up **investment** by governments, public authorities, development banks and others in measures to reduce threats, provide early warning systems and improve the response.

e. Develop a **Pan-European System for Disease Control** that builds on, complements and cooperates with existing structures.

2. TAKE ACTION AT ALL LEVELS OF SOCIETIES TO FIX THE FRACTURES THAT LEFT SO MANY PEOPLE VULNERABLE TO THE PANDEMIC:

a. Ensure that **women** participate effectively in decision-making bodies and ensure that their rights and needs are equally recognized and reflected in policies.

b. Identify those **groups who lead impoverished or precarious lives** with little hope for the future, recognizing the threat this poses not only to health but also to trust in institutions and to democracy.

c. Make these fractures visible with **pan-European measures to ensure the interoperability of health data** that provides timely information on the distribution of health within populations by gender, ethnicity (where legally possible), economic status and other relevant characteristics.

d. Make health systems **more inclusive**, including with measures to ensure that everyone, whatever their characteristics, is able to participate in decision-making at all levels and to obtain access to health and social services.

e. Re-emphasize the Sustainable Development Goal of achieving **universal health coverage** (UHC), key to ensuring societal cohesion, economic growth and, ultimately, sustainable societies.

3. MAKE CHANGES TO THE GLOBAL FINANCIAL SYSTEM:

a. **Incorporate One Health-related risks in the systems of risk analysis and risk mitigation** used by international financial institutions, public authorities and the financial sector, with an enhanced role for the Eurasian Economic Council, the International Monetary Fund (IMF) and other international financial institutions.

b. Differentiate more neatly consumption and investment in national and international **accounting systems to encourage investment** in inclusive services and much-needed innovation.

4. PROMOTE GLOBAL PUBLIC GOODS FOR SUSTAINABLE IMPROVEMENTS IN HEALTH:

a. Promote a potential **International Pandemic Treaty**.

b. Create at the **G20** level a **Global Health Board**, modelled on the **Financial Stability Board** established after the global financial crisis, which can evolve into a Global Public Goods Board that will identify failures in the provision of global public goods and marshal support from the international community to remedy them.

5. SUPPORT INNOVATION IN HEALTH SYSTEMS:

a. **Encourage discovery and development of medicines, medical technologies, digital solutions and organizational innovations**, including measures to increase and improve large-scale clinical trials, packages of financial incentives, harmonization of global regulatory systems, and mechanisms to ensure translation of knowledge into policy and practice.

b. Enhance the transparency of **public–private partnerships** and their ability to deliver effective and equitable health care within national priority frameworks.


INTERNATIONAL GOVERNANCE
INCLUSIVE SOCIETIES
Data to make gaps visible
Systems that are inclusive
Addressing all forms of inequality
REFORMED GLOBAL FINANCIAL SYSTEM
Incentives for investment
Accounting for externalities
Identifying and mitigating One Health risks
ONE HEALTH
Intergovernmental Panel on Health Threats
Climate change, zoonoses, antimicrobial resistance
Government commitments to finding solutions
GLOBAL PUBLIC GOODS
A Global Health Board modelled on Financial Stability Board created after the global financial crisis
INNOVATIVE HEALTH SYSTEMS
Discovery, development, implementation from laboratory to health-care delivery

The COVID-19 pandemic has given us a reminder of the vulnerability of societies, economies and health systems, and the weaknesses of our current systems of governance at national and global levels. Within a few weeks, a new strain of virus spread across the world, leaving a trail of human and economic devastation. Yet not everyone, or every nation, was affected to the same degree.

The pandemic has shone a light on the deep fault lines that exist in many societies. Those who were already vulnerable have suffered most, both in lives lost and economic damage. Their experiences remind us that many communities have been left behind by the social and economic progress that others have enjoyed in recent decades and, as a consequence, are losing trust in the institutions that should be protecting them.

There is good news, nonetheless. The global collaboration between scientists, governments and the private sector has been remarkable, bringing new vaccines based on innovative technology to market in under a year. Yet this scientific success has not always been matched by political and policy responses, and it is apparent that countries that appeared to be well prepared were not.

Those on the frontline delivering health care have been placed under unprecedented strain. We have been inspired by the heroic efforts of health workers, but applause is not enough. We have seen how health- and social-care workers have struggled within systems that were often inadequately prepared, insufficiently flexible and under-resourced, and that faced enormous challenges in adapting to a crisis of this magnitude.

Many of these problems are not new. They have impaired our ability to overcome past crises, yet have been left unresolved. We need to learn the lessons from this experience. SARS-CoV-2 was not the first virus to jump the species barrier to humans, and it will not be the last.

Those working in human, animal and environmental health must come together to reduce the risks of a repeat with effective early warning and response systems. Building on the outcome statement of the 2018 high-level regional meeting Health Systems for Prosperity and Solidarity, which placed the need to include, invest and innovate at the core of health systems, we must now look hard at our health systems, asking why they have not changed previously and how we can ensure that, this time, health systems truly adapt and transform to become more resilient.

We need to shift the worldview of health systems, looking on them as an investment, closing the gaps in social safety nets, and contributing to the knowledge-based economies of the future that will require healthy, well educated populations that feel secure. And we need to create the conditions for these things to happen by creating inclusive societies in which everyone is valued, regardless of gender or ethnicity, and where no one is left behind.

Now is the time to create the conditions that encourage investment by governments in a healthy population and planet, with adequately resourced, responsive and innovative health care, social care, environmental protection and related systems. Failure to do so risks repeating past mistakes. And we need an environment that encourages innovation – in models of care, in vaccines, in treatments and in the responsible use of the opportunities offered by the digital revolution.

Our struggle with this new virus has come at an enormous cost, with over 2.5 million deaths and a loss to the global economy estimated at over US$ 10 trillion. We cannot afford to allow this to happen again.

There are many things that need to happen. Above all, we need to look anew at international structures, recognizing that countries and international organizations must find new ways to collaborate to confront shared threats and to ensure that the benefits of progress are enjoyed by all. This means working together to make smart investments and sustain and strengthen the global public goods that have too often been lacking in the past. It means having processes that are transparent, accountable and participative, and acting with integrity and with a capacity that is adequate for the scale of the task. There cannot be sustainable societies without resilient and universally accessible, high-quality health and social systems.

But better governance, transparency and accountability, smart investment, and resilient health systems are only means to an end. In the sections that follow, we set out the challenges we face and our suggested approaches to tackling them.

The existing global system has failed in some important ways – we need better ways to prevent new threats and respond to them rapidly.

How can we work better together at all levels, from local to global, to tackle current and future threats to health? Many of these threats, just like COVID-19, arise at the intersection of human, animal and environmental health, which come together in the concept of One Health. They arise from the ways we are using our planet that bring about multiple changes, many of which are strongly connected and lead to cascading effects: climate change, loss of habitat, increasing biodiversity loss, threatened food supplies leading to food insecurity – another trigger for conflict and mass migration. A One Health approach acknowledges and operationalizes these complex interconnections and brings all relevant players to the table.

We call for the establishment of an Intergovernmental Panel on Health Threats that would draw on the success of the Intergovernmental Panel on Climate Change. Such a global structure could propose ways to reduce many of these threats, including emerging and re-emerging infections and antimicrobial resistance, through concerted action by those involved in sectors such as health, agriculture and trade.

We need to look again at the existing global health architecture, characterized by agencies working in silos. We must find ways to convene the necessary expertise and authority to make progress on One Health, with greater alignment between reinvigorated agencies such as the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), WHO and the World Organisation for Animal Health (OIE). This alignment could take various forms, from a formal consultation to, in the longer term, a new coordinating structure. **We need to look at how we measure progress in One Health, with improved One Health metrics that can serve as benchmarks for assessment of projects, policies and resource allocation.**

We also call for early warning systems and matching infrastructure that can provide rapid, effective responses to these emerging threats, including epidemiological and laboratory capacity, with data systems that can identify and respond to the particular needs of vulnerable minority groups, subject to appropriate data governance arrangements.

As these systems must facilitate data-sharing internationally, **we call for pan-European efforts to create an interoperable health data network based on common standards developed by WHO,** recognizing that governments will move at different speeds. **We ask multilateral development banks and development finance institutions to prioritize investments in these fields.** We see many benefits in a pan-European system for disease control that builds on existing structures.

We welcome the work of the Independent Panel for Pandemic Preparedness and Response. **We note the growing support for revision of the International Health Regulations (2005) in the light of lessons learned in the pandemic, and for strengthening the financial basis and the powers of WHO both centrally and, especially, at the Regional Office and its country offices.** Without seeking to influence or pre-empt the findings of the Independent Panel, we will ensure that our analyses are shared with it.

Finally, as a first step, **we call for a pan-European conference on One Health** that can advance the debate among key stakeholders, including those that currently have limited engagement with each other, and that can explore challenges and identify solutions. The document resulting from the conference would also contribute to WHO Members States' discussions on strengthening the role of the Organization.

The pandemic has shone a light on the fractures in our societies. We will not repair them with business as usual – we need a new and ambitious approach that goes beyond anything we have done so far.

Given how this crisis has highlighted the many inequalities that blight our world, and drawing on a wealth of research on the social determinants of health, **we call for a commitment to include marginalized groups. This means having measures of the distribution of resources in society. Governments should report measures that capture not just aggregate levels but also the distribution of health, wealth and well-being in their populations in ways that allow international comparisons.**

This also means using levers in all areas of public policy that can give everyone much-needed security and hope for the future – a prerequisite for restoring trust in institutions and ensuring democratic legitimacy. These include **a renewed commitment to the Sustainable Development Goal of achieving UHC, noting how even in countries that have formally achieved UHC, there is still unmet need.**

We recognize that the means to implement inclusive policies often lie outside the control of the health sector, involving policies on citizenship, migration and the economy, and so changes will be needed in these sectors too.

Solidarity is important not just within nations but among them. There is a danger that poorer countries may be excluded in the race to procure scarce resources. Hence, **we call on governments to expand and extend, where appropriate, existing joint procurement initiatives, such as COVAX and Gavi.**

We call for particular attention to the impact the pandemic has had on women and the role they have played in the response. Women in many countries are disproportionately in insecure employment, bearing a double burden of earning income and caring for families, and facing increased risks of domestic violence during lockdowns. We need to find ways to promote equal distribution of domestic and care work and tackle discriminatory social norms and stereotypes.

We call for equal participation of women in decision-making positions at all levels of society, in ways that go beyond the merely symbolic, and which recognize the particular challenges facing women of colour, with disabilities, and with other characteristics that increase the barriers they face in society.

A sustainable, healthy future needs investment – we need a change in mindset.

The economic argument for investing in healthy and resilient societies that are prepared for future threats is obvious to this Commission. However, there are many structural and procedural barriers to doing so. Previously, calls for spending on many of the things that would have stopped this pandemic in its tracks, or greatly mitigated its impact, have been rejected. Expenditure on health, social care, education and research has fallen within the remit of so-called spending ministries. It has often been difficult to make the case that some of this expenditure is an investment in the human and intellectual capital that drives progress in the knowledge-based economy.

There is an urgent need to recognize and value these investments. This will mean a mindset change and, specifically, a different approach to government accounting practices. It may also mean changes in the international arena. For example, international financial institutions such as the European Bank for Reconstruction and Development, the Eurasian Economic Council, the European Investment Bank, and the IMF (as in its Article IV consultations) could include health alongside environmental, social and governance considerations in their discussions with governments.

Now that we know a major health crisis can cause massive economic devastation, the IMF in particular should, through its Article IV process, take account of these issues, as should other international financial organizations such as the Eurasian Economic Council. In turn, **credit rating agencies could take health preparedness into account in their assessments.**

We call for a careful examination of how national and global financial institutions can play other roles, drawing on their experiences in the environmental sphere. We see much merit in the work conducted by central banks and supervisors in the Network for Greening the Financial System to translate threats such as climate change and biodiversity loss into financial risks.

The pandemic has served as a reminder of the underinvestment in global public goods, often considered under five headings: (One) Health, environment, knowledge, peace and security, and governance. The Financial Stability Board, created by the G20 in the aftermath of the global financial crisis, addresses vulnerabilities in the financial system and develops and implements strong regulatory, supervisory and other policies in pursuit of financial stability.

We call on the G20 to consider a new forum bringing together health, economic, financial and other policy authorities and experts in the form of a Global Health Board, identifying vulnerabilities that threaten the health of humans, animals and the environment (One Health). This could evolve into a **Global Public Goods Board**, identifying failures in the provision of global public goods and marshalling support from the international community to remedy them.

Many European health systems have suffered from chronic underfunding and underinvestment in the health workforce, often as a legacy of the 2008 financial crisis. **We endorse the importance of investing in health and health systems as a foundation of societal cohesion and well-being, which in turn will support economic growth.** Evidence-based investments in health systems, especially primary care, public health and mental health, have repeatedly demonstrated value for money and should form the core of health system strengthening going forward.

The world is changing and we cannot stand still – we need to find new ways to support imaginative and inclusive innovation for a safer and healthier world.

The pandemic has taught us the importance of innovation, especially in the health sector. At its best, this has included new treatments (and in some cases, new uses for old treatments); vaccines, some using entirely new mechanisms of action; and new models of care. However, even more could have been achieved, for example, if every patient with COVID-19 had been offered the opportunity to enter a clinical trial. Hence, **we call on governments to work together to coordinate and accelerate clinical trials to reduce delays and improve efficiency.** The pandemic has also shown us what is possible with rapid mobilization of financial resources and accelerated procedures for evaluating and approving new treatments and vaccines.

We call on governments to intensify their efforts to create a climate that is supportive of innovation in health and other sectors, drawing on the experiences of countries that have done this. However, this must go beyond discovery and development of medicines and medical technology to include digital solutions and organizational innovations.

We call on governments, as the representatives of the public whose taxes support much research and development, **to establish mechanisms to engage in these processes with relevant stakeholders, drawing on successful examples of co-creation of knowledge.** We will examine how push and pull mechanisms can support innovation, including tax incentives, subsidies and enhanced international collaboration. **We call for regulatory processes for medicines and technologies to be coordinated and, where possible, harmonized.** Regulatory agencies should agree on definitions and processes to facilitate approval of innovative products.

We recognize the potential of public–private partnerships to deliver innovation, but believe that these must be underpinned by higher standards of governance, particularly on transparency. This has not always been the case where there has been lack of clarity about the costs and benefits to each of the parties.

It is not, however, enough to generate knowledge. We need to ensure that it is shared and used. Hence, **we call on governments to create mechanisms to learn from, evaluate and, where appropriate, implement innovations shown to be cost-effective.**

We believe it is important to explore the potential benefits, and harms, of the digital revolution, considering the opportunities offered by artificial intelligence but also the risks, including to those who are digitally excluded and who may be disadvantaged, for example, when algorithms replicate the discrimination inherent in many human interactions, and whose trust may be eroded by the proliferation of disinformation.

We see potential synergies with other initiatives – we would welcome an informal forum.

The Commission will now engage in further reflection on these issues, commissioning working papers and taking additional evidence from experts, including the members of the Scientific Advisory Board that supports and enlightens the work of the Commission, as it prepares its final report for publication by September 2021.

As is well known, many different commissions or panels have been set up by various public or private initiatives on the topic of pandemics and COVID-19 in particular. We follow closely and with interest the work of such bodies as they unfold. We see considerable benefits in ensuring a higher degree of mutual awareness among bodies with broadly similar mandates in order to develop synergies and avoid unnecessary duplications.

As a Commission convened by WHO, comprising members with a diverse combination of scientific, professional and governmental experience, with a wide remit and drawing on diverse disciplinary perspectives, we would welcome informal interactions with these bodies, perhaps in the shape of a forum for periodic exchanges of views.