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

# Hans Henri P. Kluge

*Regional Director for Europe*

World Health Organization
Switzerland

Dr Hans Henri P. Kluge began his term as WHO Regional Director for Europe on 1 February 2020, following his nomination by the WHO Regional Committee for Europe and appointment by the WHO Executive Board.

He has 25 years of experience in medical practice and public health in numerous settings around the world. Having qualified in medicine, surgery and obstetrics from the Catholic University of Leuven in 1994, he began his career as a family doctor in Belgium.

On assignment with Médecins Sans Frontières (MSF) Belgium from 1995, his international experience started in emergencies, working in Liberia and Somalia, coordinating a tuberculosis (TB) control programme and providing medical and public health services in conflict zones. Dr Kluge's work for MSF in the area of TB control continued with a posting coordinating programmes in prisons in Siberia, and then as the Regional TB Advisor for former Soviet Union countries in Moscow, Russian Federation.

Dr Kluge joined WHO in 1999, as TB and TB-HIV Project Manager at the WHO Country Office in the Russian Federation. During 2004–2009 his focus expanded, as Medical Officer for TB and then becoming Team Leader for the 3 diseases unit (HIV, TB and malaria) at the WHO Country Office in Myanmar, as well as working as a consultant to the Democratic People's Republic of Korea on TB.

In 2009, Dr Kluge moved to the WHO Regional Office for Europe, and the following year was appointed Director of the Division of Health Systems and Public Health, and Special Representative of the Regional Director to Combat Multi/Extensively Drug-Resistant Tuberculosis. As division director, he led the development of a new WHO European Region vision on health systems for prosperity and solidarity; drove work on a regional study on universal health coverage and financial protection; prioritized a focus on service delivery including integrated and primary health care; and built strong partnerships on health system performance and reforms with the European Commission, Organisation for Economic Co-operation and Development (OECD), World Bank, GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the European Observatory on Health Systems and Policies, civil society and donors.

A Belgian national, Dr Kluge is fluent in English, French, German and Russian, as well as Dutch. He is married and has two daughters. He enjoys running, cycling and gardening.