PMAC PRINCE MAHIDOL AWARD CONFERENCE 2021

WS104

GOVERNANCE FOR PUBLIC HEALTH AND PANDEMIC PREPAREDNESS: WHAT HAVE WE LEARNED SINCE THE BEGINNING OF THE PANDEMIC?

| BACKGROUND

The COVID-19 pandemic affects societies at all levels – it is not unique to health. It has highlighted the need for specific governance patterns to ensure an efficient response to the epidemic while minimizing the collateral effects on other segments of society or the economy. Many countries are now thinking about the “after”, about building back better. We must reflect on what types of governance mechanisms are needed for pandemic preparedness and resilience at all levels: global, national and subnational – drawing the lessons from current structures, frameworks, responses and solutions. Identifying lessons learned from the first months of the pandemic is the first step before being able to think about creative innovative mechanisms for health and pandemic preparedness governance.

At the global level, the pandemic has highlighted the need for specific mechanisms such as public-private partnerships for the equitable access to essential supplies, diagnostics, treatments and vaccines. Questions are raised around emergence of nationalisms, limiting multilateralism approaches and the power given by States Parties to multilateral organizations. Another issue is that some recommendations by international organisations (such as the WHO) are not followed in times of emergencies, which could undermine trust and legitimacy of such organizations.

At national level, we witnessed lack of preparedness and ad-hoc nature of decision, even for countries with high preparedness index score. In times of unknowns and uncertainties, balancing health objectives and socio-economic impacts was difficult for many countries, of which some tried to “buy time” to strengthen readiness. There were some gaps in protecting some specific vulnerable populations and taking into consideration their needs and the disproportionate impact of the disease on them. This makes us reflect on what would be the appropriate levels of inclusiveness and multi-disciplinary needed for decision-making. Crises and emergency times may also be opportunities for governments to justify extreme measures and strong mechanisms must exist to fight corruption or abuse of authority. Ensuring state continuity is also often at stake during emergencies.

At subnational level, it would be important to understand what governance is most efficient to implement a whole of society approach at local level, including communities and private sector, and what would be ideal relationships between rural and urban areas. Regional cooperation mechanisms are also important to study.

At all levels, questions are raised around evidence-based policies, processes, systems, regulations and operations. Key recurring themes are inclusiveness, accountability, transparency, flexibility, effectiveness, trust and resilience. Another recurring issue we face at all levels is financing and the chronic underfunding and underinvestment in global health and pandemic preparedness.

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| OBJECTIVES

- Look at governance structure of international organizations, countries and sub-national entities during the first months of the COVID-19 pandemic
- Reflect on what would be effective governance structures and mechanisms to prepare for and respond to the multi-faceted aspects of epidemics and pandemics.
- Extract 3 to 5 lessons learned about governance at global, national and subnational levels that will be used to develop a framework to analyse complex and multifaceted health crises.



Speaker

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Dr. Suzuki was born in 1959. He graduated from School of Medicine, Keio University (MD) in 1984 and trained as neurologist. He received PhD for public health from Keio University in 1996 and two Master's degrees from the Harvard School of Public Health (MPH in 1989 & MSc in 1990).

Dr. Suzuki has a professional career at the Ministry of Health, Labour and Welfare (MHLW), Japan for 30 years covering infectious diseases, mental health, environmental health, food safety, international health, ageing & health, and health research policy. He also worked for the World Health Organization as Executive Director for Social Change & Mental Health, later for Health Technology and Pharmaceuticals (covering vaccines, immunization and biologicals) from 1998 to 2002.

He previously served as Vice-Minister for Health, Chief Medical & Global Health Officer at the MHLW from July 2017 to August 2020.