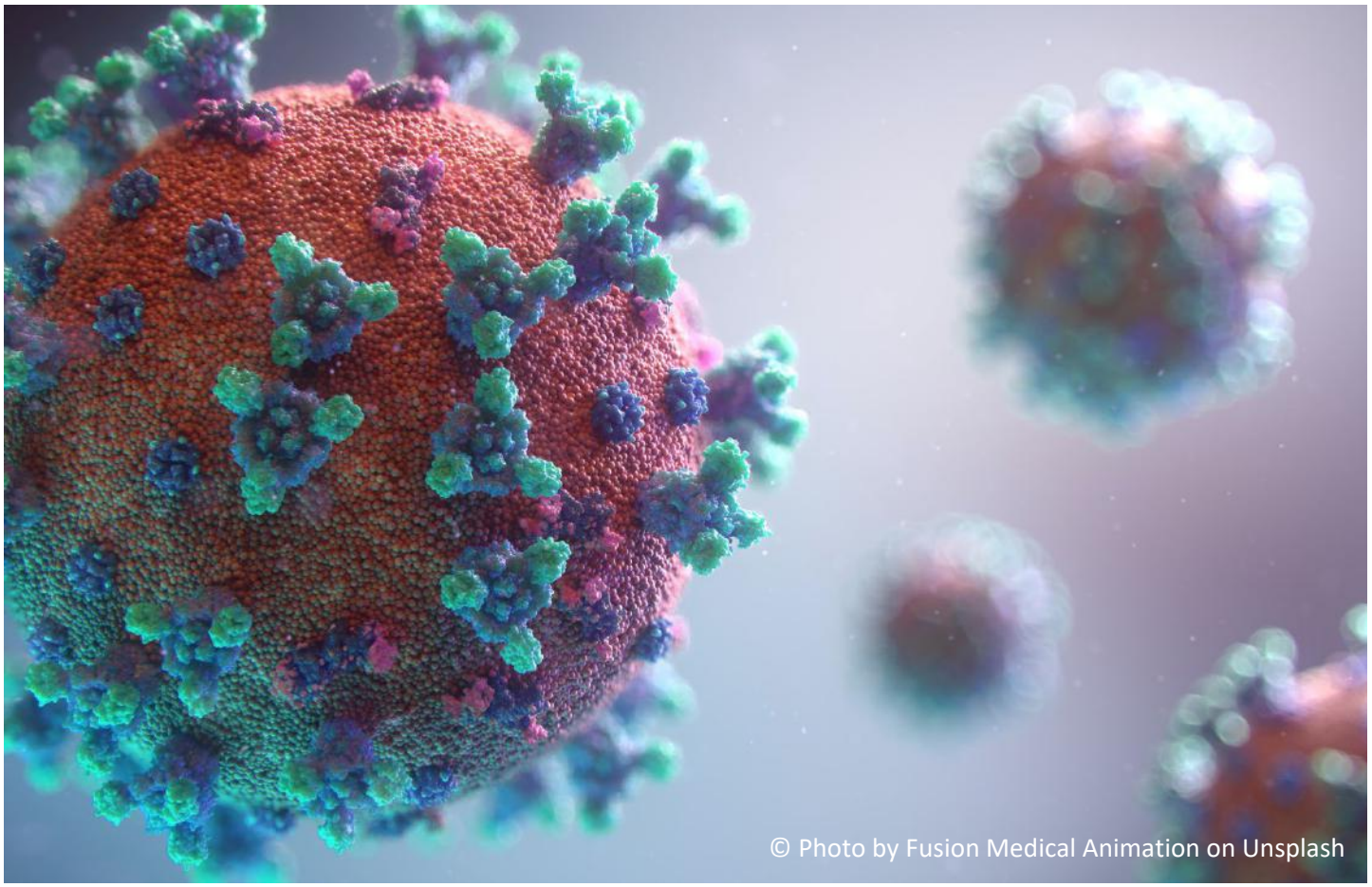

T7 Task Force Global health

POLICY BRIEF

INVESTING IN PREPAREDNESS AND PUBLIC HEALTH INFRASTRUCTURES

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Abstract

The Covid-19 pandemic has increased the pressure on our health systems, clearly revealing how much investment in resources and planning is still needed to develop health systems that are resilient, equitable, efficient, and sustainable. The pandemic highlights the necessity to allocate funds towards prevention, training, and communication activities: greater public attention towards health risks can help promote virtuous changes, including sharing contents and information that act as a guide for the population. This policy brief identifies five pillars on which governments should invest to increase the preparedness and sustainability of health systems. It describes actions that the G7 should take to support countries and ensure harmonized policies, coordination, and exchange of information to avoid repeating previous mistakes with future health threats.

Challenge

The Covid-19 pandemic has put enormous pressure on health systems around the world and has highlighted how even health systems considered to be high-performing were not sufficiently prepared and resilient enough to respond to a health crisis of this magnitude (El Bcheraoui et al., 2020). For years the most effective public health measures available to address health crises were ignored and underfunded, even though global environmental and climate change were causing an increasing number of threats to health (Bayntun et al., 2012).

To support a country's long-term sustainable socioeconomic growth, it is of paramount importance to invest in building a universal, efficient, quality and resilient health system (Rentschler et al., 2021). In contrast, since the 2008 economic crisis we have observed a reduction in resources for and an increased demand on the health sector. In many countries both health and public health infrastructure and workforces have been cut, along with education, leading to the devastating consequences that we are experiencing (Thomson et al., 2015). As highlighted by G7 leaders during the Carbis Bay meeting, “shared beliefs and shared responsibilities are the bedrock of leadership and prosperity”. This is the starting point for reinvigorating wealth and protecting the health of populations around the world by taking a sustainable, forward-looking approach (G7, 2021).

The lack of investment in health and social systems consequently contributes to miscommunication, growing distrust in institutions, science, and polarized political will, which have all led to the current situation (OECD, 2020). The increasing spread of information and knowledge through new technologies and social networks among populations that do not have sufficient health literacy, has made it even more difficult for public health and decision makers to implement the necessary measures to tackle the pandemic (Moreira, 2018).

The investment amount allocated to prevention and health promotion has been inadequate in most countries despite scientific evidence clearly highlighting that prevention is cost-effective and has a huge return on investment in both the short and long term (European Commission, 2019; WHO-EUR, 2018). The lack of investment towards prevention in combination with low population health literacy, an aging population in all developed countries, has increased the proportion of the people affected by chronic degenerative diseases making the population even more susceptible and vulnerable to pandemics (Commonwealth Fund, 2021; Covid National Preparedness Collaborators, 2022; Paakkari & Okan, 2020).

In addition to the loss of human life, pandemics and epidemics have a strong effect on the economic growth of countries and exacerbate health inequalities (WHO, 2020). Estimates indicate that covid-19 reduced global economic growth in 2020 to an annualized rate of around 3.2 percent (Jackson et al., 2021), but data from previous epidemics have already show the catastrophic effects of these health emergencies on economies. The estimated cost of past events include: a loss of over US $40 billion in productivity from the 2003 SARS epidemic and US $53 billion loss from the economic and social impact of the 2014-2016 West Africa Ebola outbreak (WHO, 2019). The cost of responding to a pandemic is clearly much higher, both in terms of human lives and the economy, versus the cost of being adequately prepared.

An international effort is needed to guarantee sustained investment, harmonized policies and health practices, promote coordination and the exchange of information to avoid making the same errors with the next pandemic. Although some countries have invested more in preparedness, preventing the next pandemic

is not just one country's business: preparedness and security cannot be built at the national level alone but through a global approach. Everyone's safety is rooted in everyone's preparedness.

Proposals

The pandemic has highlighted the fragmented nature of our response and the underinvestment in public health in recent decades. Due to the increased global focus on public health created by the COVID-19 pandemic, we have an opportunity to reassess our priorities and revitalise our infrastructure before the next one. However, we should avoid the risk of reverting to pre-covid investment approaches once this public health emergency is over. This means that governments should not stop investing in education, health, and communication to cite a few (i.e. trained workforce, decent working conditions, infrastructure, cross-sector collaboration, more effective task sharing, etc.), building an appropriate monitoring and evaluation system, and providing incentives for those who work best. In addition, governments should be able to make unpopular decisions to prevent health threats and be held accountable for their choice, possibly by a new dedicated international body. We have observed with the current pandemic, that very often governments have not anticipated the pandemic, but tried to limit its impact at a later stage, to avoid making unpopular decisions and losing electoral consensus.

The health budget should be allocated in a more equitable manner in terms of prevention and care, with a health for all policy approach adopted by all ministers when deciding on budget allocations. On average in the EU, public and private spending on preventive care accounted in 2018 for 2.8% of total healthcare spending, with Italy (4.4%) and Finland (4.0%) devoting more to prevention when compared with other countries in the region (EUROSTAT, 2018). As a first step, governments should invest more in prevention, reaching the 10-15% of the health budget, reversing the current trend of investing in care that has a much lower return on investment. Investing in prevention does not simply mean increasing the health budget, but also becoming aware that the budgets of other ministries (i.e. education, infrastructure, environment, etc.) can play a key role in implementing actions acting on the main social determinants of health, promoting health equity and increasing the well-being of the population. However, this reorientation of allocations is not enough by itself. The budget allocated to strengthen health and social systems is to be increased to build resilient countries. This means increasing the health budget alongside with the education budget, the environment budget, etc. Investments at different levels are also required: national, regional, and international levels with efficient coordination systems in place.

It is essential to strengthen health systems that equally embody prevention, treatment and social aspects that have an impact on health and well-being. To achieve this, in addition to sustained investment and political will, a multi-sectoral approach for health and a long-term vision are of utmost importance.

We have identified five pillars in which investment is essential to strengthen the sustainability, resilience, and preparedness of our health systems.

1. **Monitoring and surveillance**: Data availability and dissemination is crucial to ensure that interventions and decisions made by policy makers are evidence-based. Developments in information and communication technologies have the potential to improve the effectiveness and accuracy of key public health functions such as infectious disease diagnostics, surveillance, forecasting, outbreak detection and response. Standardized digital processes and systems should be

developed to link public health with the broad health system. Risk analysis and joint surveillance systems should also be implemented with a One health approach that includes public health, veterinary, food and agriculture authorities to better control diseases that can be transmitted from animals to humans, including infectious diseases, drug resistant organisms and waterborne and foodborne infections.

2. **Health literacy and community engagement**: The development of health literacy among communities and policy makers, is fundamental to encourage awareness and limit the spread of false news and fear. An educated and empowered population will not only be able to make better decisions to defend their health and protect themselves from exposure to risk factors but will also be able to actively contribute to the resilience and sustainability of the health system. Community engagement is crucial for detecting outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses.

3. **Immunization:** The development and continued distribution of vaccines is a necessary pillar for preventing disease and improving the health and wealth of countries. It is necessary to ensure equitable access to COVID-19 and all other life-saving vaccines by investing in research, infrastructure, and personnel. Coordinated and effective communication by public health professionals and institutions, along with continued investment in increasing the health literacy of the population is also necessary to decrease vaccination hesitancy.

4. **Public health workforce**: Increased investment and careful planning is required in the training of public health personnel to ensure that health systems can respond to sudden expansions of need. Ensuring decent working conditions and appropriate recognition are the basis to the development of motivated and competitive professionals. There is also a need to invest in appropriate and innovative training to develop public health leadership in all sectors that can drive the growth of health systems to defend and lead countries in future health emergencies.

5. **Global cooperation and multisectoral work:** To defend the concept of health in full, the physical, mental, and social well-being of a world where human, environmental and animal health are closely interlinked, it is necessary to fully implement the Health in All Policies paradigm and invest in multisectoral networking. Strengthening bridges of knowledge, trust and solidarity between communities, civil society, academia, policy makers, and the private sector are required to share the responsibility of health protection among all stakeholders involved. Breaking the silos can no longer be postponed; investment should be made available to create effective collaboration between all actors within and outside the health sector. Moreover, the Covid-19 pandemic made it clear that no single government or institution can tackle the threat of future pandemics alone. It is necessary for institutions and governments around the world to adhere to a Global Pandemic Treaty clarifying the responsibilities of states and international organizations and establishing legal standards and obligations in pandemic circumstances by creating clear and effective accountability mechanisms.

By implementing these pillars, countries will be able to strengthen health and social systems, prioritize actions to promote equity and reduce injustices. While some countries have developed policies in these directions, much remains to be done to make their implementation a reality. This also includes having a monitoring system in place to be able to make any necessary changes and improve the process.

Implementations

The G7 should recognize the importance of investing in infrastructure to manage the current pandemic, prevent future outbreaks and protect populations and countries' economies. According to the World Bank and WHO, the total financial needs for future global pandemic preparedness and response (PPR) are estimated at $31.1 billion in annual investments, which is in line with the independent G20 High Level Panel estimation. However, considering the current and projected domestic and international funding, it is likely that at least an additional $10.5 billion per year in international funding will be necessary. At the national level, the main capacity gaps are found in low-income and lower-income countries, with a gap of at least $7.0 billion to be covered by international funding (WHO & World Bank, 2022).G7 efforts should be directed at policies, innovative approaches, and mechanisms to increase investment in the key areas highlighted above, at the short, middle, and long term. Communication must remain a key focus of investment to implement in all areas.

More specifically, we propose to invest in:

1. **Monitoring and evaluation**: governments should invest in the creation of national registers, digitization, and digitalization. Solutions should be put in place to bridge the digital divide, which impacts all aspects of COVID-19 management, from monitoring to service delivery, caused by the important disparities that remain between countries. Each government should ensure that a national register is developed or strengthened as needed and updated periodically, to organize and implement actions based on evidence and real needs. Data should be furnished to the WHO and similar entities to provide a global reference and easy access for assessment and monitoring of trends. Further stratification of data by categories and measures to ensure the interoperability of health data that provides timely information on the distribution of health within populations by gender, ethnicity (where legally possible), economic status and other relevant characteristics may be considered to facilitate targeted and rapid interventions and to ensure the implementation of more equitable and effective policies. Furthermore, the monitoring of risks and the knowledge-sharing on new infectious diseases spreading from animals to humans is crucial to the prevention of future pandemics. This could be achieved through an extensive cross-sectoral work, enabling an increase in the capacity of laboratories and centres required to identify animal diseases, institution of clear accountability mechanisms to ensure the rapid exchange of information from surveillance centres in all countries and setting up strong collaboration between research centres worldwide.

   Main actors: governments; national registers; WHO.

2. **Health literacy and community engagement**: Governments should invest in combatting the trend of functional illiteracy that has led in recent decades to low skill levels, unemployment, lack of participation in and understanding of political agendas, social division and the 'fake news' movement we saw rise during the pandemic. This primarily means cooperating with the education sector to develop more appropriate curriculum and offer to the population starting at a young age, with minimum requirements to be achieved by the whole population. Soft skills, such as critical reading, searching for evidence-based information, correct use of digital tools etc., should be integrated into this curriculum, enabling students to develop critical analyses and construct their own thinking, while being able to identify information from unverified sources. This understanding needs to be deepened at university level but should start at primary school. Teachers should be trained and assessed for

the quality of their teaching, developing incentives for the best performing institutes. In addition, communication skills should be developed from early childhood onwards; this would enable stronger working relations with other professions in the future and effective social cohesion.

Furthermore, governments should take action to close down and sanction channels that broadcast non-scientific information. This is not an easy task; however, the government can discuss an agreement with tax benefits with large social media groups as well and develop and fund task forces that monitor and list fake news web pages, trying to counter the trend. Developing and implementing a dedicated policy will be the best approach, but it remains very complex. Working with key media and social media organizations is of utmost importance to reach this goal. Reversing the functional illiteracy trend will require the definition, adoption and implementation of a national framework acting at different levels, working in parallel with the education system and with the national journals and TVs. In the latter case, this means developing and implementing a system for monitoring and evaluating TV programs (at least those owned by the state) with incentives; fighting corruption and making unpopular choices; creating and nurturing ties with responsible journalists and creating win-win situations for governments and journals. The framework must be implemented within 5 years for magazines and national TV and 10 years for the educational side, with a phased approach.

Finally, a strong commitment is needed from public health sector and its professionals to make health communication more effective and information more accessible and usable. Health systems should consider establishing policies that promote health literacy in written, multimedia and Internet-based communication directed to the public as a first response to health literacy. Recommendations related to communication materials include institutional review boards with minimum requirements for rigorous pilot testing with members of the intended audiences, evidence of revisions related to ease of use and clarity and reports of assessment processes and findings. Governments should also use health communication and health literacy sensitivity indicators in the monitoring and evaluation of health services and programs. Measures related to health literacy must be integral to any internal program evaluation to obtain feedback as to whether ongoing initiatives are reducing or exacerbating health literacy disparities, and users have to be included in the processes of planning, governance and quality assurance and improvement.

Main actors: governments; educational institutions, health departments and institutions; private sector.

3. **Immunization**: governments should put in place effective negotiation approaches to achieve the best win-win situations with the private sector, thus ensuring sustainable, affordable, and equitable access to vaccines throughout a person's lifetime. A Global Pandemic Vaccine Policy in needed to set out the rights and responsibilities of all concerned, including those funding and undertaking the research needed to develop and evaluate vaccines, those who approve the products, those who produce them, and those who must ensure that vaccines are distributed to those in need and administered by frontline health workers. This comprehensive policy must be designed to achieve the global public health goal of high protection against disease while providing incentives to ensure that manufacturers are not deterred from investing in research and development. In addition, investments should be made to ensure easy access to immunization for all, by offering different approaches, such as the "needle to arm" one, offering people to get vaccinated in places that are easy and fast to access, such as the workplace, in recreational areas, etc., to be combined with traditional methods. Cooperation with leaders (cultural, political, religious, etc.) is essential to reach

the majority of populations. Investments to protect public health and social personnel are of utmost importance (mandatory vaccination offered to health personnel, easy access to vaccines, etc.).

Main actors: governments; NIH; community and political leaders; PHW; social workers, private sector.

4. **Public health workforce**: governments should invest in the training and protection of the public health workforce as a whole and at different levels. This includes providing effective continuous training, ensuring decent working conditions and appropriate recognition, developing public health leadership in all sectors, etc. This means creating an accreditation system that qualifies the public health workforce and includes team-based delivery of care, new form of service delivery (including home care and digital care), skills in supporting patient empowerment and self-care, and enhanced strategic planning, communication, management, working across sectors and leadership capacity. It implies a new working culture that fosters new forms of cooperation between professionals in public health and health care, as well as between health and social services professionals and health and other sectors. It means also developing a national fund that can be used only to pay the salaries of accredited professionals who work only on prevention. This is a long-term investment that should start with appropriate education and the development of soft skills that will support communication, intersectoral collaboration and pave the way for task sharing and increase overall health outcomes. Incentives will play a key role in facilitating structural change within institutions.

   Main actors: governments; NIH; universities; health departments; professionals union.

5. **Global cooperation and multisectoral work**: investment is needed to break down silos and develop win-win situations with all sectors, developing clear policies that will facilitate a transparent relationship with the for-profit sector. Investment in the creation of high-level, truly interdisciplinary commission will facilitate the process and create a strong body capable of advising the government. However, the investment in creating the commission should be accompanied by a dedicated budget to implement the recommendations, or at least a portion of them. These commissions should bring to the table not only leaders from the health and social sectors, but also trained leaders of patient groups, well-renewed economists, politicians, and health insurers, as well as the major health-related organizations in the country. As above, to create a new generation of leaders capable of developing and sustaining global cooperation and working in a multidisciplinary way, universities need to be reinvented and adapted to the new global reality: not only should the general competences mentioned above be given a prominent place in the curriculum, but cross-sectoral training bringing together different future professionals should be created. Ideally, every curriculum should include mandatory teaching on public health, its return on investment and the impact of the specific profession on the health of populations. A country with a well-renewed university can be a pioneer in this approach.

   In addition, the G7 member countries can play a key role in the debate on the Global Pandemic Treaty to ensure that it is truly effective in creating a strong and global accountability system. The treaty should involve as many countries as possible around the world creating a system that use incentives tools instead of sanctions to promote compliance and engage non-State actors such as nongovernmental organizations and research institutes to gain a widespread support. The treaty should also be developed with a strong strategic vision, informed by a detailed analysis of previous

experience and scientific evidence, and should be flexible enough to respond to a wide range of scenarios.

Main actors: governments; NIH; universities; health and education departments; private sector.

Disclaimer:

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