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Meeting Report

Third Meeting of the Panel
16 - 17 December 2020



Report Summary

The third meeting (virtual) of the Independent Panel for Pandemic Preparedness and Response was held on 16 -17 December, chaired by Her Excellency Ellen Johnson Sirleaf and the Right Honourable Helen Clark. All panel members were in attendance.

The Panel meeting considered progress on the following areas of work:

1. Learning from and building on the past
2. The chronology of events in the early period
3. An inventory of global and regional recommendations issued
4. National and subnational responses
5. Impact on Health Systems
6. Communities and Communication
7. Socio-economic impact
8. WHO
9. The international system at large in pandemic preparedness and response

The focus of the first day was on the first two themes of the Program of Work: Learning from the Past and Reviewing the Present. This included reflections on three important pieces of work - the Panel's consideration of the draft chronology of events and actions in the early period of the pandemic, consideration of what recommendations and advice for action were issued by global and regional organizations, and work on a systematic comparison of national responses.

On the second day, the Panel meeting considered progress made in relation to its themes of work on understanding the impacts of the pandemic and on changing for the future. The Panel held a substantive discussion of its forthcoming second report on progress due to be presented to the WHO Executive Board in January 2021. Panel members were unanimous in agreeing that the report on progress needed to signal clearly the Panel's concern about the continuing impact of the pandemic and the need for responses to it to be strengthened. It noted in particular that progress in vaccine rollout should not be undermined by inequitable access.



Report

Background

The Independent Panel was established by the Director-General of the World Health Organization pursuant to World Health Assembly Resolution WHA73.1. In July 2020 the Director-General requested the former Prime Minister of New Zealand, the Right Honorable Helen Clark, and the former President of Liberia, Her Excellency Ellen Johnson Sirleaf, to be Co-Chairs of the Panel, for which they then selected 11 panelists. The first meeting of the Panel was held on 17 September 2020, and the second meeting on 20 – 21 October 2021.

Agenda Item 1: Welcome remarks by Co-Chairs

In her opening remarks Ellen Johnson Sirleaf noted that the pandemic continues to rage with COVID-19 reaching at the time of the meeting the harsh milestone of more than 1.5 million people dead and seventy million confirmed infections. She noted that the introduction of vaccines provides hope, but also that unequal distribution is not only unjust and will prolong the pandemic further. She highlighted that vaccines are not a panacea and the need for strong public health systems.

The Helen Clark noted the substantial progress made in advancing the Program of Work by Panel members and Secretariat staff since the 2nd Panel meeting. She also noted the wide range of feedback and contributions that had been made to the Panel, including through the Panel's website, and that the intention was to publish these soon. More organisations were seeking to meet the Panel to share their perspectives. The Panel's task at this meeting would be to review the papers prepared by the Secretariat and give direction on preparing the evidence base for making recommendations, and that meetings of sub-groups of Panellists might be necessary as the work progresses.

A series of town hall meetings ("Exchanges") have been launched. Helen Clark noted that on the previous day she had chaired a session on the role of nurses during the pandemic, which was organised with the International Council of Nurses and Nursing Now. About 250 nurses and other participants from around the world joined the discussion facilitated by Last Mile Health in Liberia. It revealed the enormous pressure the nursing workforce is currently under, with a shortfall of six million nurses around the world. The known toll of deaths among nurses due to COVID-19 had reached at least 1500 across 44 countries. The town hall meeting articulated the demand of nurses to be involved in designing more effective preparedness and response systems for the future, and their willingness to meet this challenge.

Agenda Item 2: Report of the 2nd Panel meeting

The report of the second meeting of the Panel held on 16-17 October 2020 was acknowledged. It was noted that it is published on the Panel's website at https://theindependentpanel.org/wp-content/uploads/2020/10/TheIndependentPanel_2ndMeetingReport_Final.pdf.

Agenda Item 3: Program of Work – Progress report

The Panel received an update from the Secretariat on the ongoing work on the Program of Work since the 2nd meeting of the Independent Panel.

Agenda Item 4: Building on the Past

The Panel considered progress in relation to the Program of Work on lessons learnt from previous pandemics and other threats, including the history of global health security, and lessons from health threats such as SARS (2002/2003), Ebola (2014-2016), HIV, polio, and antimicrobial resistance. Prior learnings of WHO from earlier pandemics were outlined, including the status of recommendations made in previous reviews of the functioning of the International Health Regulations (2005).

The Panel agreed that there is a need to study the issue of the timeliness of responses as experience shows that responses to pandemics always lag. Panel members drew attention to the need for support to national public goods in epidemic preparedness and response, better inclusion of people's voices from the grass roots, and improved safety of health workers.

The Panel agreed to analyse further why many previous review recommendations had not been implemented by the international community, and to develop an understanding of the enabling and disabling factors in making reforms to capacity building, financing, and country accountability. The meeting also agreed that while the Panel should learn from past experiences, it should orient its recommendations to bold steps that will link global, regional, national measures and tackle leadership failings.

Agenda Items 5: Defining the chronology and Recommendations made

The Panel noted that its work on the chronology of events, catalogue of advice and recommendations issued, and analysis of national and sub-national responses is closely inter-linked. The Secretariat presented its work on developing a draft chronology of events, including more than 250 datapoints based on in-depth interviews and literature reviews of the science and spread of SARS-CoV-2, review of WHO alerts, WHO and other organizations' recommendations, news reports, and WHO internal documents. The draft chronology extends from the early evidence of cases until the end of March and

specifies both ‘real-time’ information that was available to decision-makers, and information that was learned retrospectively through scientific or other investigations.

The Panel agreed to continue to build on the chronology including through further investigation and validation of epidemiological findings, including on reports which had suggested earlier spread; to analyse flight patterns; and to examine links between the spread of cases and national and international actions or inaction, including with respect to the obligations set out in the International Health Regulations (2005). The Panel also noted the importance of understanding the nature of discussions at the first IHR Emergency Committee meeting; the actions of the Executive Board in early February including the technical briefing on February 4th, when the virus had spread already to 23 countries; and the subsequent actions of Member States in response to WHO alerts. The Panel expressed its gratitude to those who have submitted their own chronologies through the Panel’s website, and will consider those as the Panel finalises its account of the chronology.

The Panel considered a presentation by the Secretariat on the inventory made of more than 900 recommendations from WHO and other international organizations during the course of the pandemic, including some 360 by WHO and its regional offices. The Panel agreed there should be a comprehensive list of UN and regional agency guidance, attention to advice issued to the public by WHO and the languages in which it was issued, as well as in relation to the definition of human-to-human transmission and to guidance on mask wearing and aerosolized transmission. The Panel noted that WHO has been asked to provide information on the evidence-base for its recommendations, and on which experts have been involved, what quality checks were made, and what the methods for distribution, monitoring, and evaluation were. The Panel also noted that it would consider an analysis of the operation of the International Health Regulations during the pandemic, including in a meeting with the IHR Review Committee, in early January 2021.

Agenda Item 6: National and sub-national responses

The Panel considered a report presented by the Secretariat on progress on the analysis of country responses. The Panel noted that desk reviews, questionnaires, and semi-structured interviews are under way to collect country response information and stressed the importance of talking directly to countries to understand their perspectives.

The Panel noted that key questions include the extent to which national responses were influenced by the international system vis-a-vis national science and decision-making processes; factors which may have led countries to see themselves making choices between saving lives and livelihoods; responses addressing people who are marginalized, including migrant workers; the impact of resource constraints; the role of regional bodies; implementation of travel restrictions and impacts on trade including informal trade; and other travel-related spreading events (e.g. in crowded ground transport).

Summary of the day

In summarizing the day, Co-Chair Clark stressed that the Panel will need to come to an integrated understanding of when and where virus spread occurred and why; what actions were taken, and when and why; how recommendations were made; and how this combination of factors shaped the evolution of the pandemic and subsequent health, health system, and wider social and economic impacts. She noted that panellists had stressed the importance of speed of response when an infectious respiratory virus of unknown origins emerges. She also noted that the Panel had found “a gap between alarms and actions” and stressed that it would be important for the Panel to investigate why this occurred.

Co-Chair Sirleaf reminded panellists of the need to ensure that recommendations were actionable, time-bound, assigned to specific owners, and costed. She underscored the importance of telling uncomfortable truths, including about the inequities the pandemic has highlighted. She noted that at times there was a ‘crippling disconnect’ between international and national systems that limits the quality and timing of national responses.

Day 2

Agenda item 7: How health Systems coped

The Panel considered a presentation by the Secretariat in understanding how health systems coped. A summary on the initial progress of the health system section was presented by the secretariat. Data has been compiled from key institutions on the impact of COVID-19 on national health systems including the disruption of essential health services, as well as some to-date limited data on the recovery process. The analysis will be integrated with the work on the comparative analysis of national responses. A literature review on access to essential supplies has been completed and interviews are ongoing with international and national actors and the private sector and civil society organizations. A small workshop will be held in January 2021 to discuss lessons learnt. A similar analysis is being conducted on the international systems for vaccines, therapeutics and diagnostics, including the ACT-Accelerator, including country interviews. The Panel agreed to undertake a critical and close analytical review of the performance and governance of the ACT-A and COVAX mechanisms.

Panellists noted that impacts of service disruptions in high-income countries also needed to be taken into account (e.g. for diagnostic tests for cancer), together with attention to co-morbidities, especially mental health as anxiety and depression disorders are reportedly rising in many countries. The Panel also drew attention to impacts on human resources for health, including on community health workers, and on clinical staff, especially, but not only, in intensive care units. In addition, the role of health information, data, and information technology needs to be further addressed. The impact of travel

restrictions on supply chains for both COVID-related conditions and other health conditions was discussed, including supplies of active pharmaceutical ingredients in relation to major producers such as China and India, and the potential role of central brokers in ensuring a sufficient supply of essential medicines in many countries.

Panellists discussed the different aspects of WHO having a direct or oversight role in the procurement process, and the timing and process of the activation of the UN COVID-19 Supply Chain System. It was noted that the African Union had launched its AU medical supply chain platform in mid-2020, and that regional responses should be evaluated.

The Panel expressed its concern about plans for access to vaccines around the world, and emerging inequities. It agreed that there is a key shared interest in effective and equitable vaccine distribution, and that this is a critical area for multilateral leadership.

Agenda item 8: Communities and Communication

The Panel received a report on progress from the Secretariat concerning work underway on the roles played by communication and also by communities in responses to the pandemic. The communications climate that led to the COVID-19 infodemic will be analysed, including the role of WHO, the UN, and social media in risk communication and translation to national communication. Mitigation of negative impacts will be examined, including through interviews with communication experts and journalists, and desk reviews of communication lessons from previous outbreaks, the evolution of the infodemic within the global system, and factors that contribute to trust/mistrust affecting human behaviours.

The Panel heard that the work on communities will consider factors that lead to successful community engagement to help improve pandemic preparedness and response and will identify and draw recommendations from case studies including of 'positive outliers'. Aspects of community engagement to be analysed in relation to outbreak response include the maintenance of ongoing essential health services and the role of community health workers. An "Exchange" town hall meeting focused on community engagement is planned.

The Panel agreed that close attention should be paid to a range of social formations, including religious groups, youth, and marginalized communities such as migrants. Regional differences and the impact of the digital divide, especially in rural areas, should be examined. The Panel requested the Secretariat to examine further WHO strategies for community engagement and its interactions with NGOs and frontline workers.

Agenda item 9: Socio-economic impact

The Panel considered the progress of the Secretariat's work on the human, social, and economic impacts associated with the pandemic, as well as the determinants of vulnerability to COVID-19, including age, health status, underserved groups, coverage of health services, and social safety nets. The Panel noted that papers to inform the Panel's discussion are being commissioned on the economic and social impacts, and that the Panel will also draw on information and analyses available from key multilateral institutions. In order to capture regional lessons and perspectives, a discussion with regional development banks is planned, regional case studies will be compiled.

The Panel noted that social changes caused by the pandemic, such as increased work from home and home schooling, need to be taken into account, including in relation to increased domestic violence.

The Panel emphasized the need to focus on systemic social vulnerabilities, as well as to draw on perspectives from diverse sectors, including legal and security experts. The importance of including civil society voices in workshops and symposia organized by the Panel was agreed.

Agenda item 10: World Health Organization

The Panel received a brief report on progress on the Secretariat's work in relation to the mandate, functions, authority, organization, and capacity of the WHO. Desk reviews have been conducted, and interviews with stakeholders inside and outside WHO are ongoing. An expert discussion on WHO financing was held in December.

Agenda item 11: The international system

The Panel received a brief report on progress in developing a description and analysis of the desired functions of the international system for pandemic preparedness and response, including its actors/institutions, mechanisms, and financing. The Panel noted that a key priority is to 'put teeth into' the multilateral system, and will consider proposals for strengthening effectiveness at global, regional, national, and sub-national levels. Learnings from other domains of global action will be further examined. Views of private sector stakeholders will be gathered at a roundtable planned for January 2021.

Agenda item 12: Report on Progress to the WHO Executive Board

The Panel held an extensive discussion of the progress report which it will present to the WHO Executive Board in January. It noted the importance of the report in showing the progress which the Panel has made since its establishment and its desire to make substantive observations, especially as continuing waves of the pandemic are occurring with significant impact in many countries. The Panel agreed that

the second report on progress should convey a sense of urgency and reflect the Panel's independence and willingness to make bold recommendations as required.

Reflections and concluding remarks

In closing the meeting, Helen Clark thanked the Panel members for their active and engaged participation which had given important direction to the work and thanked the Secretariat for its support. She noted the need for the Panel's analysis to be integrated across the different streams of its work.

Ellen Johnson Sirleaf reflected on the cross-cutting conclusions of the meeting on the need to understand better the relationship between national and international systems and its implications for local preparedness and response mechanisms, the importance of incorporating the voices of those on the frontlines and those on the margins of society, the central challenge of inequity, and the shared view that this is a “now or never” moment for making recommendations which are bold.

Meeting agenda

Wednesday 16 December

12.00 – 12.10	Welcome remarks by co-chairs
12.10 - 12.15	Report of the 2 nd Panel meeting
12.15 – 12.25	Progress report
12.25 – 13.00	Learning from and building on the past
13.00 – 13.45	The Chronology & Recommendations made
13.45 – 14.15	National and subnational responses
14.15 – 14.30	Summary of the day

Thursday 17 December

12.00 – 12.10	Recap of Day 1
12.10 – 12.30	Impact on Health Systems
12.30 – 12.50	Communities and Communication
12.50 – 13.10	Socio-economic impact
13.10 - 13.30	WHO and the International System at large
13.30 - 14.20	Outline and discussion of Interim report
4.20 - 14.30	Reflections on the meeting, conclusions and next Panel meeting

List of Participants

Co-Chairs

HE Ellen Johnson Sirleaf
Rt Hon. Helen Clark

Panel Members

Mauricio Cárdenas
Aya Chebbi
Mark Dybul
Michel Kazatchkine
Joanne Liu
Precious Matsoso
David Miliband
Thoraya Obaid
Preeti Sudan
Ernesto Zedillo,
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Secretariat

Anders Nordström
Salma Abdalla
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Advisors

Sudhvir Singh, Advisor to Rt Hon. Helen Clark
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