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Let us start right away with you, Anders.

Anders Nordström

Thank you, I am delighted to be here today. Let me just look back, somebody was asking if we are better prepared today than we were in the past. In 2006, I was the acting Director General for the World Health Organization, and I was at the G8 meeting in Saint Petersburg. Of course, no one knew who I was, but President Bush took me to the Chinese President during the coffee break and told him, you better tell this man to help if you have an outbreak of a disease; this was in 2006. Are we better prepared today? The previous panel came up with a one-year report called *Transforming or Tinkering* and the answer was that the world is still tinkering.

I would like to say a few words about the lessons we have learned in terms of governance in different dimensions, global, regional and governance across sectors and both private and public partners. Then, as Michel said, a few words about regionalization and what that means in terms of what we still need to do at a global level. Finally, a few words, as Michel again indicated, about what is happening right now in terms of global processes and how can we collectively make sure those are successful and more successful than in the past.

If we start by looking back at the lessons, again, as Michel and the previous panel were saying, the world was warned and the way we had to measure if the world was prepared did not work. In fact, countries with the highest scores did the worst and had the highest numbers of deaths. We reviewed 16 previous commissions and panels and the recommendations had been made but the world had not taken action. The first lesson is that this time we need to take action. Second, again as was indicated here before, the international alarm system, the surveillance system did not work effectively enough. China reported 48 hours after when according to international regulations it should be done in 24 hours but that was not a big problem. The big problem was then three weeks later when WHO's Director General had the Advisory Committee to come in to advise and they did not agree. It took another week before the Director General said that we had a public health emergency of international concern on January 30. Now, we had the big problem, the world did not understand what that meant so the international alarm system did not work. From January 30, we lost another six weeks before he used the word pandemic on March 10, then the world reacted. At that time, we had basically lost and most importantly, the whole month of February. The international system is

not just about raising the alarm and empowering the WHO to do that, it is the way that we basically understand what that alarm system means. Third, we did 28 country studies looking at some of the best and some of the worst. I am not going to go into this, it is published in international literature, but this is about governance. And if we look at some of the best performing countries we spoke about four Cs, that had to do with good governance at the national level, in-between different ministries but also working across private and public and working with communities. South Korea was possibly one of the best examples of having an early, aggressive containment strategy. Then we had governments that we classified as the 4 Ds that devaluated and created distrust among people; I do not think I need to name the countries that did the worst and basically devaluated the whole challenge.

The fourth lesson was again what was discussed here, it was about diagnostics and vaccines and the genetic sequence was shared, and it had never been done so quickly before, and on January 10 it was published in an international journal. We have never had a vaccine developed so quickly, but not just one, but a number of vaccines. That was a big success, so a lot of lessons. Of course, the big failure was the access to the vaccines and not just from an equity perspective, but from an effective public health perspective. Did we use the vaccines in the agnostic and most effective way to stop the pandemic as quickly as possible? The simple answer is no and next time, we need to do better, not just get the vaccines to volume but use them more effectively to be able to stop the pandemic quicker.

Those are some of the lessons. The second dimension and what has also happened here is that we have much stronger regionalization, I would say politically generally but also of health. When I was the Head of the WHO country office during the Ebola outbreak in Sierra Leone, the African CDC did not exist when I left in 2017, today it is a power. The African Union, what we have seen happening here in just the last years is a totally different situation. As Michel said, from the European side, the European Commission has now presented a new strategy for global health. I was there in Brussels and when Sweden takes on the Presidency of the European Union or the European Council next year, we will also ensure that there is political support for a new strategy, a new direction for global health. That will be with stronger regions, and that is not just in Africa, in Europe, also here in the Middle East and Asia. What does it mean in terms of global action and responsibilities because that agenda needs to change? I do not think we need a global platform for vaccines in the future, we need stronger regional platforms, but we still need global cooperation to share information, the data, but also ways of working, the management, the flow of then access to products. We need to rethink the global functions based on the fact that we have stronger regions today. Are we ready? As I said, we are not ready and Michel, you were saying that there are two major sort of processes happening now. One set of processes in Geneva is a new treaty and in New York there is then a potential political agreement, both of those are extremely difficult and cumbersome. They are going too slow, the political environment is not the best right now and we need all the support from you, from people across the world, from both private and public to say that we need certain political decisions and rules. We need to empower WHO to share information quickly. We need ways of engaging across private and public to be able to have access to resources and tools more rapidly in the future. We need both the rules that are basically negotiated in Geneva, and we also need the political commitment that is our hope we will have from this meeting in New York. Two critical things for those agendas. One is about this platform to access what we call the medical counter measures, the vaccines, the diagnostics,



etc., and then the financing for that. The second one is then a suggestion from the panel of also establishing some sort of platform with senior leaders from potentially both private and public sectors. This would be a sounding board for problem solving if something like this is happening, so that we do not have the very bad situation we had at the beginning of the pandemic when the US and China basically could not agree or anything. There is a need for a platform where we can work across regions and sectors.

Let me just finish by saying that this pandemic is still not just about the virus, it is not only about getting the vaccines. Again, as Michel was saying initially, this pandemic has been about economies, it has been people losing their jobs, children not having access to school, and we have not yet seen the impact of this. For the future, we need to think about the fact that we have country systems and commitments at all levels, national, regional, globally. That is not only focusing on making sure we get the vaccines but that we have national systems that can also deal with those broader challenges because that is what we have seen. I cannot help saying then something else, which might be a bit surprising, because somebody mentioned nutrition. One of the critical factors in whether you were successful or whether you lost a number of lives was actually the rate of obesity. If you look at the US, obesity was the most important for being at high risk. If you speak now about climate and what we need to do in terms of changing our food system, it is about climate, but it is also about health and the biggest epidemic we have in the world today is actually obesity. In some way that should trigger some thinking that this is more than just a virus.

Michel Kazatchkine

Thank you for setting the scene, Anders.