



PL1

WHAT HAS THE WORLD LEARNED FROM COVID-19?

| BACKGROUND

In one of the first speeches after his appointment, Tedros Ghebreyesus, the WHO Director-General, noted that 'in an interconnected world, we are only as strong as our weakest link.' No country is safe if disease transmission is active in some parts of the world. COVID-19 hit the wealthiest countries hard, with effects far beyond health, while some middle- and lower middle-income countries managed to get their situations under control. In addition to the levels of pandemic preparedness, the disparities reflect the characteristics of the various health systems, such as emphasis on primary health care, extent of public funding for health care, public-private mix in healthcare delivery and adequacy of human resources in health. COVID-19 is confirming the importance of community engagement and ownership, and informed and community-supported self-directed health and hygiene behaviours of each individual in controlling the pandemic. 'Solidarity' has become a symbol of the COVID-19 response – from the global level and down to the grassroots. One remarkable achievement has been demonstrated in healthcare facilities. To save lives when the flood of patients was overwhelming hospitals and ICUs, national and international aid teams were sent – either voluntarily or through their organizations -- to create and maintain surge capacity.

Now that some countries have successfully managed to bring the first wave of COVID-19 under control, it is time to take an early look back and consider what could have been done differently to improve outcomes in all countries. In advance of COVID-19, a series of infectious threats --SARS, highly pathogenic avian influenza virus infection, MERS, and the first pandemic of the century, 2009 H1N1 influenza – had already established a pattern of potential but imminent pandemic emergence, and adoption of IHR(2005) by all Member States should have pushed development of core capacities for detection, reporting, and mitigation to the top of the priority list for national and international leaders and their communities. However, countries have often failed to deliver on this mandate due to other pressing priorities and, notably, a lack of financial commitment: response overrides preparedness. How did these lapses affect countries' readiness for and response to COVID-19?

Webinar sessions under sub-theme 1 have addressed lessons learned so far in key areas such as governance, communication, socio-economic impact and readiness/preparedness of countries. Chairs of each webinars will discuss about the outcomes of their sessions and build together a framework to better manage future pandemics. The analytical framework will comprise a list of lessons learned and key actionable recommendations, translating collective experience into action.

| OBJECTIVES



Chair

David Heymann

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David Heymann holds a BA in general science from Penn State University, an M.D from Wake Forest School of Medicine, and a DTM&H from London School of Hygiene and Tropical Medicine (LSHTM). He is currently Professor of Infectious Disease Epidemiology at LSHTM and Head of the Centre on Global Health Security at Chatham House, London. From 2012 to March 2017 he was chairman of Public Health England

For 22 years Heymann was based at the World Health Organization (WHO) in Geneva on secondment from the Centers for Disease Control and Prevention (CDC) during which time he rose from Chief of Research of the Global Programme on AIDS to Founding Director of the Programme on Emerging and other Communicable Diseases. He then was named Executive Director of the Communicable Diseases Cluster, a position from which he headed the global response to SARS, and finally was named Assistant Director for Health Security and the Director General's Representative for Polio Eradication.

Before joining WHO Heymann was based for 13 years in sub-Saharan Africa on assignment from CDC where he worked Cameroon, Cote d'Ivoire, DRC and Malawi. During this period he participated in the response to the first, second and third outbreaks of Ebola hemorrhagic fever in DRC, investigated human monkeypox outbreaks throughout central and western Africa, and supported ministries of health in field research aimed at better control of malaria, measles, tuberculosis and other infectious diseases. Prior to joining CDC Heymann worked in India for two years as a medical epidemiologist in the WHO smallpox eradication programme.

Heymann is an elected fellow of the Institute of Medicine of the National Academies (US) and the Academy of Medical Sciences (UK), and has received seven different public health awards, including the Heinz Award on the Human Condition, that have provided funding for the establishment of an on-going mentorship programme at the International Association of Public Health Institutes (IANPHI).

Heymann has published over 200 peer reviewed articles, commentaries and book chapters, and is the editor of the Control of Communicable Diseases Manual, a major global reference for public health and health protection. In 2009 he was appointed an honorary Commander of the Most Excellent Order of the British Empire (CBE) for service to global public health.