Synthesis: Summary, Conclusion & Recommendations

3 FEB 2021
WEDNESDAY

19.00-20.30 HRS. (BKK) | 13.00-14.30 HRS. (GE) | 07.00-08.30 HRS. (NY)
Synthesis: Summary, Conclusion & Recommendations

Wednesday, 3 February 2021
Time: 19.00-20.30 HRS. (BKK) | 13.00-14.30 HRS. (GE) | 07.00-08.30 HRS. (NY)

Viroj Tangcharoensathien
Senior Advisor
International Health Policy Program
Thailand

Walaiporn Patcharanarumol
Director
Global Health Division
Ministry of Public Health
Thailand

Diana Weil
Senior Adviser
UHC/Healthier Populations Division
World Health Organization
Switzerland

Narisa Limpapaswat
2nd Year Medical Student
Chulalongkorn University
Thailand

Chompoonut Topothai
Research Fellow
International Health Policy Program
Thailand
Conference programme structure

Pre-conference: 21 October 2020 – 28 January 2021

- 14 Side meetings
- 4 Field trips
- 21 Webinar sessions
- Keynote Speech by 2 Prince Mahidol Award Laureates

Main conference: 29 January – 3 February 2021

- Opening Session and Armchair Conversation
- 5 Plenary Sessions (PL0 – PL4)
- Synthesis Session
Subtheme 1
What has the world learned from COVID-19?
• 4 Webinar Sessions

Subtheme 2
How we dealing with COVID-19?
• 7 Webinar Sessions

Subtheme 3
What should we do for the future?
• 5 Webinar Sessions

Subtheme 4
COVID-19 and the global megatrends.
• 5 Webinar Sessions

Pre-conference: Webinar sessions
21 October 2020 – 28 January 2021
Main conference: 29 January – 3 February 2021

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<tr>
<th>Plenary</th>
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<tr>
<td>Opening Session</td>
<td>Opening Session by HRH Princess Maha Chakri Sirindhorn &amp; Armchair Conversation</td>
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<tr>
<td>PL0</td>
<td>Politics, Political Economy, and History: Major Trends Shaping the COVID-19 Pandemic</td>
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<tr>
<td>PL1</td>
<td>What has the world learned/is learning from COVID-19?</td>
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<td>PL2</td>
<td>How are we dealing with COVID-19?</td>
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<td>PL3</td>
<td>Investing In The Future: Ensuring The World Will Never Be Vulnerable To Another “COVID-19” Threat</td>
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<td>PL4</td>
<td>Protecting and improving human and planetary health - a Syndemic View</td>
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<td>Synthesis session</td>
<td>Synthesis : Summary, Conclusion &amp; Recommendation</td>
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Panelists & speakers: 138 from 35 countries

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Participants: 1,612 from 87 countries
Covid-19 PANDEMIC is ONE OF MANY CRISES

- Pandemic – highlighting existing inequities and vulnerabilities
- Health – inequities, chronic disease, mental illness,
- Ecological and climate crisis – increasing disasters and more pandemic forecast
- Political Leadership: neo-liberal, pro-profit not health, privatising public services, more populist leaders, Declining trust, fake news, politics of fear
- Social crisis – isolation, declining social capital. Lack of community and solidarity, Terrorism, fundamentalism
- Unfair global economic and political system based on extractive capitalism:
  - Excess wealth for some in pursuit of capital
  - Growing inequities
  - Over-consumption and under consumption
  - Focus on profit above all else
- Financial crisis (2008) and now pandemic recession austerity politics: low wage growth high profits; casualised insecure, exploitative work
- Institutional malaise crisis Cut backs to public services, restructuring, redundancies, privatisation
- Corporation avoid tax and responsibilities, profits before people, harshness, uncaring

Adapted from Baum Governing for Health (2019: 10)
Source: Slide from Fran Baum, PL2
Outlines of the summary

A. Challenges prior to the COVID-19 pandemic
B. Impact of the COVID-19 pandemic
C. What we are doing during the COVID-19 pandemic
D. What we should do for the future
A. Challenges prior to the COVID-19 pandemic

- Global context
- Global readiness for pandemic
- Health system vulnerability
Global context

The world of inequity and social vulnerability

- Poverty, discrimination, social exclusion, gender inequality, peace and justice (WS104, 204, 402)

Imbalance of trade and health

- Intellectual property and trade regimes fraught with challenges for equitable access to health innovations (WS202)

Global inaction on climate change and ecological deterioration

- Ecological deterioration, fragmented global governance for climate change (WS302, 304, 403, 405)
Governance: national and global challenges

• The political economies of health systems and public health developments in H/UMICs and LMIC/LICs have varied, and contributed to weaknesses and inefficiencies (PL0)

• Inadequate health governance at all levels (WS104)

• No governance for infodemic management (WS102,202)

Existing surveillance systems not ready for emerging threats

• Highly dependent on countries’ capabilities, causing delays in detection of emerging infections, reporting and prevention (WS304)
Health system vulnerability (PL+++; WS+++)

- Many countries are far from achieving UHC
- Incomprehensive framework of health systems using 6 building blocks
- Weakness in the foundations of health systems: PHC, community health care, infrastructure, public health functions - a weak link
- Inadequate health workforces, medical supplies, and logistics
C. Challenges prior to the COVID-19 pandemic

IHR capacity: analysis of 182 countries using SPAR 2018, 1 the lowest and 5 the highest national capacity

Lancet 2020; 395: 1047–53 https://doi.org/10.1016/S0140-6736(20)30553-513
A. Challenges prior to the COVID-19 pandemic

Shortage of field epidemiologists (target 1:200,000 pop)

Panel A: US-supported GHSA countries with populations < 60 million (n=11)

Panel B: USA-supported GHSA countries with populations ≥ 60 million (n=6)

GHSA: Global Health Security Agenda

Health Security Vol. 18, No. S1

https://doi/10.1089/hs.2019.0119
B. Impact of the COVID-19 pandemic
B. Impact of the COVID-19 pandemic

Globally, as of 9:45am CET, 3 February 2021, there have been 103,201,340 confirmed cases of COVID-19, including 2,237,636 deaths, reported to WHO.

Source: https://covid19.who.int/
Comorbidities within the Charlson comorbidity index | Death with COVID-19, OR (95% CI)
--- | --- | ---
Renal disease | 7.45 | (6.60–8.40)
Myocardial infarction | 7.25 | (6.25–8.42)
Congestive heart failure | 6.62 | (5.84–7.52)
Dementia | 6.40 | (5.42–7.55)
Peripheral vascular disease | 4.70 | (4.04–5.46)
Moderate/severe liver disease | 4.47 | (2.83–7.08)
Cerebrovascular disease | 4.16 | (3.60–4.82)
Metastatic solid tumor | 3.68 | (2.73–4.97)
Diabetes mellitus | 2.89 | (2.56–3.26)
Any malignancy | 2.78 | (2.37–3.27)

B. Impact of the COVID-19 pandemic

Differential Impact

- Settings with crowded people especially urban area
- Ageing people
- Women and children
- Minorities, migrant, refugee, ...
B. Impact of the COVID-19 pandemic

Covid-19 Death Rates are Higher for Black and Indigenous People
U.S. deaths of Covid-19 per 100,000 people by race, through September 15, 2020

- Black: 90
- Indigenous: 80
- Pacific Islander: 70
- Latinx: 60
- White: 50
- Asian: 40

Source: APM Research Lab
B. Impact of the COVID-19 pandemic

- Economy
- Food insecurity and malnutrition
- Education
- Environment
- Global human development

Source: Slide from PL2, Fran Baum
B. Impact of the COVID-19 pandemic

Pathways for impact of COVID-19 mitigation strategies on maternal, child and adolescent health and well-being

- Reduced health services coverage
- Disrupted food supply
- Reduced economic activity
- Disrupted education
- Increased school dropouts
- Early marriage and sequelae for girls
- Reduced lifetime earnings
- Adolescent entry to labor market
- Adolescent job loss
- Reduced access to nutritious food
- Mental health of women and adolescents
- Increased wealth inequity

Impaired maternal, child and adolescent health, nutrition & human capital

(Source: Slide from PL4, Zulfiqar A Bhutta FRS)
B. Impact of the COVID-19 pandemic

Overwhelm of health system

• Supply chain interruption: supply shock, demand shock, and infrastructure shock
• Lack of capacity to maintain essential services
• Increased reports on substandard/falsified medicine, essential drugs, and medical supplies related to COVID-19

Mis and disinformation

• Fear and mistrust among the population, government, and media

Violence

• Women and girls
• Domestic violence

Advancing healthcare technologies

• COVID-19 vaccine
• ‘Digital Health pandemic’
  • Telemedicine
• Artificial Intelligence (AI)

C. What we are doing during the COVID-19 pandemic

- Global response
- National response
- Remaining challenges
Global response to COVID-19

WHO Key Recommendations

1. Preventing local transmission via social and public health measures

2. Ensuring sufficient physical, human, and financial resources to maintain health services

3. Governance arrangements, whole-government actions on pandemic management and risk communications
Global response to COVID-19

• Global governance
  • International Health Regulations;
  • Equitable access to affordable medical products:
    • Access to COVID-19 Tools (ACT) Accelerator program
    • COVAX
    • Expansion of Medicine Patent Pool (MPP)
  • Mechanism to share knowledge, intellectual property and data
    • The COVID-19 Technologies Access Pool (C-TAP)

• Political economy during COVID-19
National response to COVID-19

• Different variation in interventions:
  • Contextualized solutions integrating social and cultural values
  • UHC allows greater access to greater range of healthcare services
  • Timing in introducing interventions

• Governance and leadership:
  • Whole-of-government responses, transparency and accountability of decision makers

Face mask coverage

By Elaine He and Lionel Laurent, July 17, 2020
Remaining challenges

• Existing global governance is inadequate for rapid response
• Data-driven vs politically-driven policy decisions
• Nationalism vs multilateralism
• Inequitable allocation of resources, especially vaccine allocation
• Lack of capacity to maintain regular & essential services
• Ineffective risk communication: mis-and dis-information
D. What we should do for the future

- Pandemic preparedness and response
- Health systems strengthening at all levels
- Maximizing digital technologies for health
- Shifting efforts towards a sustainable world
D. What we should do for the future

Pandemic preparedness and response

At global and/or regional level

• Reforming global governance
• Strengthening the early warning system for emergencies and pandemics
• Investment in surveillance system through “One Health” approach
• Increase multilateralism, multisectoral, and interdisciplinary collaboration
• Risk communication and community engagement, esp infodemic management

At national level

• Re-envision the country preparedness and response plan
• Strengthen country’s capacity for preparedness and response to a health crisis
• Incorporate health and well-being into non-health policies

**Political will is needed in all levels**
Health systems strengthening at all levels (PL2-4)

1. Governance and leadership for Health
2. Integrate actions on health security, UHC, health promotion through strengthening PHC and all levels of care
3. Community engagement and empowerment
4. Public-Private partnerships
Vaccine agenda for 2021 and beyond

• Monitoring all variants and measure vaccine efficacy
• Expanded manufacturing capacity through technology transfer
• Equitable allocation of the vaccines
• Strengthened vaccine regulation, ensuring timely approval
• Assured supply chain and delivery
• Monitoring adverse events and corrective actions
• Ongoing investment in diagnostic, drugs, and vaccines research
• Ensuring adequate financing for COVID-19 vaccination
Maximizing digital technologies for health

• The roles of technology in responding to crises

• Solutions to advancing technology for a better society
  • Trust and multidisciplinary collaboration
  • Flexible and distributive regulations

• Data literacy and data governance
Shifting effort towards a sustainable world

• Equity and peaceful world
  • Protection and promotion of human rights
  • Poverty and inequity
  • Protection of vulnerable groups
  • Strengthening and empowering civil society
  • Continue decolonization

• Building a healthier and better world
  • Environmental sustainability- climate change, wildlife, and ecology

• Empowering young generation
Summary

COVID-19 is a syndemic that uncovered the pre-existing contexts and problems of health, social, economic, politics, and environment.

COVID-19 is a human security crisis in the century; solutions lie equally with responsive governments and global collective actions. Its long term deep ramification requires leadership to reconstruct the society and the world.
Special thanks
### PMAC 2021

**Lead Rapporteur:** Viroj Tangcharoensathien, Diana Weil, Walaiporn Patcharanarumol, Narisa Limpapaswat, and Chompoonut Topothai

#### Session Rapporteur: (55)

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**Rapporteur coordinator:** Walaiporn Patcharanarumol, Chompoonut Topothai and Nattanicha Pangkariya
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Q&A

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Yik Ying Tao
Dean, Saw Swee Hock School of Public Health
National University of Singapore
Singapore

Dennis Carroll
Chair, Leadership Board, Global Virome Project
Senior Advisor, Global Health Security, URC
United States of America

Fran Baum
Co-Chair Global Steering Council,
People’s Health Movement, Flinders University
Australia