



Welcome Remarks by Co-Chairs

Her Excellency Ellen Johnson Sirleaf, former President of Liberia
The Right Honourable Helen Clark, former Prime Minister of New Zealand

To the 3rd Meeting of the Independent Panel for Pandemic Preparedness and Response
16 December 2020

Her Excellency Ellen Johnson Sirleaf:

Prime Minister Clark and I want to welcome all of you.

Much has happened since we last met in October for our 2nd Panel meeting.

The numbers of people confirmed to be infected are now in the range of 70 million and growing by several hundred thousand each day. More than 1.5 million people have died, giving COVID-19 the sad distinction of likely being the most lethal infectious disease of 2020. Our hearts continue to go out to all who have lost loved ones.

Many countries are seeing a resurgence of virus. SARS-CoV2, tragically, loves people, and thrives when people are together. It is keeping families apart in this holiday period. Many economies remain impacted by the pandemic.

It is also important to stress that many countries are doing quite well, recording continued improvement to both the level of virus transmission, and to their economies.

There have also been major vaccine developments. One vaccine has received regulatory approval in several countries. Seeing those first people vaccinated certainly brings hope. This swift vaccine introduction is remarkable and a major scientific feat. But it also reminds us of the work we have to do in making sure we are tracking who needs what, who gets what, when, where and why.

Vaccines are not a panacea for dealing with this and future pandemics. The world needs stronger public health systems at subnational, national, regional, and international levels. Those countries with the best public health systems have been able to control the virus without a vaccine. And those with a strong health delivery system and resources are most likely to succeed in distributing and seeing good vaccine coverage.

The introduction of the vaccine further exposes the inequities in our world. At current pace, there are concerns that vaccines will not reach the African continent, for example, until mid-2021. The lack of

access to vaccines is similar to what we witnessed with regards to the unequal access to personal protective equipment, tests and treatments.

Many health systems are still overwhelmed, with low-income regions disproportionately impacted due to unequal access to health workers, oxygen treatment, ventilators, testing, and personal protective equipment. We are leaving people behind and more has to be done with more urgency.

Let us not keep repeating the mistakes of history – tools to fight pandemics must be considered global public goods, accessible to poor and rich alike. Unequal distribution is not only unjust; it will prolong this pandemic.

We on this Panel have the opportunity to recommend ways to put these inequities to an end. It is unfortunate that it takes a pandemic to bring this chance, but we must use it well.

That is why we are here today. I want to thank the Secretariat for their rigorous work to support us. I also want to thank many of you who have been actively engaged in sub-group meetings or directly in between our last meeting and this one. Your reflections and insights on the data and the analysis this affords have been valuable and we look to build on them today.

I would now like to handover to my fellow Co-Chair for her opening remarks.

The Right Honourable Helen Clark:

Thank you Co-Chair.

Good morning, good afternoon, and good evening. It's good to see everyone online again.

Since the last Panel meeting, there has been a great deal of activity involving Panel members and Secretariat staff. Information has been collated from a range of sources, there have been consultations and outreach, and analysis is being done. Over the next two days we will need to give updated guidance on the work to be undertaken.

I echo President Sirleaf's thanks to you, the Panellists for your ongoing guidance and contributions since we last met, and to the Secretariat for their efforts to ensure that the material we need to consider is ready for our meetings.

We are beginning to hear from a wide range of people on the areas covered by our review. Contributions of perspectives through the Panel's website are increasing, and the intention is to publish them soon. Organisations are seeking to meet us to share their perspectives.

We have also just launched a series of town hall meetings – which we have titled “Exchanges”. We are looking forward to having panellists lead these sessions. I led the first one last night with nurses. We worked with the International Council of Nurses (ICN) and Nursing Now to publicise the Exchange, and

hundreds of nurses joined in from around the world. Last Mile Health in Liberia provided a wonderful facilitator.

Among the key points they made were that their workforce is under great pressure – some estimate that there is shortfall of six million nurses around the world. ICN says their members are reporting that many nurses are just hanging on until the end of the pandemic is in sight, and then they plan to leave, exhausted. This could point to significant retention problems for the profession.

They note that lack of adequate personal protective equipment has led to many nurses around the world contracting COVID-19, and at least 1500 nurses are known to have died across 44 countries – the overall figure is likely to be significantly higher. The Executive Director of Nursing Now says that the mood of nursing is changing, and that nurses are more ready to speak out. They do demand that they be involved in designing the more effective preparedness and response systems of the future.

Over the next two days, the Panel will review the papers presented to us and give direction on the next steps. We will need to begin to focus on areas of recommendations in the weeks ahead, but the task right now for now is to ensure that our evidence base is as solid as possible.

In our sessions today and tomorrow, we need to assess whether the information gathered, and the analysis done to date is leading us to the point where we can distil lessons learned and develop potential recommendations.

The inevitable time constraints mean that we can't go into minute detail on every section. If there is a need for more information and for additional time for discussions, then we will arrange for follow-up meetings in smaller groups so that Panellists can drill down further.

Today, our focus is on the first two themes of the Program of Work: Learning from the Past and Reviewing the Present. This will include reflections on three important pieces of work - the draft chronology, recommendations on how to respond which were made along the way, and the national response work.

Tomorrow, we will move to the third and fourth themes on understanding the impacts and on changing for the future, before having a substantive discussion on the progress report to the WHO Executive Board.

I now like to hand back to President Sirleaf to lead the first half of today's meeting.

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