

**Rt Hon Helen Clark.**

**Closing statement at Investing in Health For All event organised by European Investment Bank and World Health Organisation (WHO).**

**4 October 2022.**

**Greetings to all who have been participating in this important and timely discussion on investing in health for all.**

**I believe it is very important to be looking forward, but, as we do, let's not lose sight of the COVID-19 pandemic which, unfortunately, remains very much with us. WHO has said that the end of the pandemic is in sight – but only if all countries and stakeholders do the hard work to prevent, track, treat, and communicate clearly about COVID-19. That's nowhere near happening yet.**

**Then, when the acute phase of this pandemic ends, the world will have to continue to manage SARS-CoV-2 with expensive vaccines and treatments. Thus, a new disease burden has been placed on societies, national treasuries, and health systems. We can't afford to have another pandemic like this happen all over again.**

**The Independent Panel for Pandemic Preparedness and Response, which I was honoured to co-chair, proposed a package of recommendations aimed at stopping future health threats from becoming pandemics as devastating to health, societies, and economies as COVID-19 has been.**

**One core element of that is indeed to build more resilient national health systems which can adjust rapidly to deal with crises, while also maintaining core services.**

**We saw even the most advanced health systems come under great pressure from COVID-19. Health workers – the very heart of our health systems - are telling us they are worn out, retiring early, or changing jobs. Countries everywhere must take urgent measures to ensure the wellbeing of their existing health workforce and invest in filling the worldwide gap of an estimated fifteen million health workers. Our health workforce is the backbone of health system resilience.**

**To maintain social resilience, people also need guaranteed access to health services and social protection. Universal health coverage, with primary health care at its heart, and universal**

**basic social protection are essential. We encourage more momentum towards these goals, in every country.**

**Tools to prevent, detect, diagnose, and treat new infectious diseases are also central to thwarting future pandemic threats, and they require major investments. Countries of every income level must have access to these tools. The Independent Panel recommended a pre-negotiated, end-to-end platform which ensures that research is developing tools which are accessible and useful to all countries.**

**Regional manufacturing is one solution – but it needs to go hand-in-hand with information and sample sharing, intellectual property waivers as required for emergencies, technology and knowledge transfer, an adequate pool of funds, and an overall approach which treats pandemic tools as global common goods - especially for those whose development has received public funding!**

**Overall, it is surely better to be investing now in a system which will nip pandemic threats in the bud, rather than scrambling to free up countless tens of billions of dollars during crises.**

**We recommended sustainable funding for preparedness and response. The new pandemic fund – (its short name) - at the World Bank in coordination with WHO requires at a minimum \$10.5 billion per year, mostly to invest in safeguards in low and middle-income countries. So far, this fund only has commitments totalling just over a tenth of that amount.**

**Co-ordination between countries is essential – we need every country to report new health threats as soon as they are detected. This is in our mutual interest.**

**Pandemic threats are existential threats across all sectors of society, and they must be managed through whole-of-government, whole-of-society approaches, on which only Presidents and Prime Ministers have the mandate to lead .**

**This need for high-level coordination, and for mutual accountability is one of the reasons the Independent Panel recommended the creation of a Global Health Threats Council – a multilateral, multisectoral, inclusive council led by Heads of State and Government, and including representatives from civil society and the private sector. We were not the first to recommend such a Council – the experts who studied the 2014-2015 Ebola crisis for**

**the UN Secretary General made a similar recommendation. A Lancet Commission in 2014 had the same view.**

**Last year, the G20 High-Level Independent Panel recommended a similar body. The Lancet Commission on COVID-19 last month did the same. The WHO includes such a council in its proposed health emergencies framework. In a similar vein, the UN Secretary General is proposing an Emergency Platform of leaders to manage complex crises.**

**There are different views about how this council would be formed and where it should reside. We believe it should not sit only within the WHO constitution– as management of pandemic threats extends well beyond the health sector.**

**The United Nations General Assembly recently passed a resolution requesting a High-Level Meeting on Pandemic Prevention, Preparedness, and Response by the end of its “high-level week” next year. The meeting would adopt a declaration aimed at mobilising political will at the national, regional, and international levels for pandemic prevention, preparedness, and response. Ideally, a health threats council should be advanced in this political declaration.**

**In closing – COVID-19 is reported to have killed 6.5 million people, but estimates of excess deaths during the pandemic range now from 17 to 22 million people.**

**We simply cannot let a tragedy on this scale happen again. We must act on the lessons of our collective failure to stop the threat of COVID-19 from becoming a pandemic. We need the political will, globally, to do this. When the very future of the planet and its people are imperilled, leaders have a responsibility to step up and act, and I hope they will.**

**Thank you.**