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Health is strategic

Abstract

The COVID crisis has put in evidence that in many countries, Health was not treated as an essential strategic asset and more like a commodity. Priority was in costs saving, with a belief that free trade would cover for the essential needs of a Nation at a better cost. The economic and politic impact of this lack of anticipation is so huge that we can expect major changes in the future.

1. Relocalization of the production of essential medical goods (protective garments, drugs, vaccine…). Health will not be treated as a commodity abiding by the economic rules of free trade anymore. And this will have a cost.
2. Change of rules for data management. The small shop management, which is still usual, every team, every hospital keeping its own data practice will be challenged by the urge for big data strategy. And therefore, strategy towards GAFAM will be revisited. From ignorance to cooperation or conflict.
3. Investment in social media strategy is necessary to repair trust. Public health strategies need obviously to be supported by massive acceptance of general population. This implies in depth modernization of public communication, entering the social networks area to build long term, stable trust towards public health policies.

The purpose of Insurance is to cover for unexpected events in a predictable, measurable environment. COVID-19 taught us in a hard way that the Health environment was less predictable and measurable than we all thought. The impact on global economy of this crisis is of the same magnitude than a large bank bankruptcy and we discover that we are in fact less prepared than we expected. COVID-19 was a "black swan", something possible in theory but so rare that you do not really plan for it.

In other words, COVID-19 reminded us that Health is Strategic. Health is critical. Poor management of Health, insufficient anticipation, wrong decisions can turn into a disaster for individuals, for the global economy, for governments.

What everybody has understood is that Health must be managed like a strategic asset, not like a commodity. With an insurance point of view, when we think of strategic crisis with high impact and low frequency, we think "prevention". COVID-19 means that we need better prevention. And for better prevention, I would insist on three factors where we can expect changes in the future. One is **preparedness**: how robust is the system that we have built, is it fit to face a massive Health crisis? And what does preparedness imply in terms of international cooperation? More or less? The second is **Data**: how can we use data better: to understand what is going on, to implement better treatments, to predict better what is coming next. The last one is **behaviors**: how will individual behaviors influence, ease or make difficult bounce back after the shock. Three dimensions where Nations can decide to play stand-alone or cooperation.

1. Prevention: Vulnerabilities in the supply chain will be mitigated, at a cost

As everybody knows there has been a lot of disputes in France about the stock of protective masks. As everybody knows there has been a lot of disputes in France about the stock of protective masks. There should have been a strategic stock, like there is one for oil for instance and in fact for various reasons the stock was empty. One of the reasons why the stock was empty was that there was a belief that medical goods, especially when they were inexpensive and manufactured in low-cost countries, would be always easy to procure. If you had money, there would be always someone to sell. Shortage could be temporary, due to logistic issue, but never critical enough to endanger a Nation. Another reason was building stocks was considered as expensive and not really necessary.

But in fact, it was not true. What we have discovered with Masks is that accepting delocalization of production implies a certain level of risks. And what applies to masks was also visible for some critical drugs, cortisone, curare and so on … And it was also true for medical respirators. And true also for medical professions themselves. When doctors and nurses are poorly paid, it is difficult to hire them in public hospitals and especially not in a snap of fingers when a crisis occurs.

Basically, a choice was made for Health in France and in many other countries, to do with less money, less stocks, less people, less margins to maneuver in case of crisis. Because it was not understood that Health was strategic, which means that a failure on Health could endanger a whole nation.

Now that vulnerability and the political cost of it is understood, one of the first questions now arising is: is it safe for a country to rely on critical drugs or vaccines manufactured abroad. What is a place safe enough to offshore production of a critical good? India? China? Eastern Europe? Turkey? What about the UK after Brexit? And what about the USA? Who in case of crisis will not keep these goods for themselves? Who will not use them as a lever for a political quid pro quo?

Uneasy answers, but my guess is that public opinions will not take anymore as granted that free trade will guarantee easy supply. As a result, the balance between "national production" and "free trade" will be more in favor of "national production" which means that Health in general and especially drugs could be more expensive in the future. Good news for the Pharma industry for instance, not necessarily for

social security systems. Securing production on your own territory has a cost which many countries are probably ready to pay now.

2. Second lesson, data are essential but still managed in a very primitive way. This will change.

A short history of COVID-19 is also a history of transparency on data, collecting the right data, analyzing the data, publishing the data, working in a modern and industrial way on data.

When did the first cases really occur in China? Where do we get infected? Was hydroxychloroquine efficient or not and for which type of patients? And Remdesivir? Are masks efficient? Does the virus disappear in summer? Are some people genetically protected or vulnerable? The distrust in public health decisions which was seen in many countries comes also from a lack of homogenous analysis of the millions of people sick or treated or saved from COVID-19.

When vaccines have been developed and made available with incredible velocity, treatments are lagging behind. Dozens of protocols have been tested in hospitals. We only start having some indications; It is still based on a relatively small number of cases when you consider that globally dozens of million people have been infected and millions have been hospitalized. It is not only a question about Hydroxychloroquine or Remdesivir. It is about applying the best protocols and saving lives. Many doctors take their decision based on what they see by themselves or based on what they read. Governments do the same. They sign contracts or give authorization based on very partial set of data, sometimes biased.

And what is frustrating is that there are millions of patients, so potentially a huge amount of data, but we all know that these data are not collected, or not in the right way. By design, each study is in the hands of a small number of doctors, focusing on one aspect of the topic and leaves an area of doubt. Is it a dream to imagine that one day, like meteorologists, doctors will collect and share critical data through the same protocols and in the same data bases? That trust will be enough that one treatment validated in Milano or Seoul is immediately shared to the medical community in a way that they can understand how much it works, for whom, at which stage of the disease?

On top of that, a critical set of data is left apart: genomic data. Do we know why people under 40 with no preexisting conditions die? Is it satisfying to leave it on bad luck? As long as this specific set of data is left unattended, genomic data and personalized medicine will not reach COVID-19.

So definitely, our data asset is still very immature. Fit for a time when data are of interest for scientists who have time, not for governments fighting pandemics in a hurry. So what can we imagine for the future? Can we expect an acceleration of National Health Data hubs? And what is the best approach? Are National Data hubs the most efficient? Is there room for intergovernmental data hubs, at least at European level? Which governance should be put in place? And which level of collaboration is optimal with GAFAMs? Is keeping them apart the only possible approach for Governments, in the name of sovereignty? Or can we imagine GAFAM collecting billions of real-life data and accelerating victory over the virus? Detecting where infected people live, what is their social network, whom they have met in the metro, or at the super-market? They are very logical candidates to collect, store and analyze an incredible amount of data. Apple, Google have started Health Studies and of course COVID-19 is good topic for their ambition to collect and aggregate trends from thousands of devices. Typically, this will be much quicker and efficient to analyze “post COVID-19 syndromes” than the present status where individuals rely only on expertise of isolated medical teams, treating a small number of patients scattered in multiple hospitals.

My guess is that data analysis will not be left as an experimental toy for long and more structured strategic initiatives will be taken. There again, different paths can structure our future. Some countries will play a nationalist game, keeping expertise for themselves, sharing what they want of it. “Medical intelligence” could be another field of competition between nations. Cooperative approach is more efficient on the paper, unless you think you can have a competitive approach or you fear to expose your weaknesses, inefficiencies, vulnerabilities. And the role of GAFAM will change. Nations will have to choose if they want to forbid, control, team with these entities for Health. “Ignore” will be soon an impossible option.

3. Behaviors: major attention to soft power battles will be necessary

Governments have used a lot of coercive measures to tame the COVID-19. Lockdowns, curfews, quarantines, administrative closures, administrative permissions, closures of borders … Police officers controlling your whereabouts. Neighbors reporting uncivil behaviors. Very similar to war times to be honest.

But it is now widely understood that these coercive measures work better when there is a strong public acceptance. And this popular support has been mined in numerous countries by social networks. This is an area where it is easier to destroy confidence than to build confidence, with devasting consequences, when you think of immunization or masks for instance. When doctors officially criticize other doctors, when government officials at the highest level criticize doctors and doctors criticize governments, how could the ordinary citizens be fully confident of anything and follow the instructions they are given?

Governments must reinvent communication and build or rebuild trust in the long term. They must envisage the social networks as a major battlefield, also for Health. A place where you can be under attack by your own public opinion but also by external enemies manipulating this opinion. When governments will have a good view of what should be done to fight a pandemic, they will still need to convince each and every citizen to do the right thing. In democracies where consensus is fragile and temporary, public support will not come without a massive and long-term effort to create public opinion medical leaders able to influence citizens. How do you keep doctors immune from the suspicion to be sold to Pharma companies? How do you create an iconic public “brand” in the medical field? Which medical institute or medical university deserves this respect? How long does it take? The failure of The Lancet shows how fragile can be a brand image nowadays.

This is for me the final lesson from COVID-19. The best public health policies can fail if the social network weapon is not mastered and there is here a massive potential for progress for governments.