

ScienceTalk

What society needs to improve on in 3rd year of Covid-19 pandemic

Knowledge gained can help ensure more robust, equitable approach to the crisis

Dale Fisher, Sameera Suri and Gail Carson

The Covid-19 pandemic is not over, but with collaboration and solidarity we can transition to a manageable endemic disease state sooner, and better mitigate the most severe health and socioeconomic impacts.

In this third year of pandemic response, society needs to improve its implementation of effective interventions to end the pandemic. Governments and health authorities have the necessary knowledge and tools in hand, in the form of vaccines, diagnostics and therapeutics, but equitable availability of these tools remains a challenge globally.

Today's decisions and efforts will continue to affect the pandemic's overall health, social and economic toll. According to *Our World in Data*, 700,000 deaths were recorded as being Covid-19-related between January and March this year, and only 14.5 per cent of people in low-income countries have received at least one dose of a Covid-19 vaccine.

Sars-CoV-2 variants continue to emerge as trust between governments and their constituents is tested, rendering sustained implementation of broad community-based interventions challenging. In many communities, crucial non-Covid-19 health services are yet to be fully restored to pre-pandemic levels.

The emergency phase of the Covid-19 pandemic will eventually end, but when this will happen will be determined by our collective actions. Likewise, what is learnt and how society grows from this experience can still be influenced. The next pandemic need not catch the



A woman moving wreaths at a mortuary in Hong Kong last month when the city was in the throes of its worst Covid-19 outbreak. The writers say communities have a right to understand why and how the pandemic response unfolded the way it did and to be assured improvements will be made. PHOTO: AGENCE FRANCE-PRESSE

world so unprepared.

The extraordinary nature of this pandemic calls for extraordinary analyses at global, national and organisational levels. Society must reflect on what has been learnt about ourselves, our communities, our governance, and our preparedness and response systems. Sars-CoV-2 has caused too much harm in terms of death, morbidity, careers, relationships, finances, plans and dreams. Communities have a right to understand why and how the pandemic response unfolded the way it did and to be assured improvements will be made. National and global leaders must use the

knowledge gained from this pandemic and its reviews to ensure more robust multidisciplinary governance and equitable health and public health systems going forward.

A fresh approach to global health security is needed, as well as the development of better measures of preparedness, with a greater emphasis on collaboration and equity.

We call for improved funding of partners to enhance both preparedness efforts and alert and rapid response capabilities at both national and international levels. Sustained financing for institutions is necessary to train future leaders

and build a global response workforce that embraces multidisciplinary scientific and public health networks as a core component. Immediate operational response needs at the country and local levels must be supported with sufficient resources.

The steering committee of the Global Outbreak Alert and Response Network makes 14 recommendations to describe the critical needs at this stage of the Covid-19 pandemic. Some of them are summarised here:

- 1. Decisions made today still influence the impacts of this

pandemic. The multidisciplinary technical and operational pillars of outbreak response must remain coordinated and continue their function.

- 2. Case numbers are not a helpful measure now and can be replaced by sentinel surveillance systems to understand trends. Further refinement of metrics that matter is needed, including excess mortality, severe disease, overall physical health issues, health and social care capacity, absenteeism of essential workers, school continuity, mental health consequences and

the social and economic impacts that affect people.

- 3. Non-Covid-19 health and social services must be restored as quickly as possible to ensure people are not unnecessarily suffering from other illnesses.
- 4. A proactive and collaborative approach to scaling production and sharing the response tools (including vaccines, diagnostics and therapeutics) available now can expedite the end of the acute phase of the pandemic.
- 5. Support of vaccine equity.
- 6. The vaccine response still needs concurrent social and public health measures to slow transmission when health and social systems are being overwhelmed. Border controls have deleterious effects and should not be relied upon to sustainably prevent spread of emerging Sars-CoV-2 variants.
- 7. Misinformation needs to be fought.
- 8. Thorough, evidence-based and unbiased analyses of the impact of the pandemic should be planned.
- 9. Availability, accessibility and affordability of outbreak response tools should be built.
- 10. Assessment tools of national epidemic and pandemic preparedness need review, moving away from static measures and checklists toward scenarios and exercises.

This full article was published on April 11 in *The Lancet*.

About Dale Fisher

Professor Dale Fisher is a respected infectious diseases expert. He is group director of medicine at the National University Health System, senior consultant of infectious diseases at the National University Hospital, a professor at the National University of Singapore Yong Loo Lin School of Medicine, and chairman of the World Health Organisation's Global Outbreak Alert and Response Network.