

DEBATE 2

Michel KAZATCHKINE, Special Advisor to UNAIDS in Eastern Europe and Central Asia

Thank you very much, As, for the important points you raised on trust and building up global citizenship, which echoes some of what Jean Kramarz said earlier around the fact that global citizens find it less and less acceptable that public goods are just managed on the basis of free trade. Thank you for your comments on the need at national and global level to see beyond governments and inter-governmental multilateralism, to a broader common citizen partnership involving all sectors and responsible citizens who trust each other and trust in the project. Thank you also for introducing a new terminology, a global public bad.

That brings me to the fact that we are now opening the discussion, so please post your questions. I have a question here from Stanislas Cozon, "I have read references to common good, public good and possibly also common goods, could you please elaborate on how you define this and how to avoid being naïve about governance?"

Let me just say, for me a public good is a collective good as opposed to a private good and a global good is global as opposed to being national, just to make it simple. The common good is a good that we all need to sustain, and we all need to collectively sustain, which is why we need it to be regulated. For example, access to clean water or non-polluted air is a common good for us but if we do not collectively regulate that common good, it will not be a common good but can turn into what As would call a global bad. As, would you like to comment on the last part of the question, which is "how do you avoid being naïve about global governance?"

Elhadj As SY, Co-Chair, WHO/World Bank Global Pandemic Preparedness Monitoring Board

Naivety is a subjective feeling, so for me I belong to the naïve, I assume that, and you have to be naïve in order to be optimistic. You have to be naïve to not only think out of the box but maybe get rid of the box altogether. I think you also have to be naïve to engage in what seems impossible today, and then putting in the action to shape the future that you want. I think it was back in 1968, someone said that there is no revolution without Utopia, and I do not think we want to have the future we want if we do not have a certain dose of naivety. Lack of it will just lead to acceptance of the status quo to be realistic and being realistic [inaudible] taking any action to change or do what we have to do today to have the future we want tomorrow.

Michel KAZATCHKINE

Switching gear somehow, there is a question from Daniel Andler that crisscrosses with a number of points raised by several panelists.

Daniel ANDLER, Emeritus Professor at Sorbonne University, Member of the French Academy of Moral and Political Sciences

Thank you, Mr. Chairman. It was not really a question, it was just emphasizing especially what Mr. Kramarz was saying on how important it is to be able to nudge behaviors in the right direction, in what we think is the right direction without somehow committing paternalism or other ethical sins. I was just pointing out that these topics, how do you make norms, new norms emerge and make old toxic norms vanish or be subdued somehow, how do you create an atmosphere of trust on social networks, all of this has become the focus of a scientific research program that is not often mentioned. All of you are

obviously aware of the importance of this topic but I do not hear very much, very often in such circles, mention of cognitive science, social psychology, behavioral economics, which are all conducting extremely interesting empirical and conceptual research on these topics. For example, anti-vax, there is a lot of excellent insights on the deeper reasons for this anti-vax movement, which I think could profitably be exploited by people such as yourselves. I just wanted to say that there is an ongoing research program on these topics, which does not cost very much and would be well worth investing in.

Michel KAZATCHKINE

Thank you. Can I just ask the panelists to comment on Mr. Andler's remarks, whether from a vaccine confidence perspective, maybe Antoine referring to what Jean Kramarz said, or other panelists? I would also like to mention something I tried to bring up earlier in the conversation, it is not just about nudging behaviors in the right directions, it is also about fighting the structural inequities, the structural determinants that will actually shape the capacity of an individual to change or not change behavior. We have heard anecdotes here or there of people who fearing to lose their fragile work would hide their COVID infection rather than reporting and then going to contact tracing. When you have no choice, it is not easy to change behavior.

Jean KRAMARZ, Head of Business Line Health at Axa Partners

My point is about social networks and behaviors. We have talked about Ebola and I would say that nobody would disagree that Ebola is a very dangerous disease. With COVID, we discovered that you could have one million different opinions with some people saying that COVID is not dangerous at all, it is a joke, a slight flu. Of course, some other have explained that it is very dangerous for some people and as Antoine has shown, both are true. It is not dangerous for rather young people and it is very dangerous for old people. That is one example. We also saw on social networks doctors not trusting doctors, governments not trusting some doctors and some doctors not trusting some governments. It is a huge mess. How can we expect the general population to trust public messages when doctors do not trust other doctors?

To put it bluntly, it was very visible on the social networks and while it existed in the past it was hidden, and suddenly distrust has become the new normal. I am sorry to put it so bluntly, but any government efforts, any prevention efforts will not work if distrust is the new normal. As we all know, people following some rules, doing some things and not others, will be key in avoiding massive economic impacts from this disease. We will know whether it is pandemic/endemic, but if we want it to be manageable, we need trust, we need people to follow some rules. I must say that governmental and international health bodies have a very junior role in managing social networks, in communicating on them. The first impressive thing I saw was more than 10 years ago when the Center for Disease Control in Atlanta communicated on Twitter. It was very smart, easy, and efficient and it took a few years for other governments to follow that trend. However, we live in a new world and public communications on Twitter, Facebook, and YouTube conflicts with public communications by one million people who do not trust them. If we do not hack it, collectively find ways to be efficient on social networks, many things will not work. This touches on the point about data. I hope that data will bring more confidence and today there is not enough confidence in each little bit of data that is published. This may be the way we can work together with data, social networks, building trust. This is my overall comment.

Michel KAZATCHKINE

Thank you. It certainly echoes parts of the interventions by every single panelist today. Let me call on the other panelists for a brief comment on this issue of trust, which As also mentioned as a key element of building order.

Alexandre de GERMAY, Senior VP Global Head of Cardiovascular and Established Products, Sanofi

Maybe I can make a few comments on the trust in vaccines.

Michel KAZATCHKINE

Please take on this topic. There was also a question that I neglected to put to the panel on this, so please elaborate.

Alexandre de GERMAY

Of course, the trust in vaccines is a big topic in the media today. There is an increased feeling of challenges on the trust on the quality of the data. In a way, we should remember that it normally takes 10 years to develop a vaccine and today, we have sequenced the virus, found the antigen and actually found a way to manufacture this antigen in less than 10 months. Obviously, there are questions around efficacy and safety associated with these vaccines and it is okay for people wonder what the facts are behind their development, which is why the health authorities are actually digging into it.

I just want to say that vaccines have always been at the center of polemics, but at the same time we see year-to-date in the US the number of vaccinations for the flu have increased by 50%. Yes, you will always hear a lot of sceptics around vaccines but at the same time, you see that these types of crisis increase the willingness to actually get access to vaccines. To your point, Jean, the question is who is getting a voice on social media and who represents the majority in terms of behavior? As we know, to actually take on the point of someone else's intervention earlier, we know that negative news is retweeted twice as many times as positive news, just because they create the buzz. The problem is that on social media and the network of social influence you generate you will see higher influence from the negative and lower influence from the positive. However, we also know that there are ways to actually address those questions in sharing more positive news too through influencers. We know that influencers in this category are not the classic key opinion leaders who sit in a university hospital and know the subject very well. They are often general practitioners who happen to be followed by millions or hundreds of thousands of doctors and individuals and who just get the point across. We need to structure this community of influence better and ensure that positive facts are also shared. It is incredible. I honestly never thought in March that we would have a vaccine ready in December. It takes 10 years! It is incredible. We just sequenced this virus in January, and it is amazing what has been done.

Michel KAZATCHKINE

Thank you. Antoine, Juliette can I call on you to comment around this issue of vaccines and confidence.

Juliette TUAKLI, Medical Director, CEO of Family, Child & Associates

I think, the whole issue of misinformation around vaccines has been one of the most unfortunate aspects of the whole COVID experience over the past nine months. In reality, I think that misinformation has built up on prominent social networks, such as Facebook and to a lesser extent Twitter. I think Twitter was better controlled, but certainly Facebook was relatively uncontrolled, and I think that unfortunately some unscrupulous leaders took advantage of this to promote a lot of the anti-vax messaging. I think Alexandre mentioned that we know where it is coming from, the research is there, and we know how this has evolved. Lack of trust has been an important issue, but it has collided with the whole sense of needing to be protected and governed because everything has become a mess on account of COVID-19 being this strange thing that has taken over the world. People believe in sound structures no longer holding them up. I think there must be some more regulatory activity on the major social media networks

because that is where a lot of this comes from. I cannot tell you how many of my patients here in Ghana ask me about some of these ridiculous comments. I try to break the scientific details down into a communicative style so that they can understand exactly what is going on and I find that that is usually enough. They are smart enough to put one plus one together and to come up with two. It does show me that irrespective of their socioeconomic skills because we do see people at the top level and all the way down, it is really social media that has been driving this. I have really been most disheartened by this particular aspect.

Antoine FLAHAULT, Director of the Institute of Global Health at the University of Geneva

Surprisingly, I think that we could use this anti-vax grouping as an opportunity. We need this vaccine for at-risk groups for the whole world population, but we need to avoid the richest countries being entirely vaccinated. If we can use the anti-vax movement to protect the at-risk groups and the elderly, in fact we will have secured the fact that the most important thing is to share the vaccination with the whole population. If some people do not want it, we do not need to fight that, we should be very happy to refrain from vaccinating 20%, maybe 40% of the populations of the richest countries. I am pretty confident that the elderly people and those who want to travel will get the vaccine, because it will probably be mandatory to be vaccinated to travel from one country to another. For the moment, it is not our priority and we can leave those who do not want to be vaccinated. The priority is to protect the elderly, at-risk groups, and healthcare workers. If they do not want it, do not want to travel, and do not want to be accepted in some settings, such as homecare facilities or nursing homes, etc., then they will not have it. That is their responsibility.

Michel KAZATCHKINE

Thank you, Antoine. We are at the end of this very interesting session. I would like to warmly thank the panelists for raising an extraordinary wealth of ideas, concepts, and questions. Thank you to everyone who asked questions and triggered the discussion.

We touched on a lot of topics including data, prevention, information, and misinformation but I just want to focus on three things I think came out of the discussion. One, as an echo to what Tedros said about health as an investment, health is a strategic asset. Second, it is increasingly unacceptable to the global citizenship to see the chaos, lack of equity and inclusion in what we do in response to a pandemic. A lesson learned from this pandemic is that we cannot repeat the cacophony of the response in the first months when every country went on its own way and with a clear failure of global regulation and governance. Of course, the third point is a call from all of you for some sort of regulation in order to build what I will call a collective good that is public health, that like other common and collective goods requires regulation and governance, be it at local, regional, national of course or global level. That is why Thierry, I truly believe, and I am sure that all my fellow panelists do too, that it is a great initiative to also move the WPC into this area of health and health governance.

Thank you again to everyone and back to you in Paris.

Thierry de MONTBRIAL, Founder and Executive Chairman of Ifri, Founder and Chairman of the WPC

Thank you very much, Michel and all the panelists. I think it was a fascinating session and a very good start. Before switching to session two, let me react very briefly to this question of public good as well as naivety. First, on the issue of common good, public good, if you take global health as an entity, yes, it is a public good or a collective good, that can be discussed. However, particular health products, medicine, instruments, drugs, are private goods and there is very often a confusion between the two levels. However, the concept is clear and is global governance because if you name global health as a public

or collective good, the issue is how to implement it in practice. This is exactly what we are talking about. Indeed, Dr. Tedros is right when he talks about investment versus immediate consumption, etc.

I cannot fail to react to the question of being naïve or not. Let me tell you, I am very naïve because just launching the WPC would have been impossible if I was not. I am sure that Mr. As Sy is naïve and I admire him for it. The question is that to succeed you need to have a long-term objective, you have to be an idealist. A long-term objective has to be naïve in that sense, but to have a chance to move from where you are to Utopia, you have to be realistic in the short-term. There is no contradiction here. You have to be naïve in the long-term and a realist in the short-term. If we agree on that, I think we are all both naïve and realistic.

I think that many of the issues that have been covered in this session lead us naturally to the next two sessions.