



How It All Went Wrong: The Global Response to COVID-19

Description

The Independent Panel for Pandemic Preparedness and Response was never likely to hand down a rosy report with gobbets of praise. Organised by the World Health Organization Director-General Tedros Adhanom Ghebreyesus last May, the panel's gloomy assessment was grim: the COVID-19 pandemic could have been avoided.

Almost nothing in the main report could be seen as remarkable in these jaded times. It reads like a sharp vision of looking backwards, a history of folly and stumbles. The protagonist, SARS-CoV-2, proved wily, moving more rapidly than surveillance could detect it, ducking the monitors and seducing the examiners. The rest of the actors in the show proved, to varying degrees, to be inept, indifferent and even callous.

Such attitudes were shared in a climate of prior warning. Humanity has already faced events of mass viral mortality. That there would eventually be a pandemic of this scale was being discussed well ahead of the novel coronavirus march. But governments, planners and policy makers seemed unmoved. When action took place, it was tardy. "Although public health officials, infectious disease experts, and previous international commissions and reviews had warned of potential pandemics and urged robust preparations since the first outbreak of SARS, COVID-19 still took large parts of the world by surprise."

The WHO itself is not spared a few chastising blows by the panel members. The organisation's Emergency Committee should have, they argued, declared the outbreak a Public Health Emergency of International Concern a week earlier than it did: on January 22, at its first meeting, rather than January 30, by which time there were already 98 cases in 18 countries outside China. Not doing so also caused critical delays in mustering a global response. "The meeting of the WHO IHR Emergency Committee called to discuss the outbreak on 22-23 January was split on whether to recommend that the outbreak be declared a PHEIC."

A central theme emerges: communication. And it is rather unsatisfactory. "It is glaringly obvious that February 2020 was a lost month," the report states. Various Asian countries speedily responded, introducing intense testing and tracking regimes. But the WHO remained tentative. Evidence was weighed, balanced, and considered. Standard and sober as this was, the WHO did not consider convincing material that would prove to be beneficial. One was the importance of wearing masks.

COVID-19 pandemic

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A man runs past the burning funeral pyres of those who died from the coronavirus disease

(COVID-19), during a mass cremation, at a crematorium in New Delhi, India, April 26, 2021

The result: a pandemic that busily infected 150 million people, killed over three million people, and exposed deep inequalities. (Pandemics remain, historically, the great unmaskers.) “Division and inequality between and within countries have been exacerbated, and the impact has been severe on people who are already marginalized and disadvantaged.”

The report, and its authors, are stern in mood. “If travel restrictions,” former New Zealand Prime Minister Helen Clark and panel co-chair combatively insists, “had been imposed more quickly, more widely, again that would have been a serious inhibition on the rapid transmission of the disease that remains the same today.” Clark, for all the merit of that assertion, ignores the logistical nightmares, hub routes, transit points and freedom of movement principles of such blocs as the European Union.

Not all actors in the COVID-19 disaster show receive a lashing. The conduct of clinicians within the last two weeks of December 2019 and January 2020 receives a nod of approval. They showed “diligence” in noticing “clusters of unusual pneumonia”. They sent samples for screening and “escalated their concerns about this cluster of unexplained disease to local health authorities.”

The panel also makes an assortment of recommendations. They call “for an all-out-effort to reach the world’s population with vaccines within a year and set in place the infrastructure needed for at least 5 billion booster doses annually.” They urge the application of “non-pharmaceutical public health measures systematically and rigorously in every country at the scale the epidemiological situation requires.” High income countries should commit “at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022” through the GAVI COVAX Advance Market Commitment.

The conventional model behind the making of vaccines is also challenged, with the panel insisting on establishing “a truly global end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies”. Rather than leaving innovation to the market, vaccines and related products should be seen as public goods. Unequal access to such products could be overcome through technology transfer, voluntary licensing and financing of regional manufacturing capacity.

Other suggestions point to a broader, health surveillance system that will not be hostage to national interests and clunky sovereignty. “The emergence of COVID-19,” the report notes, “was characterized by a mix of some early and rapid action, but also by delay, hesitation, and denial”. From this, an epidemic grew; from that, a pandemic. To that end, it was suggested that “surveillance and alert systems at national, regional and global levels must be redesigned”, all should be “able to function at near-instantaneous speed.” The WHO should be given greater powers and a higher budget. Its

officials should be permitted access with minimal notice. Many governments are unlikely to agree.

Of some interest is the suggested Global Health Threats Council. Stacked with former presidents and prime ministers of various high-, middle- and low-income countries, it would perform the role of moralising guardian, taking governments to task for not preparing for, or responding to, the public health emergencies as designated by health specialists. Such a body, however, risks becoming a toothless entity with a megaphone.

The panel's report has a title that sounds much like previous inquiries drawn from despair and destined to be lost: *COVID-19: Make it the Last Pandemic*. It will be filed in the vault of aspirations along with those noble wars that went wrong with criminal stupidity, the victory by Christmas that never took place, and efforts of failed solidarity in sharing scientific discoveries. "They are trying to grab a moment that everyone knows will pass pretty fast," suggested Stephen Morrison of the Centre for Strategic and International Studies in Washington, DC. Global public health responses, sporadic, erratic and politically divided, will do everything to impair any such realisation. Nationalism continues to throb and disrupt. However well contained the novel coronavirus is, another threat to public health will be lurking.

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