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Good morning and welcome to this session dedicated to the Covid-19 pandemic. Special thanks to Thierry for putting this session into the program and also for planning a special WPC – Health last December in Geneva.

Covid-19 has upended our societies, put the world in great danger and exposed deep inequalities. In less than two years more than 230 million cases have been reported and over five million people have died. At the highest point in 2020, half of the world was forced into confinement and 90% of children of school age could not attend school. An estimated USD 10 trillion output is expected to have been lost by the end of the year, so clearly our economies and the very structure of our societies have been shaken and multilateralism certainly put to the test.

This is why I am really looking forward to this session and welcoming five distinguished panelists and colleagues. Professor Christian Bréchet, is a virologist and former Director General of the National Institutes of Health in Paris and of the Institut Pasteur, and Chair of the International Virus Network. Jean Kramarz is Head of Healthcare activities at the AXA Group. Doctor Juliette Tuakli is Chair of United Way and CEO of CHILD Accra in Ghana. Professor Robert Sigal is CEO of the American Hospital in Paris. Professor Haruka Sakamoto, joining us by video from Japan, is from the Department of Health Policy and Management of Keio University.

As we begin this discussion, let me make four points.

First, the pandemic is not yet over. As we speak, over 400,000 new cases and 10,000 deaths are reported globally every day. The current hotspots are the USA, Brazil and India, followed by the UK, Turkey, the Philippines and Russia. National responses across the world range from the complete lifting of restrictions in Denmark to new statewide lockdowns in Australia and a growing political and public health crisis in the US. Where the number of infections increases, we see again unsustainable pressure on the healthcare system and healthcare workers. The bottom line here is that the pandemic remains a global emergency and the future remains uncertain.

Second, the world was not prepared. Since the first outbreak of SARS, all the public health officials, experts, previous international commissions and review committees had warned of the potential for a new pandemic and urged for robust preparations. Covid-19 took large parts of the world basically by surprise. National pandemic preparedness has been vastly underfunded despite the clear evidence that the cost is a fraction of the cost of responses and

losses incurred when a pandemic actually occurs. Too many governments lacked solid preparedness plans, core public health capacities, organized multi-sectorial coordination and clear commitment from leadership. This is not a matter of wealth. I believe that Covid-19 has shaken up some of our standard assumptions that a country's wealth will secure its health. Actually, leadership and competence may have counted more than cash when it comes to responding to Covid-19. Careful scrutiny of the evidence and analysis by the Independent Panel for Pandemic Preparedness and Response, the so-called IPPPR, on which I have been privileged to serve, found multiple failures and gaps at every step of the response in national and international responses. The declaration of PHEIC, the Public Health Emergency of International Concern, the highest risk level in our legally binding international system of health regulations, did not lead to a rapid response and certainly did not lead to a coordinated response. It was not until the number of Covid-19 cases increased steadily and had spread internationally that action was taken. In summary here, the net result of delay, hesitation and denial, has been that an outbreak has spread into an epidemic and an epidemic has spread to a pandemic dimension.

My third point is that we must urgently work together to end this pandemic. Of course, from a public health perspective ensuring that all countries get rapid access to vaccines is essential for getting the pandemic under control. As we have already heard many times in this meeting, the delivery of vaccines under the current system remains painfully slow. Global solidarity is far from where we would like it to be and to paraphrase some of what was said yesterday, it looks like we are not learning about being an interdependent world.

Finally, my fourth point is that as we work together to end this pandemic, we must urgently work to avert the next. Our panel's recommendations follow from the diagnosis we have made of what went wrong at each step of the pandemic, in preparedness, surveillance, alert, early response and of course, from our view of the leadership required to transform the system. Our panel came with at least the four following recommendations:

One, the establishment of a new financing mechanism, a new financing facility both for investing in preparedness and to be able to inject funds immediately at the onset of a potential pandemic. That recommendation is very similar to that of the High-Level Finance Group of the G20, of which Jean-Claude Trichet, who I see in the audience, was part.

Second, a standing pre-negotiated multi-regional platform to produce vaccines, diagnostics and essential supplies to secure their rapid and equitable delivery as essential global common goods.

Third, a strengthened and empowered World Health Organization.

Fourth, the establishment of what we called a global health threat council at the level of heads of state and government. It would ensure the ongoing global political commitment to and accountability for preparedness and response, between and during emergencies and somehow elevate pandemic threats to the level of nuclear, terrorism, climate or other threats and challenges to economic stability and peace.



These are the key issues around governance and the systems that are currently being debated as we prepare for the G20 in October, and the Special Session of the World Health Assembly in November. They are discussed in the UN in New York and here at the WPC.