

# Local and international health organization

*Prof. Walter RICCIARDI*  
Catholic University of the Sacred Heart, Italy

experience of the Covid-19  
the Workshop intends to offer a  
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posed by a neces-  
and ecological 'conver-

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health and the  
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lessons learned from

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## **PUBLIC HEALTH IN GLOBAL PERSPECTIVE** PANDEMIC, BIOETHICS, FUTURE



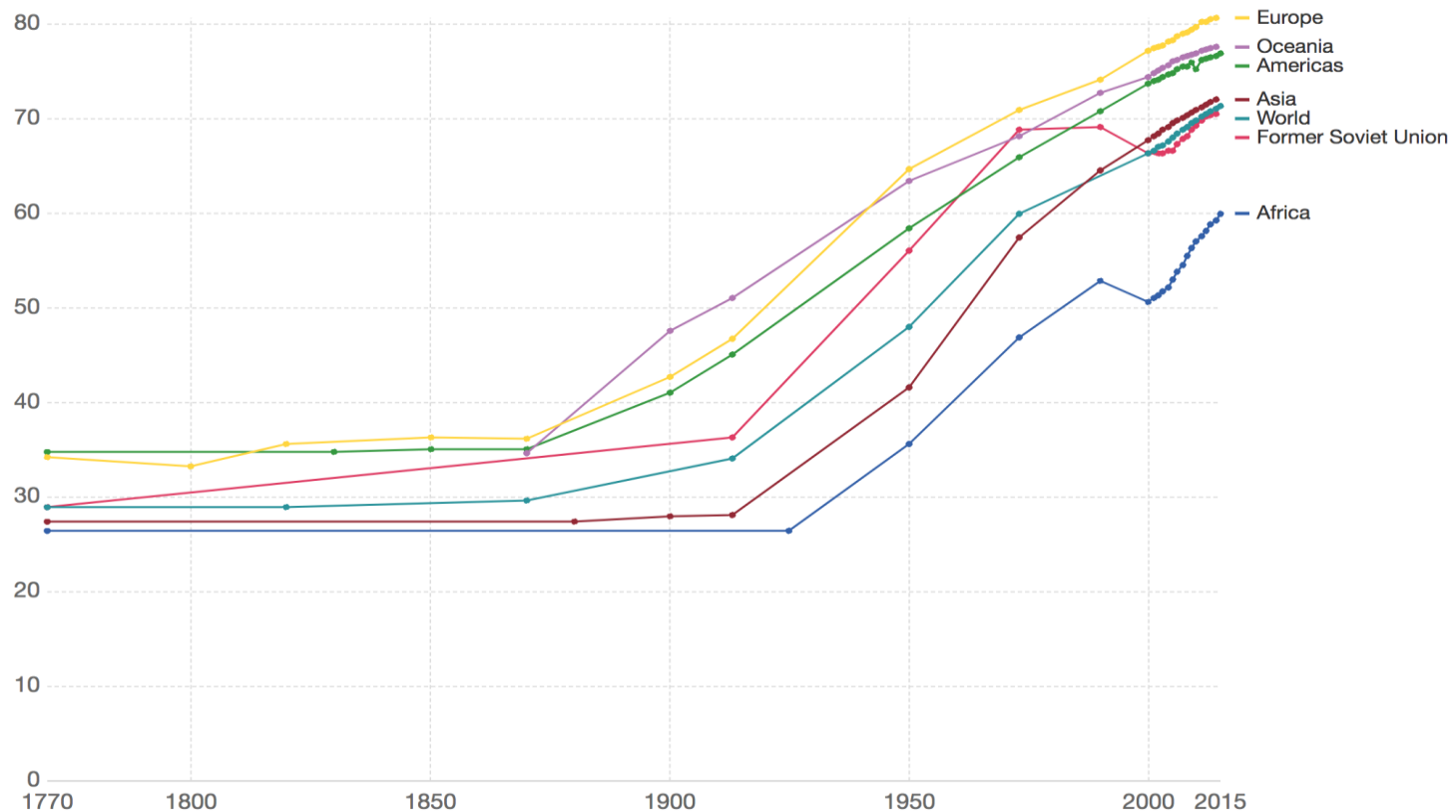
**Pontifical Academy for Life  
General Assembly**  
27-29 September 2021

**Augustinianum Conference Center**  
[www.patristicum.org/en/conference-center](http://www.patristicum.org/en/conference-center)

Once upon a time health was mostly an individual asset determined by your genes, the place you lived, the work you did and your socio-economic status

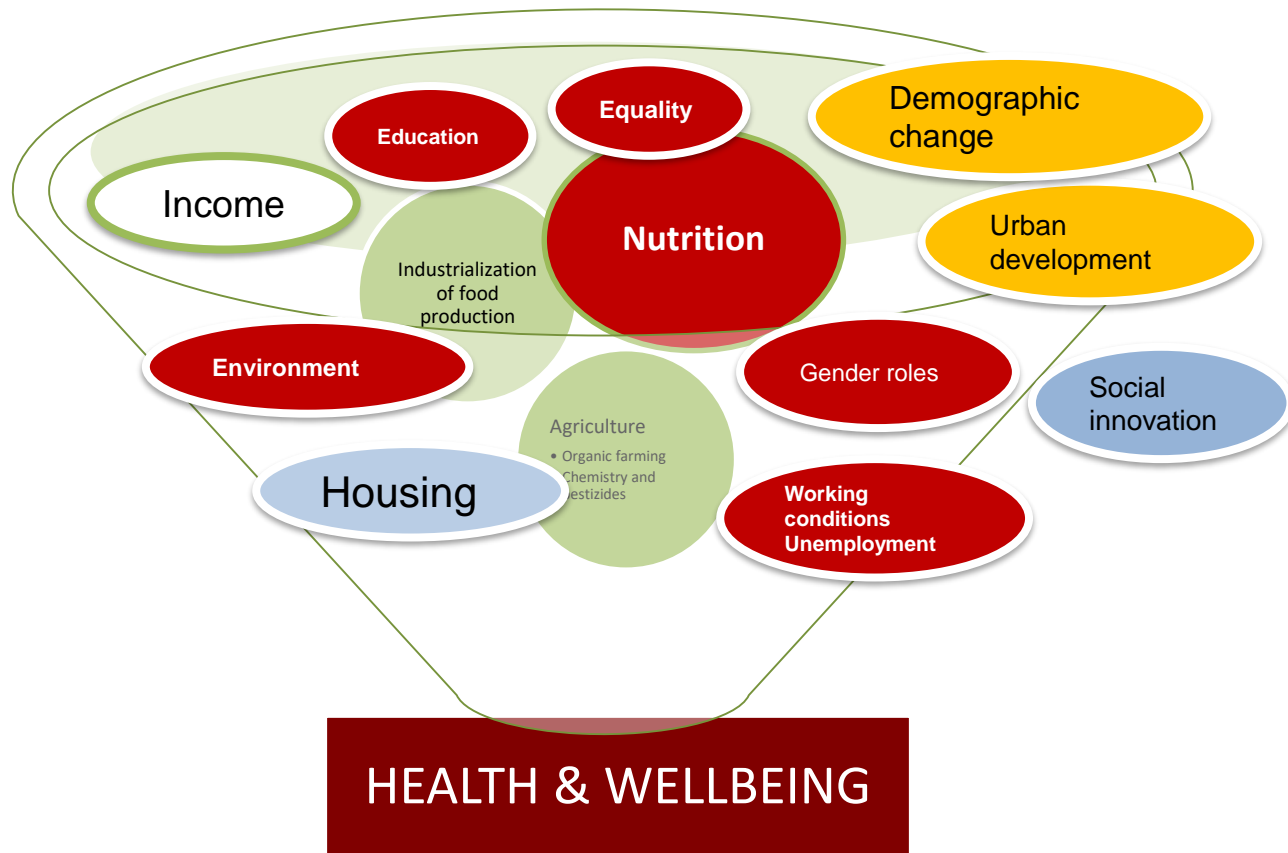
## Today health is global

Life expectancy globally and by world regions since 1770



Source: Life expectancy – James Riley for data 1990 and earlier; WHO and World Bank for later data (by Max Roser)

OurWorldInData.org/life-expectancy/ • CC BY-SA





# The COVID tsunami?



- **Tsunami?**
- **Unpredictable?**



NEW YORK TIMES BESTSELLER

# THE COMING PLAGUE

NEWLY EMERGING DISEASES  
IN A WORLD OUT OF BALANCE

"Garrett has done a brilliant job  
of putting scientific work into  
layman's language, and the scariness  
of medical melodramas is offset by the  
excitement of scientific detection."

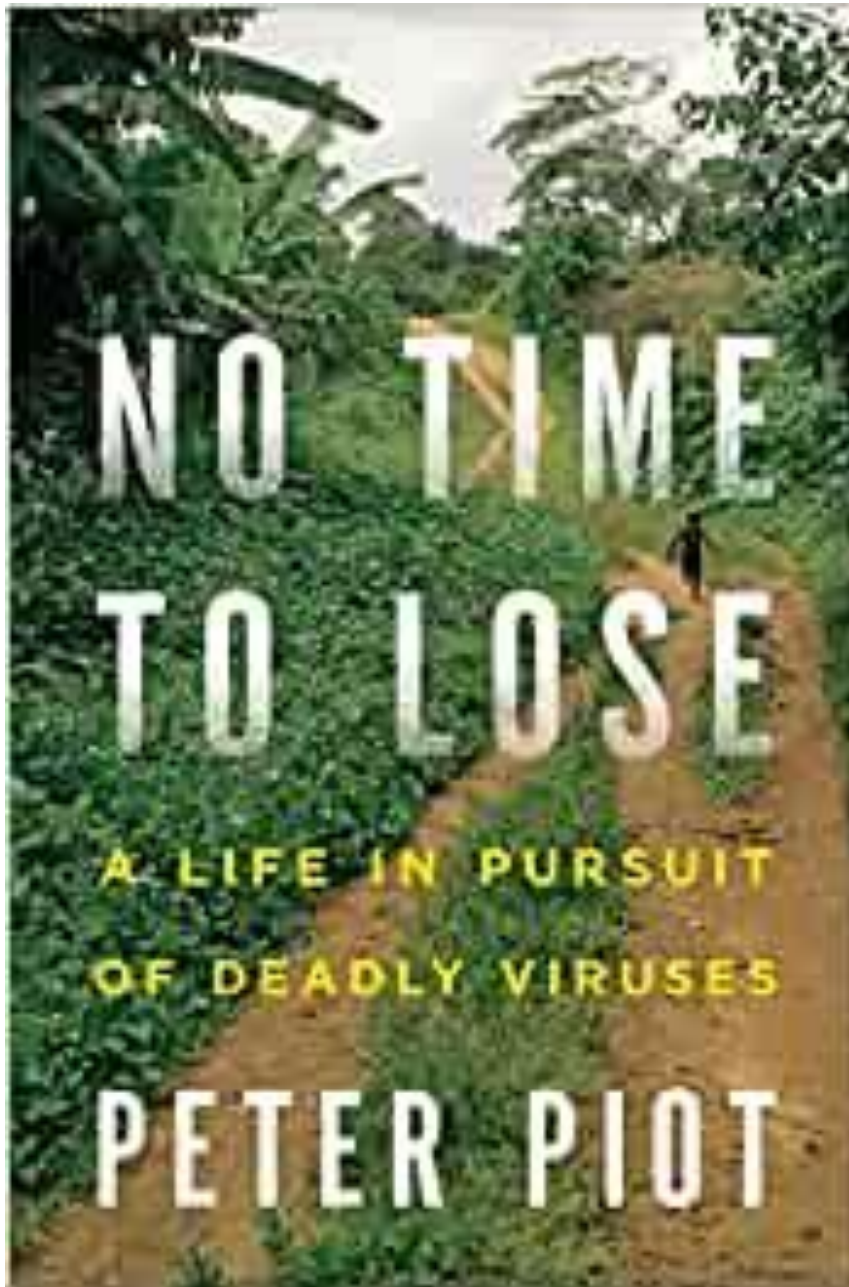
— *The New Yorker*

PICADOR

## LAURIE GARRETT

PULITZER PRIZE-WINNING JOURNALIST AND  
AUTHOR OF *BETRAYAL OF TRUST*

1995



2012

THE NEW YORK TIMES BESTSELLER

'A frightening and fascinating masterpiece...  
that reads like a detective story'  
WALTER ISSACSON

# SPILLOVER

ANIMAL INFECTIONS AND THE  
NEXT HUMAN PANDEMIC

WITH A NEW  
AFTERWORD ON  
COVID-19

DAVID QUAMMEN

2013



# WHAT WE NEED

A GLOBAL ALERT & RESPONSE SYSTEM

TED



5:49 / 8:36



2015

MAY 15, 2017

# TIME

**WARNING:**  
WE ARE NOT READY FOR  
THE NEXT PANDEMIC

SCIENCE KNOWS  
HOW TO FIGHT  
AN OUTBREAK—  
BUT POLICY STILL  
GETS IN THE WAY  
BY BRYAN WALSH

HOW TO KEEP THE  
WORLD SAFE  
BY BILL GATES

time.com

2017

# Why is this

Because we still do not have a global health mechanism to coordinate, steer and adjust



Three-Time Pulitzer Prize-winning author of the  
NO.1 INTERNATIONAL BESTSELLER  
*THE WORLD IS FLAT*



# HOT, FLAT, & CROWDED

WHY THE WORLD NEEDS A GREEN  
REVOLUTION – AND HOW WE CAN  
RENEW OUR GLOBAL FUTURE

Thomas L.  
Friedman

'A global star ... Tom Friedman has done it again ...  
given his track record as a zeitgeist thermometer,  
we should all pay attention' *Financial Times*

Release 2.0  
UPDATED AND  
EXPANDED

CLIMATE CHANGE

INCREDIBLE MOBILITY

OVERCROWDING

BILL GATES

# Bill Gates Warns That a Next Pandemic Could Be 10 times Worse

*The Microsoft co-founder explained that humanity is not prepared for the next pandemics. He also commented on how we could deal with them.*



Add to Queue

NEXT ARTICLE



Entrepreneur

Find Your





**EXCLUSIVE:**  
**BILL GATES INTERVIEW**

**"IT WILL BE  
5 YEARS  
BEFORE WE  
ARE FULLY  
READY  
FOR NEXT  
PANDEMIC"**

 *The Indian* **EXPRESS**



# Key points

The COVID-19 underlined the need for a series of common goals to be rapidly agreed, even if they need to be couched in the contextual reality that countries so **different in terms of health system capacity, testing capacity, diagnostics, treatment, prevention through vaccination**, etc.

## COUNTRIES CANNOT OPERATE AND TACKLE GLOBAL THREATS IN ISOLATION

**International institutions, governments and local authorities** are the leading actors of this new mindset.

## Mapping: Areas of convergence

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- Global health architecture and governance for pandemic preparedness and response.
- Implementation and enforcement mechanisms to ensure compliance with IHR.
- Financing of preparedness and response at national, regional and global levels.
- Equitable access to pandemic vaccines.
- One Health approach.
- Rapid risk assessment, alert, and rapid response.

## Mapping: Areas of divergence

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More analysis is needed to identify areas of divergence given the different mandates of each panel and committee and their respective methods of work.

- The possibility of amending the International Health Regulations (2005).
- Procuring pandemic response products.
- Strengthening global supply chain mechanisms.



## Possible mechanisms for implementation

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- A. Recommendations that can be implemented through the regular technical work of WHO as per its normative functions
- B. Recommendations that can be implemented immediately through existing frameworks (International Health Regulations (2005) obligations, World Health Assembly resolutions/decisions)
- C. Recommendations that can be implemented by amending or building on existing frameworks (International Health Regulations (2005), World Health Assembly resolutions/decisions)
- D. Recommendations that may effectively/optimally be implemented through new WHO international agreement(s)/instrument(s)
- E. Recommendations that may address or involve external bodies/actors

## A. Recommendations that can be implemented through the regular technical work of WHO as per its normative functions (around 44)

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- whole-of-government and whole-of-society approaches;
- mechanisms that promote fair and equitable access to pandemic supplies and countermeasures;
- access to timely, accurate, and easy-to-understand advice and information from trusted sources on public health events;
- strategies and plans that include measurable targets and benchmarks for pandemic preparedness and response;
- capacity-strengthening for pandemic preparedness and response;
- processes and coordination across all three levels of the Organization;
- adequate resources for WHO country offices to support national governments; and
- exercising flexibilities under the International Health Regulations (2005).

## B. Recommendations that can be implemented immediately through existing frameworks (around 19)

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- full implementation and compliance with obligations under IHR (2005);
- full implementation of WHO's general programme of work; and
- empowered Secretariat to fulfil its constitutional mandates.



## C. Recommendations that can be implemented by amending or building on existing frameworks (around 26)

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- adjustments to the IHR (2005);
- a global system for surveillance based on full transparency by all parties;
- WHO's financing for emergency preparedness and response, including the WHO Contingency Fund for Emergencies; and
- governance capacity of the WHO Executive Board for health emergencies.

## D. Recommendations that may effectively/optimally be implemented through new WHO international agreement(s)/instrument(s) (around 30)

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- a pandemic framework convention under Article 19 of the WHO Constitution;
- Member State commitments to and accountability for prioritizing pandemic preparedness;
- One Health approach;
- sustainable financing for pandemic preparedness and response;
- timely sharing of materials, including genomic sequencing data;
- equitable and timely access to countermeasures;
- effective and scalable supply chains;
- scalable and funded research and development;
- timely technology transfer, sharing of know-how and/or voluntary licensing; and
- empowerment of communities, strengthening of civil society and upholding of human rights' principles.

## E. Recommendations that may address or involve external bodies/actors (around 12)

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- mandate of international financial institutions;
- establishment of bodies or issuance of declarations under the aegis of the United Nations; and
- actions to be taken by other intergovernmental bodies.

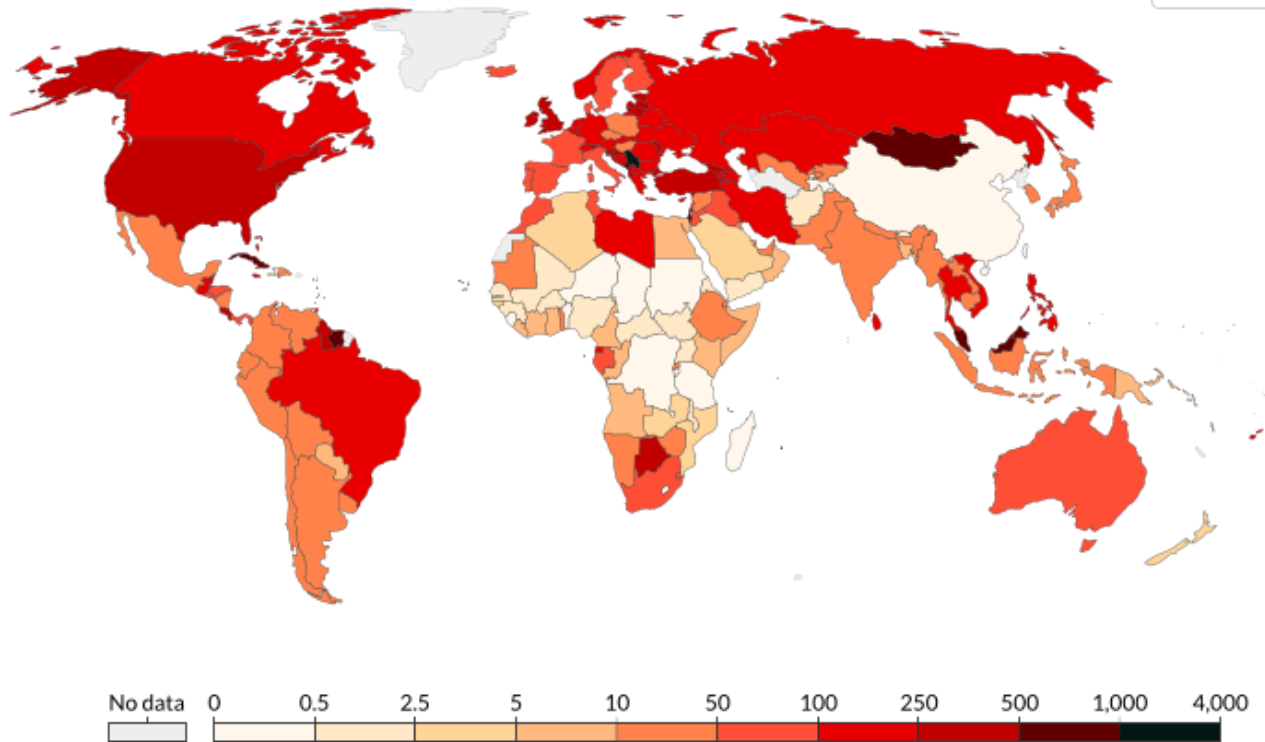
# PANDEMIC IS NOT OVER

## Daily new confirmed COVID-19 cases per million people, Sep 21, 2021

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World  
in Data

World ▼



Source: Johns Hopkins University CSSE COVID-19 Data

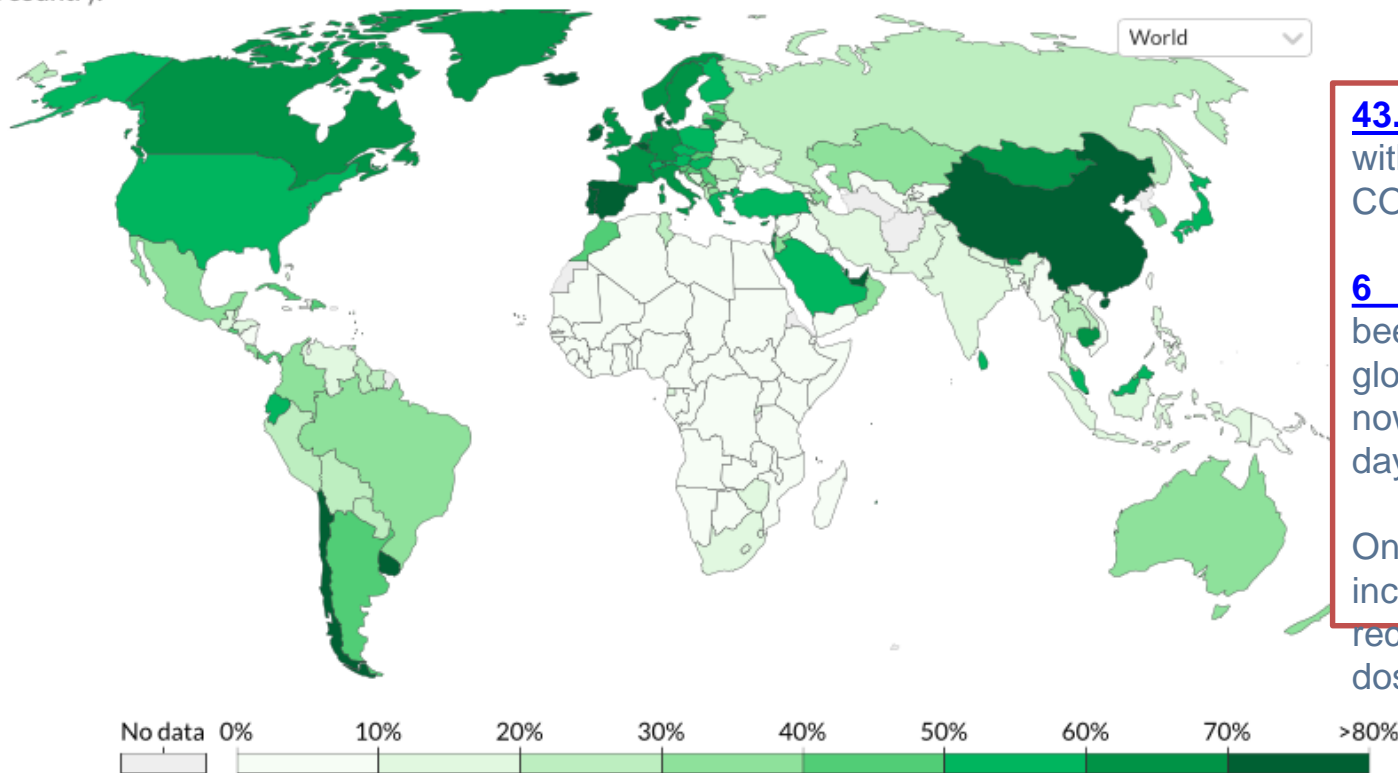
CC BY



## Share of the population fully vaccinated against COVID-19, Sep 21, 2021

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.

Our World  
in Data



**43.7%:** world population with at least one dose of a COVID-19 vaccine.

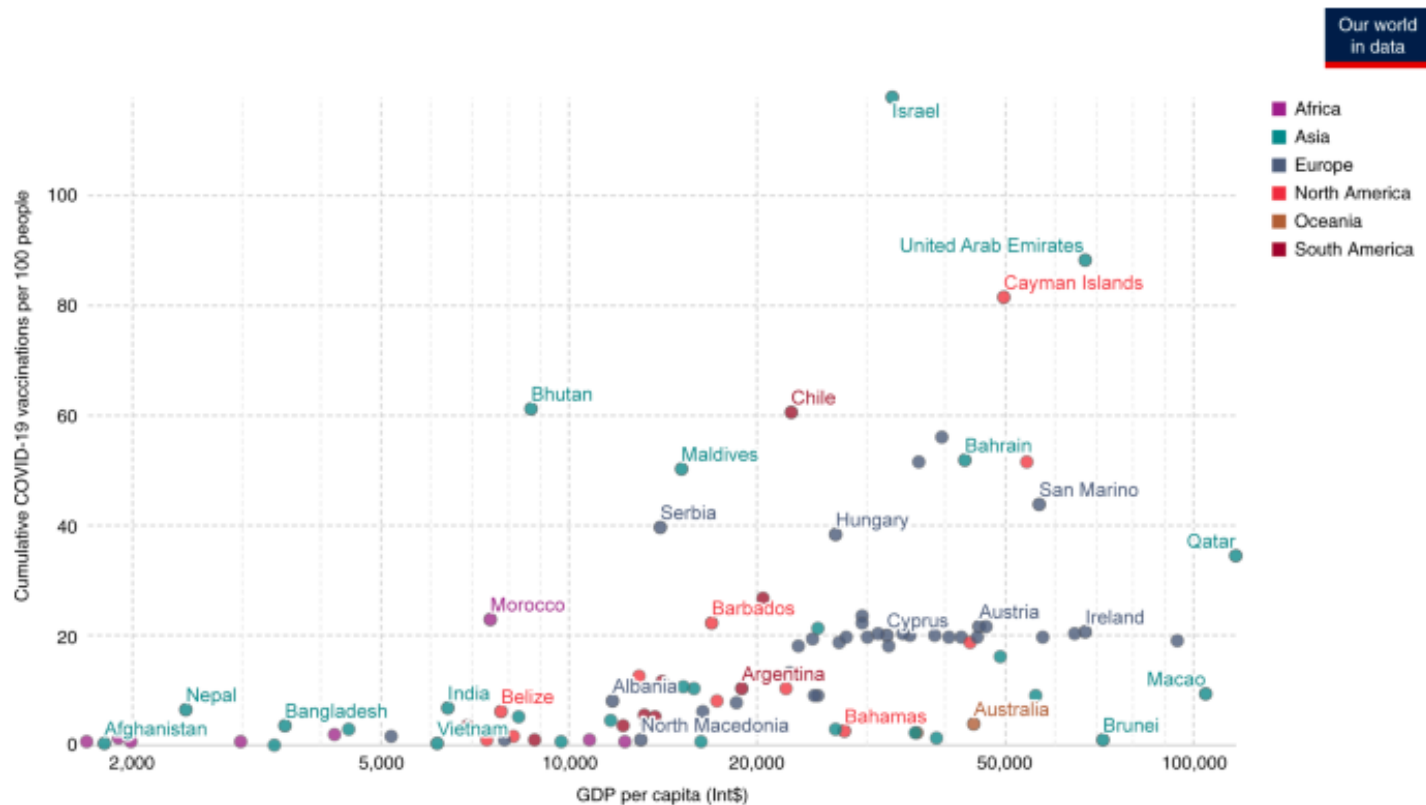
**6 billion doses** have been administered globally (**28.48 million** are now administered each day.)

Only **2%** of people in low-income countries have received at least one dose.

Source: Official data collated by Our World in Data – Last updated 22 September 2021, 08:40 (London time) OurWorldInData.org/coronavirus • CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

**Fig. 2: COVID-19 vaccine doses administered per 100 people versus gross domestic product per capita.**

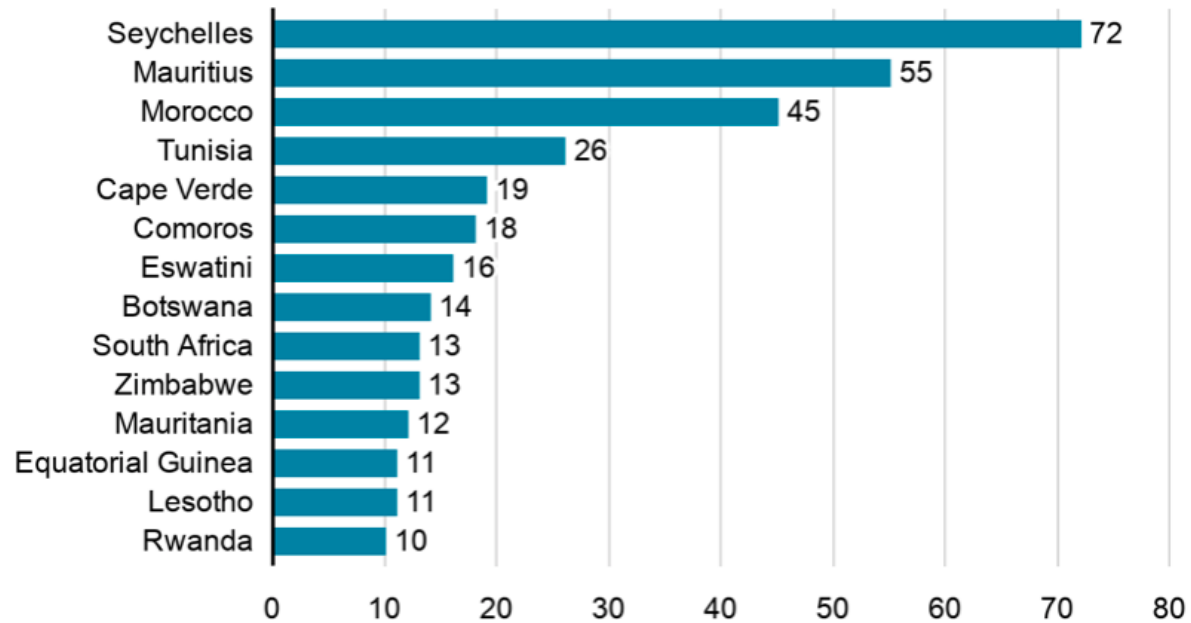


Mathieu, E., Ritchie, H., Ortiz-Ospina, E. *et al.* A global database of COVID-19 vaccinations. *Nat Hum Behav* **5**, 947–953 (2021).  
<https://doi.org/10.1038/s41562-021-01122-8>

# In Africa

## Highest vaccination rates in Africa

% of population fully vaccinated



Source: WHO, 21 Sept 2021

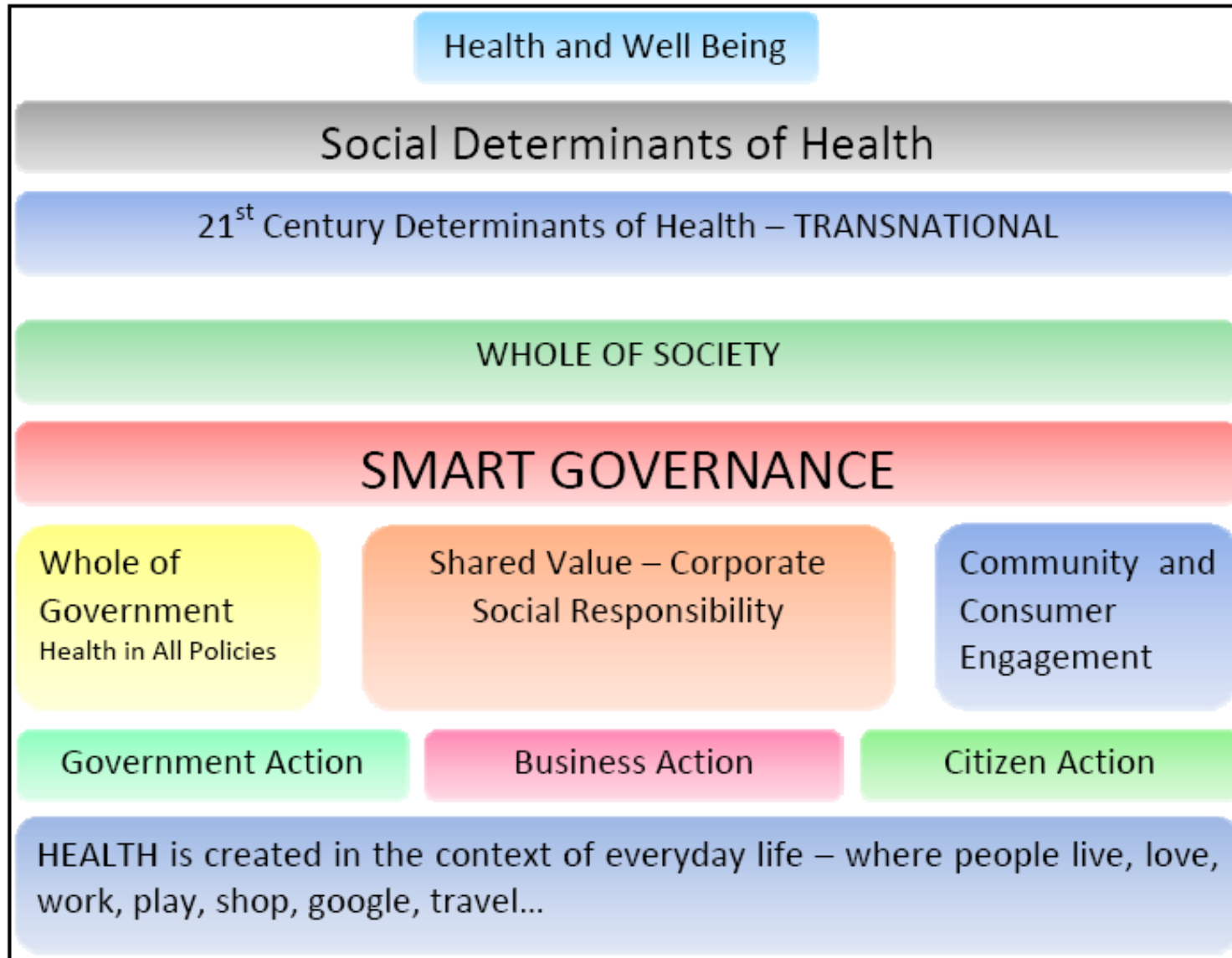
Politics

# **A New World Order for the Coronavirus Era Is Emerging**

The next six months will go a long way to determining what the geopolitical map will look like at a time of intensifying rivalry.



# We need a good governance



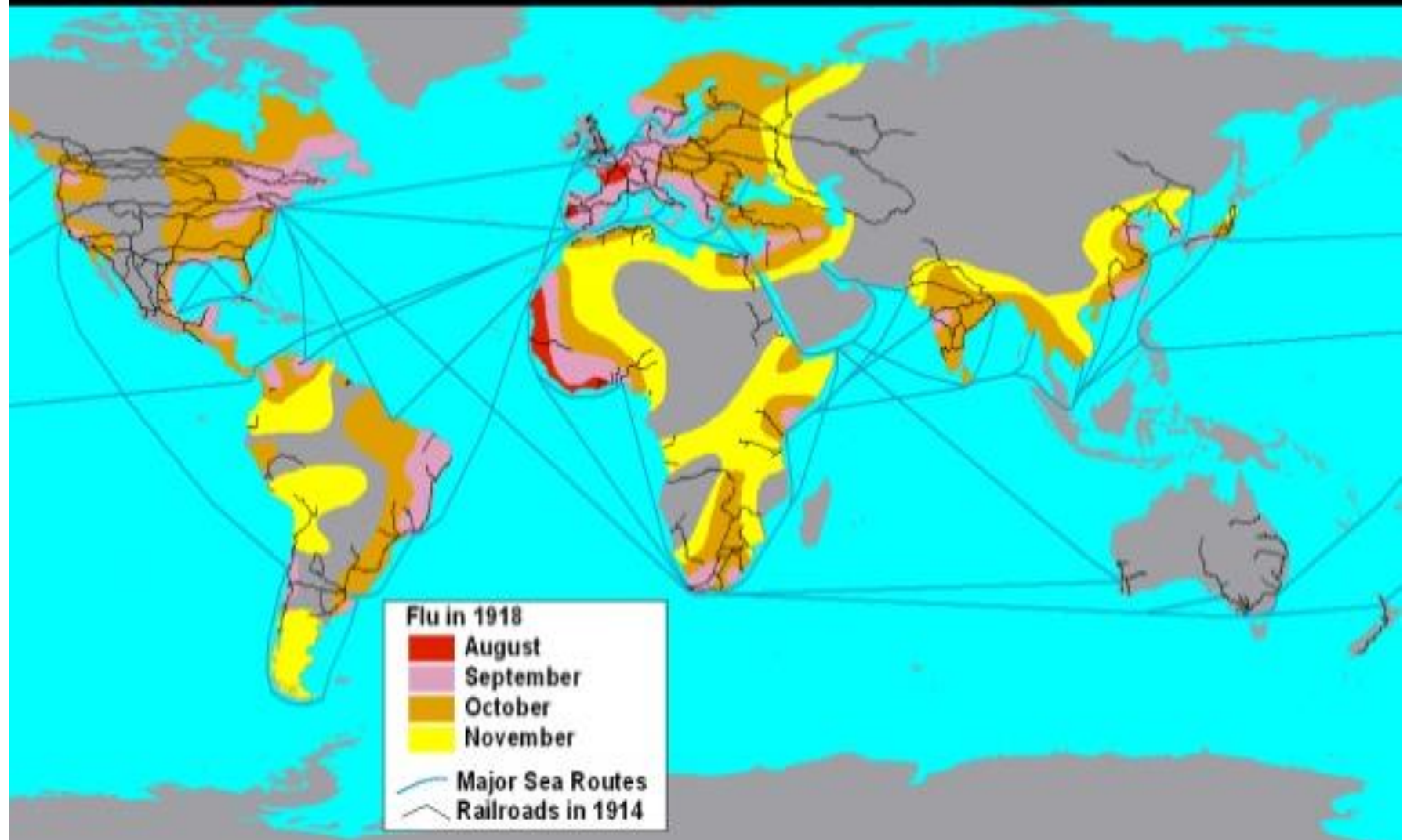
The world is not learning

# Some Grim Statistics

- The 1918 influenza pandemic:
  - Killed more than 20 million people worldwide. [Some estimates range as high as 75 million.] By conservative estimates this was almost 2.5% of the world population.
  - Killed 675,000 Americans (550,000 excess deaths).
  - Preferentially killed those between 21 and 29 years old.
  - Lowered life expectancy in America in 1918 by 12 years (48 to 36 years for men, 54 to 42 for women).
  - Accounted for 80% of American battle deaths in World War I.
  - Killed more Americans than died in World War I, World War II, the Korean War and Vietnam combined (423,000).
  - Killed more people in two months than the Black Death did in one year.
  - *Is almost completely forgotten.*

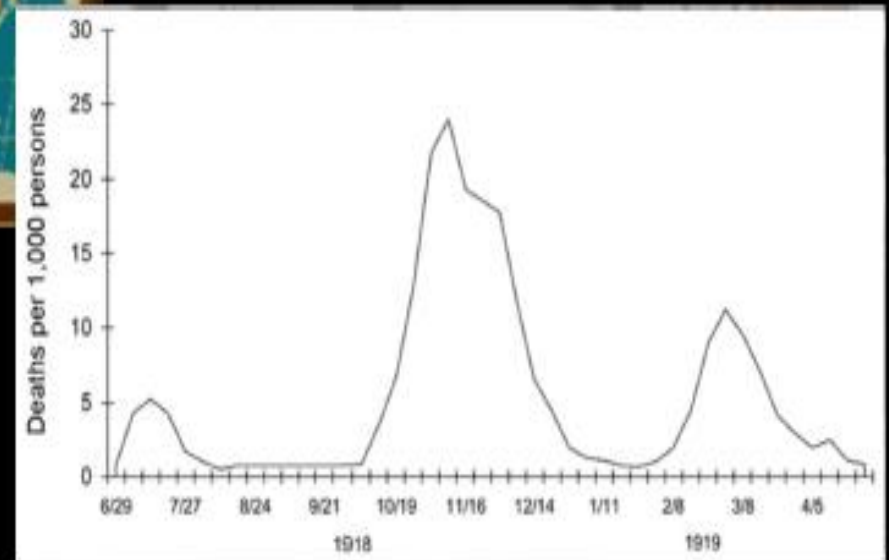
684.000 USA Covid deaths (underestimation)

# Flu Pandemic of 1918





# The Spanish Flu came in Three Waves



**4 MARZO 1918**

**PANDEMIA - GIORNO ZERO**

PRIMA PERSONA CONTAGIATA.

KANSAS, STATI UNITI

**APRILE 1918**

**40° GIORNO DI PANDEMIA**

CONTAGIATI: 20 MILIONI

**MORTI: 20.000**

**LUGLIO 1919**

**500° GIORNO DI PANDEMIA**

BILANCIO GLOBALE DELLE VITTIME:

**FINO A 100 MILIONI**











# **ANTI-MASK MEETING**

**TONIGHT (Saturday) JAN. 25**

**DREAMLAND RINK**

**To Protest Against the Unhealthy Mask Ordinance**

Extracts will be read from State Board of Health  
Bulletin showing compulsory mask wearing to be a failure.

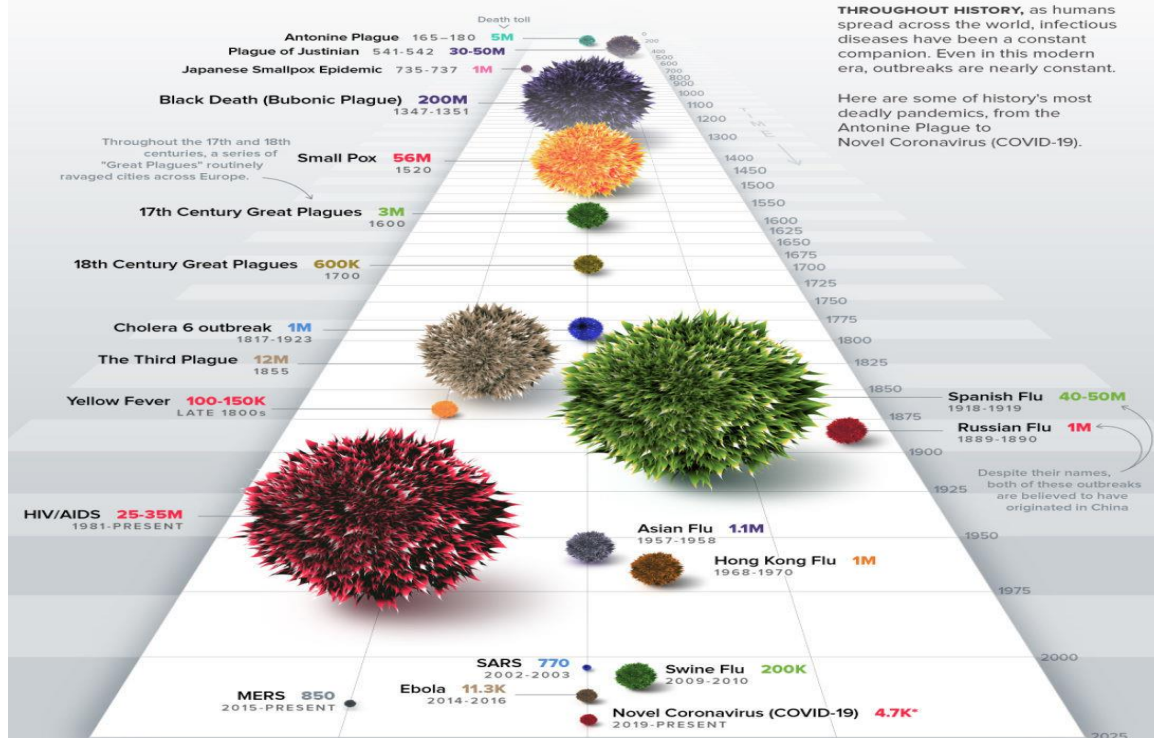
**Eugene E. Schmitz and other interesting speakers.**

**Admission Free.**



# HISTORY OF PANDEMICS

PAN-DEM-IC (of a disease) prevalent over a whole country or the world.



\*As of Mar 11, officially a pandemic according to WHO  
It is hard to calculate and forecast the impact of COVID-19 because the disease is new to medicine, and data is still coming in.

## DEATH TOLL [HIGHEST TO LOWEST]

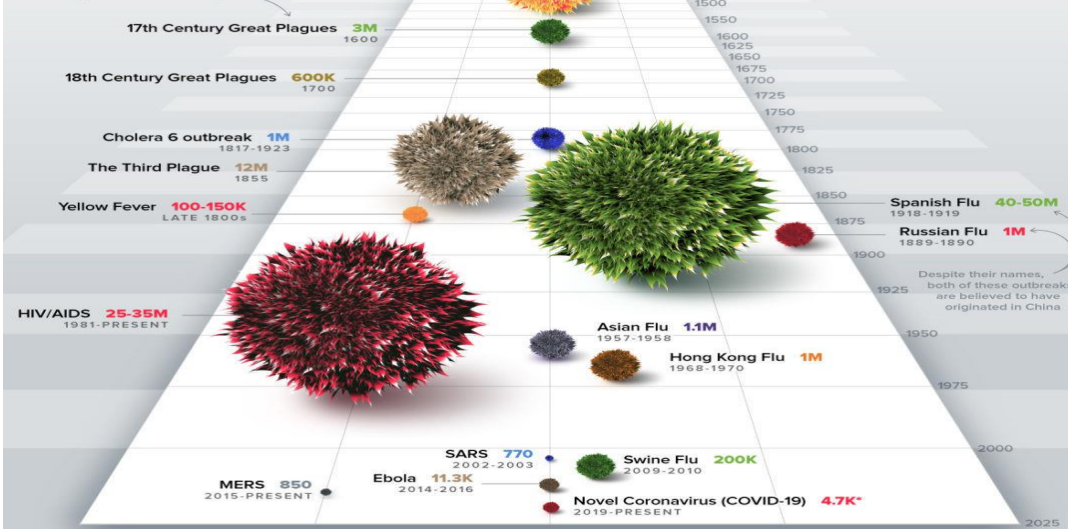
**200M**  
Black Death (Bubonic Plague)  
1347-1351

**56M**  
Small Pox  
1520

**40-50M**  
Spanish Flu  
1918-1919

**30-50M**  
Plague of Justinian  
541-542





## DEATH TOLL [HIGHEST TO LOWEST]

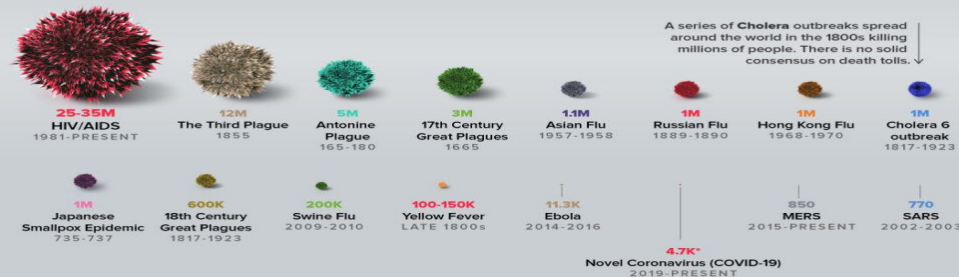


The plague originated in rats and spread to humans via infected fleas.

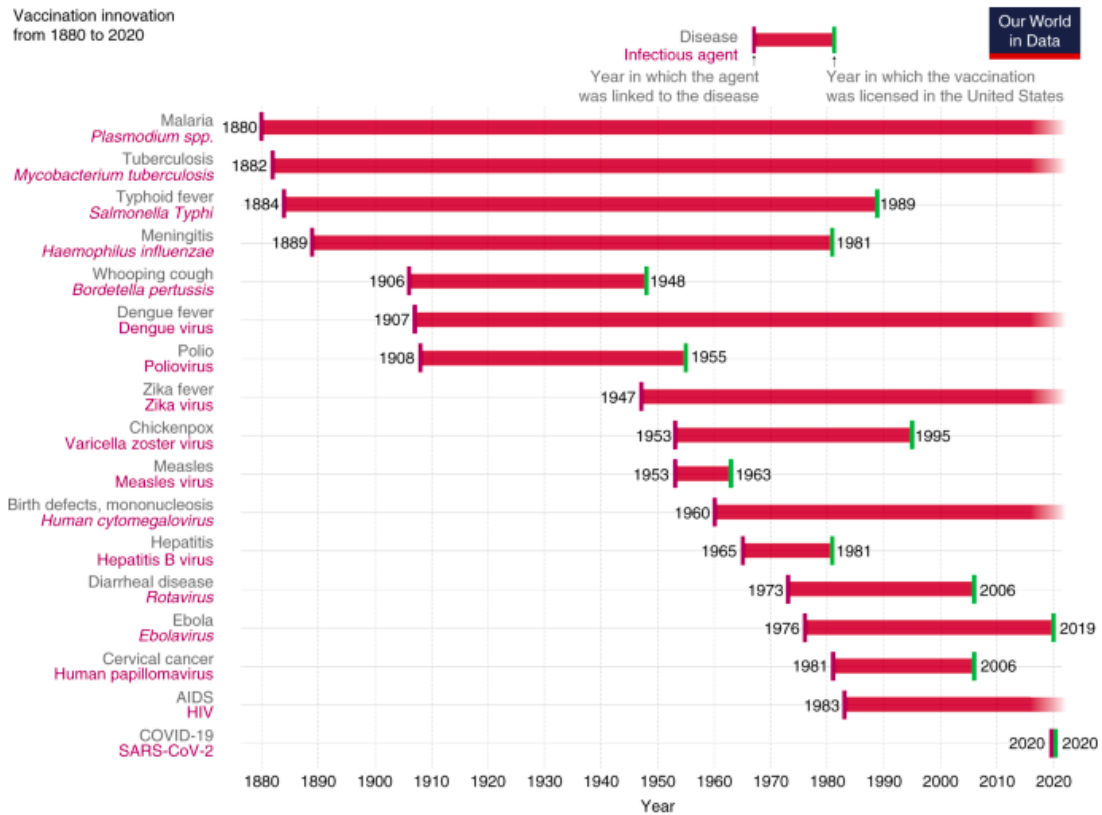
The outbreak wiped out 30-50% of Europe's population. It took more than 200 years for the continent's population to recover.

Smallpox killed an estimated 90% of Native Americans. In Europe during the 1800s, an estimated 400,000 people were being killed by smallpox annually. The first ever vaccine was created to ward off smallpox.

The death toll of this plague is still under debate as new evidence is uncovered, but many think it may have helped hasten the fall of the Roman Empire.



# Timeline of innovation in the development of vaccines



**Table 1: Centralisation and decentralisation by country and domain of intervention**

Domain of intervention		Centralisation within government (spring/summer)	Centralisation between governments (spring/summer)	Centralisation within government (autumn/winter)	Centralisation between governments (autumn/winter)	Decentralisation (any kind) (autumn/winter)
<b>Governance</b>	Interministerial committee, Coordination agency, National security council					
	Expert/Vaccine committee				–	–
	State of emergency/ Emergency Laws				–	–
	Centralised governance of the health care system	–		–		–
<b>Preventing transmission</b>	Health communication		–	–	–	–
	Physical distancing	–		–	–	
	Contact tracing	–		–	–	–
	Isolation and quarantine	–		–	–	
	Monitoring and surveillance, Contact tracing, Reporting cases and hospital capacity					
	Testing			–		

“voluntary horizontal coordination among regional governments was challenging to sustain



## COVID-19 and the opportunity to strengthen health system governance

- Public health leadership
- Health system resilience
- Drawing lessons on governing emergencies
- Strengthening the governance of preparedness and response
- Hard questions about sovereignty

- How credit and blame shape governance
- Health workforce surge capacity
- The private sector in pandemic times
- Engaging with communities and civil society

**Special issue 12**

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# Conclusion

## A plan for the future:

a single and unified chain of command and communication is essential to ensure effective public health responses at different levels (global, national, local).

# Key messages

The global management of COVID-19 is leaving an important heritage for future pandemic preparedness and for the ability of health systems to respond to other global health priorities, like equity and access to healthcare for everyone (universal health coverage).

**No country is safe until we all are.**

**It is a common responsibility.**

Future is not a destination



not beautiful





it is something like a bridge that we have  
to imagine, plan and build



