



Roundtable on innovation, access and partnerships: COVID-19 lessons learned to prepare better for future pandemics

17 & 18 May 2022, London



# Innovation, Access and Partnering – Lessons learned from COVID-19 to prepare better for future pandemics

Outcome from the Chatham House Roundtable on 17-18 May 2022

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## MAIN TAKEAWAYS

On 17 and 18 May, Africa CDC, CEPI, Chatham House and IFPMA convened a wide array of stakeholders including representatives from countries across the Global North and the Global South, private sector players and regulators, civil society, foundations, and multilateral organizations. A highly reflective, open, and rich conversation (held under Chatham House Rule) yielded the following insights:

- **Extraordinary innovation provided globally relevant COVID-19 response tools** – they were developed and manufactured at speed and scale thanks to the unprecedented level of global collaboration and financial and human resource committed across a broad range of private and public sector stakeholders.
- **Equity goals were not met** – unfortunately, timing of the distribution of those tools have not met equity goals both between and within geographies. Equity must be the core objective of pandemic preparedness activities, with the aim to provide tools to as many people as early as possible across the world. Equity is not only a moral obligation – but it is indispensable if global health security is to be achieved. An effective response cannot be achieved without protecting everyone everywhere.
- **It is important to recognize that achieving equity will require the world both to tackle deep systemic challenges, while also working to significantly improve a set of key enablers** – tackling the systemic challenges (including, but not limited to, institutional inclusiveness, political leadership, national vs global interests and geopolitical solidarity, neo-colonialism) will be very difficult, and will depend on how these global challenges are managed by the multilateral system of public, social, and private partnerships.
- **It is imperative to find ways to tackle these deep systemic challenges** – the discussion surfaced the need to create fora and dialogue around the deep systemic and political challenges that have made equity hard to reach. Tackling this transcends COVID-19 and will require continued extensive dialogue across all stakeholders in the Global North and South. Only when all (including industry, countries, civil society, organisations, and others) are at the table can equitable solutions and ‘global norms’ be discussed, and it is especially important to have significant involvement of those who suffered from the inequity to date. Finally, this systemic change should also include ways to fundamentally strengthen the levels of investment and performance of primary healthcare systems that can be stretched at times of need. We need to make major progress on these challenges if we are to achieve equity next time.

- **In parallel, participants also coalesced around seven major technical enablers** – while not exhaustive, participants surfaced seven major areas (in the time available during the roundtable) that they are keen to transform for the next pandemic:
  - Health systems strengthening to enable in-country delivery and health system resilience
  - Financing end-to-end for every step of Vx, Tx & Dx
  - Trade and free flow of goods in pandemics
  - Regulatory collaboration, harmonisation, simplification and capacity
  - Regional sustainable capacities
  - Communication and civil society engagement
  - Coordination and collaboration

The main objectives and initial ideas in focus are captured below.

- **We must remember that the pandemic is still ongoing and that acting with speed is critical** – while the main objective of the conversation was to look ahead to the next pandemic, participants aspire to apply many of the lessons learned in the current pandemic. This could be to further enhance access to the tools available today, or in the case of new variants of concern, considering them as another test case for our collective “Disease X” toolkit.
- **Collaboration was and will remain essential** – many elements of “what worked well” were rooted in effective new or existing collaborations. Many challenges arose when these collaborations were absent or not effective. The conversation needs to be continued, broadened, and deepened (e.g., South-South, industry/academic, industry/industry, public/private partnerships, industry/state, state/state towards global political alignment).
- **This is the beginning, not the end of our conversation** – the participants very much appreciated the opportunity to be together, learn from one another and engage in this critical dialogue – and are keen to continue to make progress together. It is crucial to have a strong voice from those who suffered from lack of access in both the “systemic” and “enabler” conversations; and it was proposed to hold subsequent discussions in Global South locations.

### Reflections on enablers going forward

**1. Health systems strengthening to enable in-country delivery and health system resilience.** In-country delivery of Vx, Dx and Tx to those in need remains an urgent challenge. Effective coordination efforts are needed and require sufficient funding to support in-country delivery planning, management, and mobilisation of resources (both domestic and international) towards country delivery logistics and infrastructure (for e.g., human resources, testing capacity and ultra-cold chain).

Broader health system resilience – and country ownership of their health systems – are critical both for short-term deployment and longer-term pandemic preparedness. Strengthening of self-standing and flexible routine immunization, diagnostics, and treatment centres (e.g., within primary care context) is important to ensure health systems can rapidly adjust to future pandemics. In addition, involvement in - and ownership of - early-stage R&D activities could help with development of better-suited TPPs for delivery (e.g., thermostability, shelf life, oral presentation).

**2. Financing end-to-end for every step of Vx, Tx & Dx** is an important condition to ensure equitable access in timely manner. It is critical that financing is available early-on (starting prior to a pandemic), at-scale, especially for lower-middle-income countries, across the value chain

(from product development to procurement, delivery and surveillance) and that there is willingness to invest at-risk to ensure an equal place in the queue, e.g., via advance market commitments. Financing should be diverse (e.g., from range of sources and adapted to each step of the value chain) and accessible to relevant parties across the world, and it is imperative to commit to agreements that include significant equitable access commitments for any public funding.

**3. Trade and free flow of goods in pandemics** to support the global supply chain ranging from input supplies to manufacturing to logistics is critical for early access. To limit delays, resilient supply chains with free flow of goods and limited export restrictions (both upstream and downstream) are key to enable access for all countries, recognizing that e.g., multi-sourcing could be a potential lever to ensure a sufficiently interdependent and resilient supply chain. Overall regulation and agreements may help, but the world needs a plan “b” and “c” to protect supply chains that may be interrupted.

**4. Regulatory collaboration, harmonisation, simplification, and capacity** is critical to enable rapid development and access to novel products, while ensuring high-quality standards. It was unanimously recognised that this was an area of very positive, unprecedented, collaborations during COVID-19, that promoted early equitable access and should be built upon. Notably, capacity issues should be further addressed in local, regional, and international regulatory teams. Our global regulatory framework should be further improved to simplify and accelerate progress with the objective to enable safe approvals, faster scale-out and tech transfer and reduced transaction timelines and cost.

**5. Regional sustainable capacity** for manufacturing of Vx, Dx and Tx is widely looked at as a critical enabler to ensure equitable access. This capacity needs to be geographically & technologically diverse and sustainable over time (with ramp-up and down possible), and rooted in non-pandemic activities and predictable demand for e.g., routine immunization. In addition to manufacturing, it is also important to keep strengthening regional scientific and clinical development activities where possible.

**6. Communication and civil society engagement** are critical to ensure demand generation and to embed the response in civil society. Responsible communication to and from civil society, political leaders and industry is important to uphold public trust, while engagement of civil society can enable a more bottom-up response and public support from the beginning.

**7. Coordination and collaboration.** Participants articulated a clear need for effective, more fit-for-purpose mechanisms (e.g., ‘Global Pandemic Treaty’ and/or revisions of International Health Regulations, role of regionalism & new coordinating structures) and are keen to think about ways to continue those that made a real difference while also evolving their mandate and set-up (e.g., ACT-A). Across the board, fragmentation and duplication are seen as a hindrance that needs to be avoided at all costs and yet monopolistic institutions or systems should not be seen as a panacea either.

As an input to the roundtable discussion, the co-hosts developed and shared a White Paper with the participants to inspire reflections on what worked well and what needs strengthening ([see link here](#)). This can be a helpful reference document for interested readers.