2021 GLOBAL HEALTH ROUNDTABLE

HIGH LEVEL ANALYSIS

by Kate Burke

This high level dialogue analysis explores the ways in which participants' contributions can inform a long-term collaborative roadmap.

This map does not necessarily read as a logical pathway, but rather as a description of the connections between ideas described during the dialogue.

The "Where we are, and what we can learn from" section (in blue) describes our current state, and lessons to be learned from history.

"Factors and Considerations" (in pink) are things to think about when assessing potential "Actions and Strategies", which are articulated in the orange section.

The "Where we want to be" green section on the right describes the group's common goals, at a high level.

Where we are, and

1918 SPANISH FLU PANDEMIC

Since the Spanish Flu of 1918, health has become more individualised. We need to remember lessons from the pandemic and maintain a community wide health focus.

LINITED VINGDOM

with relative success.

SARS

There is an inverse correlation between a given nation's distance from the SAI experience and COVID-19 complacent

INDONESIA

e UK was slow to take the virus usly - it was ready for the flu, not COVID-19. ver, vaccines have been rolled out e spread of COVID-19 has led to m fatalities, including many health workers. Indonesia's vaccination rollout uss

Indonesia's vaccination rollout use Sinovac in tandem with AZ and Pfize

quickly, so the scale of outbreak has

Public response - QR coding, contact

tracing - have been reasonably successful.

endemic COVID-19.

The greatest public policy

CHINA

The Delta strain is gaining ground in China. Entire cities are being tested.

China is manufacturing and distributing

VACCINES

The virus was categorised quickly,

clinical trials were conducted in real

time, and genomic sequencing has helped identify new variants.

cessfully collaborated to produce

failure in our history

UNITED STATES 615,000 people in the US have died

615,000 people in the US have died from COVID-19, including 3600 health care workers.

This is largely due to the fragmented nature of the US health care system.

US has mobilised vaccination, but contact tracing and testing are poor.

> Twon't forget the refrigeration truck pulled up at the hospital, and the sobbing of my colleagues."

AFRICA Africa is being asked to make efforts to

However, African nations are left behind by the rest of the world in many ways. Eg. they have limited access to

ey have limited access to vaccines.

Life in Brazil is opening up, but with a

GOVERNANCE AND SOCIAL

Political leadership has been patchy. The anti-vax movement has gained too much publicity and traction. Socially, we have been pushed to a place of discomfort and need to ensure we maintain a community focus.

focus.

Economic inequalities are reflected in disparate vaccination rates between rich and poor countries, and we are fabricating a north-south divide.

AUSTRALIA'S ECONOMY

Australia's GDP has bounced back to pre COVID-19 level. However, productivity growth has been slow for a while - we've been managing the pandemic rather than delivering reforms.

GLOBAL ECONOMY

Global GDP has contracted by 3.5% (reflected in UK and US).

Asia has fared better: China's economy expanded by 2.3%, due to rise in demand for goods.

The US is trending toward more fiscal spending.

Factors and

VACCINES

Only 25% of the global population has

(and people) are more likely to access

issues, and the efficacy of different vaccines needs to be monitored and

managed.

WORKFORCE

We need to consider ongoing workforce

implications - eg, the shortage of healthcare workers globally, and the

ongoing risks associated with this work

MESSAGING & MEDIA

Consistent, clear messaging is vital if we

are to sustain public trust.

Moral outrage is understandable, but

it's not a solution.

GOVERNANCE AND SOCIAL COHESION

Current systems of governance can't prevent or manage outbreaks. Social

cohesion and trust in authority are closely linked to this.

Inequalities are reflected in COVID-19

initiatives show us potential for scalable

Zero tolerance of COVID-19 in

"Global reality is converging"

ALISTBALIA'S ECONOMY

Australia's GDP has bounced back to one

COVID-19 level, but there are still challenges

affect the potential growth rate of the

The time that it takes to adjust to endemi-

Covid and the slow reopening of border will

constrain growth. Even when we are

stabilised, and vaccines are rolled out, we will

be left with growth challenges

to come. For example, closing the emational border stalls migration. This will

GLOBAL ECONOMY

burden affect the economy? What are the exact amount of funds needed?

We're looking at a global GDP of 5.4% this year. Opening up will tilt us back towards services, but

the transition will be bumpy and uneven.

There are still a lot of risks out there - inflation is one of those, and so is the changing nature of

We need to be prepared for the next geopolitical financial meltdown, which will most likely be

precipitated by climate change and food security issues.

nd Action ons Strat

HEALTH CARE SYSTEMS

The vulnerability of health care

systems has been exposed. For example, how we care for elderly

What will the testing profile look like

in the future?

How do we improve surveillance and capacity for spikes?

"Health is an econostem"

LIVING WITH COVID-19

We're going to live with this virus - we

can't eradicate it in the short term

It will be hard to adjust to higher

tolerance of higher prevalence in populations as it becomes endemic

And what will be the lasting effects of

Long Covid?

INTERNATIONAL COOPERATION

We are globally connected, and nations cannot operate in isolation

Achieving consensus is not easy, but

the nandemic has shown us many

discourse.

Momentum is important.

rrelated. How will costs of the increased health

CHINA'S ECONOMY

China plays a hig role in the recovery of the

world economy. They have tremendous

authority over manufacturing industries. They also control Sinovac.

people in West shift back to services

Is there an opportunity for the West to

dialogue on a better approach

support China with more vaccines and open

Strategies

VACCINES

We need to produce more vaccines, increase supply chains, and improve distribution (including surplus).

Vaccines need to be available to all nations, regardless of wealth, and to all individuals within those nations.

TECHNOLOGY

industry.

Eg. Moderna vaccine: Moderna is a tech company with a sophisticated Al platform that happens to work in blotech.

We need to maintain vigorous surveillance for COVID-19 variants.

NATIONAL HEALTH CARE SYSTEMS

We need to reengineer health care, and sustain the infrastructure built up for this pandemic.

Nations need to increase health care funding and enhance the adaptive capability of health care systems. Internally, they need to be integrated and not fragmented so that stocks and cohorts can be shared and utilised.

We need to lean on telehealth and online learning and use technology to help plot resources against outbreaks (eg. Johns Hopkins).

"Unprecedented" is the most over-used word of the last year let's forget about this world" MESSACINIS AND MENIA

Messaging is key to generating and maintaining collective momentum.

We need to create and promote a reliable source of scientific truth.

Creative solutions and actions are needed in order to expose mistruth and scandal.

We should actively involve media in the common good.

INEQUALITIES ed to address inequalities while we sort out economic disparities. Funding agencies need to take this on.

INTERNATIONAL HEALTH CONVERSATIONS Leadership and governance are important. We need to construct a global health governance system to address prevention and treatment.

health governance system to address prevention and treatment.

World Health Organisation

China is taking a defensive position on WHO—makes changes difficult.

However Europe has no intention to diminish the role of the WHO. We can find a solution.

We can look at reforming the WHO to be more disciplined, play a more informative role, and move from a multilateral to a plurilateral approach. A new board may be needed to supervise WHO finance.

International Scientific Authority and knowledge sharing
We must prepare for a world when pandemics are more frequent, and also
prepare for endemic Covid. We should support the set-up of a credible,
expert scientific international authority that promotes science and maintains

G20 Summir

The G20 mandate is to find financial solutions. We need to establish governance to coordinate all key players in health and financial systems

There is a proposal to establish a Global Health Threats Council

"We need full mobilisation of civil society"

GLOBAL ECONOMY

We need sustained investments in global health.

Two sorts of funding are needed: Domestic : Lower middle income - additional 1% of GDP International: 15 Billion \$US over next 5 years at global level

The economy has to operate without focusing constantly on medical decisions. We need promotion of better capability in public policy making.

want to be

Establish and maintain fail and equal distribution of vaccines

Gcale community successes up to international levels

Have a clear and trusted nternational voice for health and medical science

Be able to collectively prepare for next pandemic(s)

Improve the WHO to be effective in facing future pandemics

Maintain fair and equal acces to healthcare

e able to open up safely and appropriately

Practice globalisation at it best