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**Draft keynote speech by Dr Catharina Boehme to the  
6th Annual Ideal Village Conference at Stanford University**

**Post-Pandemic Normal: The path forward**

**2337 words**

**{Part 1. Introduction}**

Warm greetings to all health leaders, colleagues and participants, and many congratulations on holding this 6th Annual Ideal Village Conference at Stanford University.

I am very pleased to have this opportunity to reinforce the World Health Organization's links and partnership with Stanford University medical school, with Science for Society, with my co-participants and with the Ideal Village concept as a whole. As the concept underlines, only by working together in a holistic, integrated and collaborative manner, will we find the way forward.

This year's conference is on one of the most important subjects possible as we emerge from the global COVID-19 crisis: Post-Pandemic Normal: The path forward.

Put in the plainest language: what is the world to do next?

You don't need me to tell you that the scale of the pandemic is enormous and that it has affected all sectors of society and all corners of the globe.

As of today *September 29*, there were almost 230 million confirmed cases of COVID-19. The global death toll from the disease stood at well over five and a half million.

On a more positive note, around 5.7 billion vaccine doses have been administered.

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The global economic cost of the pandemic has to be stated in figures with so many zeros as to be almost incomprehensible, but an estimated 4.3% shrinkage of the global economy in 2020-21 would mean a global cost of more than US\$10 trillion. A set-back matched only by the Depression and the two World Wars.

And this disastrous pandemic reveals one thing with brilliant clarity: the interconnectivity between health issues and all aspects of society, all aspects of our living, learning and working together on this planet. It has revealed the importance of the holistic approach at the heart of the Ideal Village programme.

The pandemic has also shone a light on the increasing divide between the wealthy and the poor. For sure, the global vaccination rate is encouraging, but the fact is that almost 80% of vaccines have been administered to those living in high- and upper-middle income countries.

If you live in a village in Africa, you have a very scanty chance of getting vaccinated. Of the 5.7 billion doses of vaccine administered, only 2% have been administered in Africa, while 66% of people in high-income countries have received at least one shot of a COVID-19 vaccine.

That could be thought of as bad medicine, because in the case of this virus, **no one is safe until everyone is safe**. The fact that the virus is free to circulate uninhibitedly in certain parts of the world gives it every chance to mutate, possibly even to a more dangerous form than the Delta variant or, who knows? into a form that will evade our current vaccines. That would put us back at step one again.

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Together with the heads of the International Monetary Fund, the World Bank and the World Trade Organization, the World Health Organization has called for a massive global push to vaccinate at least 10% of the population of every country by end of this month, at least 40% by the end of this year, and 70% by mid-next year.

Alas, so far we are failing to meet those targets.

However, while highlighting glaring global inequality, it is also true that the COVID-19 pandemic has brought about many positive developments, and given us instances of global solidarity.

Some quick examples that come to mind:

- In just over a year, innovation based on global collaboration has led to reliable tests, treatments, and safe and effective vaccines, though access to these tools remains a barrier. This is truly a record, when you consider that three decades of attempts to create an HIV vaccine have proved fruitless.
- I'm also thinking about how a laboratory in China, within days of the declaration of the outbreak in early 2020, had completed the genomic sequencing of the virus. On 12 January 2020, China shared the sequencing with the rest of the world, making surveillance, early detection and tracking the spread of disease much easier.
- Medical oxygen shortages around the world have been tragic feature of the pandemic, affecting poorer countries disproportionately. But unprecedented cooperation with private sector medical oxygen suppliers is making it possible to find a way out of that situation.

The ACT Accelerator and COVAX are further initiatives marked by global solidarity and generosity, and both should be stepping up their activities significantly in the coming months.

Yet, many challenges remain...

## **{Part 2. Key lessons learned from the pandemic}**

So what are the lessons that we have learned from the past 20 months? What can we take out of this situation?

1. We have learned that the pandemic is a powerful demonstration of the importance of primary health care as the foundation of both global health security and universal health coverage. It became clear that many countries lacked resilient national systems to strengthen or build a critical foundation for global pandemic preparedness and response.
2. Likewise, the global network for surveillance to prevent and detect emerging infectious diseases was clearly not up to the job;
3. The pandemic has revealed that the world was poorly prepared, or in some cases quite unprepared, to deal with COVID-19 and its consequences.
4. The supply of medical countermeasures and tools was inadequate to ensure equitable access and fair distribution to all regions and countries of the world.
5. There was no strong global governance, secured by proper funding and with clear accountability for the outcomes, to ensure coordination of national and international efforts to counter the pandemic; a coordinating framework or platform that allows

civil society and NGOs to fulfil their missions effectively was lacking. NGOs and civil societies have an important role to play, and many achieve absolutely remarkable results and perform invaluable work. Here again, we can certainly learn something from the collaborative platform established by the Ideal Village programme.

6. We have learned that solidarity is not an option in our response: it is critical to our success in stamping out the virus.
7. The issue of equity must be addressed, or we face a far longer continuation of the pandemic. Genetic lineages of SARS-CoV-2 have been emerging and circulating around the world since the beginning of the COVID-19 pandemic. With the rise of variants and the current gap in equitable access to COVID-19 vaccines we must urgently vaccinate those most at risk everywhere in the world. We cannot afford further delays in getting vaccines to the most vulnerable – to do so will mean a continuation of this pandemic and its impact on all of our lives.

### **{Part 3. Way forward}**

We must now ask ourselves some hard questions.

What is the best way in which to handle the future pandemics that will certainly come?

What legacy can we bequeath to future generations to help protect them from the devastation caused by life-threatening pandemics?

What will the post-pandemic normal be like?

For the World Health Organization, the new normal is the need to respond to hundreds of health emergencies at the same time as leading the United Nations response to the COVID-

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19 pandemic. In addition to the COVID-19 pandemic, the Organization is currently responding to more than 300 ongoing outbreaks or health-related emergencies.

Globalization, intensified urbanization and our environmental recklessness are factors that increase the risk of outbreaks of disease expanding into epidemics and potential pandemics.

It is important to remember that all pandemics start from a local outbreak. We must learn to identify those local outbreaks, and react to them more quickly. If the point of outbreak of a potentially dangerous novel virus is identified more quickly and preventive measures are put in place, millions of lives can be saved. We need new, powerful systems and tools for global surveillance, to collect, analyse, and disseminate data on outbreaks with the potential to become epidemics and pandemics. We must use the new technology that science is placing at our disposal to make the world healthier. Innovation and scientific progress are critical.

The World Health Organization, in partnership with Germany, has recently established the **WHO Hub for Pandemic and Epidemic Intelligence**. The Hub can tap into innovations in data science, harnessing the power of artificial intelligence, quantum computing and other cutting-edge technologies, and promote greater sharing of data and information between communities and countries.

No single institution or nation can do this alone, and the WHO has coined the term “collaborative intelligence” to describe our collective mission. The Hub will bring together scientists, innovators, policy makers, and civil society representatives from around the world, to work across borders and disciplines, making collaborative intelligence a reality.

Other initiatives are in the pipeline, including the WHO BioHub, a new facility in Switzerland for storing and sharing pathogens, and the **Universal Health and Preparedness Review**, a

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new peer-review mechanism for enhancing national preparedness modelled on the Universal Periodic Review used by the United Nations Human Rights Council.

The Constitution of the World Health Organization says in its preamble that “Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.”

The current pandemic has brought home the truth of that phrase.

Ultimately, we need – the world needs – a new architecture that is simple, inclusive, flexible and rapid in its responsiveness. One which promotes equity and avoids the creation of parallel structures, which can only result in fragmentation, duplication, competition and the squandering of resources.

A wide range of international bodies and review panels have already met to discuss the global response to the COVID-19 pandemic and to make recommendations on how the world should manage future health emergencies and pandemics.

We must tap into this global collective wisdom, and bring the more than 200 recommendations together in a coherent package that will deliver a stronger global health security architecture, based on the principles of fairness and equity.

There is emerging consensus around four major areas where bold action is required:

- We need **better global governance**, supported by an instrument that could take the form of an international treaty;
- We need **better financing for national and global preparedness and response**; We need a substantial increase in domestic investment, including for primary health care, as well as in international financing to strengthen capacities in low- and lower-middle income countries, and to finance global goods such as vaccines;

- We need **better systems and tools** to share information. That means improved epi-intelligence, improved sample sharing and technology transfer, together with optimized programme implementation. Given the opportunities afforded by innovations, all countries should be prepared to implement investigational diagnostics, vaccine and treatment protocols, and consider biomedical and social behavioural science research as an integral component of their public health emergency preparedness plans. There needs to be ongoing support for lower-income and middle-income countries to develop their research, regulatory, ethics and operational capacities, learning from this pandemic.
- Lastly, we need a **strengthened, empowered, and sustainably financed WHO** to lead action against global health emergencies.

It is important to consider how NGOs and civil society can contribute and work together with the WHO. In constructing the new global architecture, we must be certain that it ensures the engagement of all stakeholders in a coherent and coordinated manner. It must empower local communities and allow civil society to play its role.

It may seem harsh to talk already of future pandemics while we are still in the middle of the current one, but we must not be blind to the fact that this pandemic is not a one-off event. The World Health Organization has been warning for many, many years that we must be prepared to face more epidemics and pandemics. It is therefore essential to ensure that the world is better equipped to detect, prevent and counter another major outbreak.

It could be far more deadly than COVID-19 has so far proved to be.

We cannot say when or where the next major global health threat may emerge, nor in whose sphere of influence. That makes it critical to fully embed any new mechanism for

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global health threats within broader health governance, so as to ensure the effective engagement of all countries, civil society, NGOs, academia and the private sector, to link them into the mechanism and make them integrated parts of it.

This opens up opportunities to leverage the WHO's unique global mandate, unique global outreach, and unique global legitimacy, and to place the Organization, which belongs to each and every one of its Member States, collectively, at the centre of the new governance structure.

#### **{Part 4. Concluding remarks}**

The pandemic has shown us that health, as well as being a fundamental human right, is a foundation for development. There can be no sustainable, effective development without a healthy population. And health cuts across all levels and sectors of society, because it belongs, or should belong, to every individual member of society.

Preventing future pandemics is a race against time. It has to be a central obligation of national and global governance.

Collectively – absolutely in the collaborative spirit of the Ideal Village programme – over the coming months we have critical decisions to make that will determine the future health and security of the world. What we do now will be judged by the future generations that will feel the consequences of our action, or of our inaction.

Thank you once again for this opportunity to address the 6th Annual Ideal Village Conference.

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I strongly support the aims of the Ideal Village programme, its concept, and its collaborative ethic. Indeed, if there is one lesson that we must take from the COVID-19 pandemic, I think it should be that – we cannot find individual solutions, alone. We must work together, globally, in solidarity and applying the principles of fairness and equity.

I wish you a very fruitful conference – I'm sure that we will all learn a great deal from each other, and I'll be following the upcoming presentations with great interest.

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