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I will now turn to you, Jacques, for a few thoughts, again as I said, from an informed outsider, if I may.

Jacques Biot

During the Global Health session last year on Technology, Economics and Ethics, I had shown that there is no invisible hand vested with reconciling the innumerable demand for care, and the burgeoning supply of health products, and I had called for increased governance from public institutions to prioritize resources. Therefore, it sounds extremely timely for me to participate this year on this session on Global Governance and Public Health.

Doing a thorough review of literature prior to this conference, I was struck by the convergence of discordant news between the North and the South: the approval in the US of the most expensive drug ever, $3.5M per patient to treat just a few patients with hemophilia B, a very rare blood disorder, the possible clogging of hospitals in most countries by the tripledemics of winter viruses, rising questions about the relevance of the most common efficacy endpoint in cancer clinical research, on the rich country end, and at the other end of the development exchequer, a flurry of editorials, actually shared by more than 230 medical Journals as early as 2021 and renewed in the wake of COP27, calling for urgent climate action in the interest of healthcare, pointing out the terrible increase in the burden of disease induced by global heating mostly in poor countries. And at a time where most countries still contain costs in healthcare, the Lancet observes that some countries provide subsidies to fossil energy higher than health budgets. What this shows is that if we think of a governance, it would have to focus not just on health any more, but on health and climate as co-determinants of well-being.

Actually, the international community has sought to establish a Health governance for many years. This can be traced back to the creation of WHO in 1948, to the formalization in 1978 of the Alma-Ata Declaration, reinforced by the Astana Declaration in 2018, calling for the roll-out of universal health coverage in line with sustainable development goals. However, although several pandemic outbreaks were successfully contained during the last two decades and although globalization was effective in lifting formerly impoverished populations into healthier middle classes, the recent COVID-19 pandemic has triggered a flurry of questioning on the alleged failures of Health governance, with criticism coming from both the health

professionals' community and from the economists' community, and pointing at far more severe failures than my call of last year to reconcile health budgets with innovation. A Bruegel team provided a thoughtful analysis at the beginning of this year.

Health governance is in place, at several levels. At the global level, WHO is still alive, although it has been heavily criticized in the wake of its initial COVID-19 crisis management, mostly unfairly and with political hidden agendas. On a more specific front, international regulatory agencies continue to cooperate efficiently where the safety and efficacy of drug products and technologies are concerned, and they have shown their adaptability and agility when it came to licensing COVID-19 vaccines. Another level of international governance pertains to intellectual property, this one comes under heavy fire, I will not elaborate on related issues today in the interest of time, but this subject will resurface relentlessly in the future. Going down the geographical scale, we have to recognize the fact that all countries, albeit along very different models, do maintain the principle of a national health governance, which, as shown last year, resolves in most cases to cost containment, whatever the means applied to this purpose. Many countries try to alleviate inefficiencies by delegating part of the regulation to regional and local authorities, a level which is widely recognized as closer to population needs and appreciated as such. Other angles of intellectual or moral governance do exist. Scientific societies do a great job to establish and disseminate good practice recommendations based on the most cutting-edge science in their discipline – but by definition they have no mandate whatsoever to propose to prioritize disciplines. Stock markets do exercise a governance on health product and technology manufacturers – with an obvious bias, shareholders' interest. Philanthropic institutions usually establish priorities to select the targets of their generosity. And finally, humanitarians on the terrain too often have to establish a governance of their own and do triage between immediate calls.

How to improve this complex and often crumbling edifice? My plea is that before thinking of structures, we should define what we expect of a global Health governance. And as a priority, I put, again, the need to work on metrics, because, as expressed by Peter Drucker, *'you can't manage what you don't measure'*. And metrics cannot be limited to mortality or to so-called DALYs. Once you agree on the metrics, you would have to set objectives, not just top-down, but have them discussed via a democratic and enlightened debate, and this debate would lead to arbitrating between incompatible expectations. These objectives should be multidimensional – based on geography, pathologies, type of care, populational needs, budget availability, and as we have seen, they should look also at non-health determinants such as climate, food or security, which have as much influence on well-being as care.

Once you have the metrics and the objectives, you would want agents to be able to implement them efficiently, and metrics would come again to allow to control the degree of achievement and propose feed-back measures if needed. Finally, although our governance would have been scaled to plan things as well as possible, recent years have shown us that it should also allow specific access lines for the treatment of any urgency.

Having said this, what are my prescriptions for a better Health governance?

From my perspective, WHO is irreplaceable and should be protected and rekindled, in a general move to restore multilateralism, and it should be more closely intertwined with an agency in charge of climate governance. Secondly, I would call for a strengthening of

epidemiology as a science at the crossroad of medicine and mathematics, taking advantage of new tools made available by digital technologies, and from there I would endow epidemiologists with the difficult task of educating the public to the complexity of public health. After many years of spreading bureaucracy in health systems, the management should be retroceded into the hands of health professionals, subject to the conditions that they would have been economically educated. My 30 years' experience in healthcare have convinced me that it is much easier to train a physician or a nurse in economics, mathematics, or management, than to turn a business or accounting or administrative person into a doctor. And finally, I would definitely decentralize and empower local players whenever possible, as they are best placed to judiciously allocate resources according to population needs.

Thank you for your attention.

Michel Kazatchkine

Thank you very much, thank you Jacques. Now, I must confess I have a problem because we started this session 10 or 15 minutes late and I am told that we have to stick to the schedule. Therefore, we unfortunately have no time for discussion, and I apologize because I was looking forward to that.

Let me just give a very short conclusion from what I have heard in the previous session and this one. One, the world is not prepared better, or hardly, in December 2022 to face a new pandemic than it was in 2020. Second, a number of processes have started, many, including the negotiation of a treaty, a new global health strategy in Europe, and of a political resolution at the UN General Assembly, are slow, cumbersome as Anders said. Yet, as many of you have said, including Lionel, when it comes to some of the regional innovations, these processes are opening new and encouraging perspectives. Third, there are two key issues in global health and pandemic preparedness and response that are still not clear, one is governance and the second is the financing. Clearly, the recently established International Financing Facility, as it is called, is far from being where we would like it to be. My last point is that I hope that as the public at the World Policy Conference, you realize that health is no longer just about health. Of course, health is on the health agenda, but it is also on the development, global security, economic and social justice agendas. As we heard from Christian and the One Health issue, it is on the agenda of all the interrelated crises with which the world is currently confronted. With that, please join me in thanking our panelists for this session.