PODCAST TRANSCRIPT

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Intro: WORLD: we got this.

The podcast talking big global challenges with the experts taking them on.

Brought to you by the School of Global Affairs at King's College London.

Throughout this series, we will be discussing some of the major global challenges we face – deforestation to global pandemics.

In our first season of WORLD: we got this, we'll be speaking with experts about the factors at play during a global pandemic, the differing global perspectives and ultimately the way in which we can meet this challenge.

This podcast was being planned long before the outbreak of COVID-19 but all that changed just a couple of weeks ago.

Now of course, I'm recording this from home and everyone we speak to in the coming episodes is also going to be working from home.

But the key thing is that they're still working, they're still researching, they're still teaching and they're still trying to understand how we can wrestle with this global pandemic.

Because that is what the podcast is all about.

So here we go.

James: Hello and welcome to WORLD: we got this.

In this first episode, I'm joined by Dr Ann Kelly, Reader in Global Health at the Department of Global Health & Social Medicine here at King's College London as well as Professor Mauricio Pabon, Director at the Institute of Gerontology, Professor of Public Policy of Global Health at King's College London and adjunct associate professor at Harvard University.

Anne and Mauricio spoke to me about the organisation that is playing a central role in this global pandemic: the World Health Organization or WHO.

As you'll hear from a conversation, it quickly became clear that by discussing the WHO, we were able to survey the landscape of global health and pandemic response.

From the social determinants of health to the economic impact of quarantine, the WHO has been at the centre of this most recent crisis.

Its actions and systems of operating tell us a lot about the ways in which global health is structured but also perhaps point to a future which is forever changed due to this most pressing of global challenges.

Welcome Ann and Mauricio.

Ann: Thank you so much for having us.

It's great to be able to talk.

Mauricio: Thank you James for having us.

Really happy to be here.

James: Ann, we wanted to start this series by talking about the systems and institutions that come into play during a global pandemic in particular the World Health Organization.

Can you tell us a little bit about how and why the WHO came into existence?

Ann: Sure, so the World Health Organization was one of many institutions organised in the wake of World War II.

It's part of a kind of Bretton Woods system in order to encourage collaboration between governments to head off the similar kinds of crisis that kind of precipitated during World War II.

So the WHO has an interesting kind of history because there had been previously a lot of...

there have been international efforts around coordinating disease response back to the sanitary regulations which were largely directed towards managing disease outbreaks that would come between countries.

Problems of cholera, smallpox, and really demanded some international efforts in order to keep both countries safe but also not to you know completely wreck the economy in terms of trade.

So there is a history of international global helps diplomacy in that area.

But what's interesting about the WHO is that it also encompasses, in addition to this mission around infectious disease control, a broader set of norms and commitments to health as being something that could link with development, that it's more than medical matters, so it comes at a moment where humanitarian crisis following the war, really captivating people's attention in terms of what you know health system strengthening might look like.

So I think what's you know interesting to think through the WHO is this negotiation between a very broad based agenda about what health could be but also a very particular set of event interventions around diseases, infection control, how countries manage to relationships under situations of contagion and crises.

James: So, the WHO is shaped by its members, whose focus can be also be shaped by the internal politics and cultural priorities of the nation.

The WHO I guess is not immune from the challenges faced by other intergovernmental organisations.

Mauricio, can you give us a perspective on the changing nature and focus of the WHO?

Mauricio: Yes, thank you James.

Yes I wanted to emphasise this tendency of the WHO which had a very dominant role historically in addressing disease control and other issues of health, to the emergence of very many new actors especially non-state actors in global health as Ann was saying, which has in some ways transformed the legitimacy but also the power and the ability of the WHO sometimes to act as the only single sort of international agency.

One of the things that has happened for example is since the 1980s, the emerging importance of the World Bank in thinking about how we should design health systems very much focused initially on issues of health system financing.

Basically meaning that the World Bank, which has traditionally had a very neoliberal approach to health systems, pushed forward a very dominant way of thinking that in some in some ways complemented a view of the WHO but it also clashed with their views.

Like Ann was saying, we have also you know the emergence of global funds to address particular diseases but also to both strengthen health systems vertically and horizontally, so across different diseases or for specific diseases, and so in some ways I feel like the WHO has struggled to find its role in this process.

Now another point that I wanted to emphasise of the WHO is that since around the 2008 models, the WHO has also been trying to understand how global health also relates to wider political and social determinants of health.

There was something called the Declaration of Rio in 2011 but also the WHO reported on the social determinants of health, which really emphasises that health is actually really more than just health systems and really involves interaction with areas of policy that are outside of health and I think this is something that we will increasingly see as very important.

For example, in the COVID-19 epidemic today, how health has implications for the economy, how the economy itself will in turn have implications for health and so on.

So I think the WHO is also redefining its role in trying to find a way to influence not on the health systems but really broader policy outside of the health system.

James: Ann, thinking about how the WHO operates in a crisis, your research is focused on the Ebola outbreak in West Africa.

Can you tell us about some recent examples of how the WHO has actually tackled a global pandemic?

Ann: Absolutely!

I mean I think it's important just a bit of context to what roles, responsibility the WHO has in kind of declaring a public health emergency in the context of infection control.

I mean this really dates that to the early odds.

First you have you know September 11th, which really redefined how people were thinking about the relationship between security and health.

If you remember, there was the kind of anthrax scare and this possibility of bio warfare.

So very early on there is a new agenda about the kinds of concerns that might impact how international health or kind of threats that should fall into the remit of the WHO beyond the classic set of diseases like cholera or yellow fever, kind of infectious disease that spread across borders, there's a new set of emerging concerns.

So, in the policy documents you see this shift towards thinking about emerging infections in the disease or kind of biological threats that might be something that would require some global health coordination and preventive measures.

Then with SARS outbreak which I think now the COVID people are remembering back to this moment, again there's this struggle around what happens when a disease outbreak sits in a country and what responsibilities that country have to sharing data with the broader global health community.

And because China was slow, or perceived to be slow, in giving that data, new sets of regulations came into place that would mandate the sharing of data in the context of an outbreak.

A lot of these don't have a lot of regulatory teeth but it put the WHO in a position of being able to name and shame governments if they weren't sharing data and also to suggest interesting ways, that in a context of an outbreak, that countries need to keep their borders open for essential trade, for the need of health, you know health emergency workers, humanitarian aid to impact the country.

So, when we look at the Ebola outbreak, it's kind of an interesting moment where the WHO has this power to declare an international emergency.

The WHO came under quite a bit of criticism for being slow to respond, to being slow to sound that alarm as the Ebola outbreak kind of fizzled away in West Africa and there's a number of reasons I think to think about why that was the case.

One way of thinking about the WHO's quote unquote failure to alert the global health community and call this an international public health emergency of international concern has to do with the structure of the WHO where it has its kind of technical expertise or at that moment had its kind of technical expertise at the top in Geneva and country offices based who are really responsible for feeding that information up.

Now there's a tension between needing to found an alarm about a public health emergency and what kind of economic impacts that might have on a country where especially those in low middle income country settings which where it would really be devastating to say that you know where an Ebola outbreak is

happening, so there's a bit of I think structural bureaucratic issues that make it quite difficult to respond quickly.

The other set of issues, and I think Margaret Chan was then the director general spoke to this, was again this sense that the WHO's budgets have shrunk and when they get funding, it's very very specific earmarked issues: polio eradication etc, so they didn't have enough flex to move in quickly.

And the third piece relates back to something that Mauricio was discussing, is that with the long tradition of collaborating with non-governmental actors and humanitarian aid organisations, Medicine sans Frontier, MSF, they were then the kind of the frontline actor in responding to the Ebola crises because they had a lot of technical expertise, they have bio safety equipment, they move quickly.

So, there was a sense that if MSF was operating there that that outbreak could be controlled.

Unfortunately it was spreading through the community and in you know nation's capitals which really hadn't been the history of the disease so it quite quickly got out of control and it really did take some foreign bodies, foreign people, in the response to get Ebola and to take it into the US and into the UK to actually gain some global attention.

And the WHO was able to kind of at least motivate a bit more of the global health response.

James: Ann, you mentioned SARS there, it is clear that SARS like this crisis began in China.

How does the WHO work to make sure it gets accurate and timely information from all nations jury a global pandemic?

Ann: I mean there has been quite a dramatic shift.

I mean if we think back to 2002, the first cases were in November 2002 and it took until February 2003 before the Chinese government notified the WHO and this was after a rise to almost I think over 300 cases and a kind of classic story of contagion where in effect a businessman stays in a hotel in Hong Kong and this becomes a worldwide health threat quite rapidly.

And it becomes a kind of case study in the challenges of asking governments, even those that are quite close, to share that information and to flag up to the WHO early on in an outbreak.

Now when you look at COVID and you know despite a lot of you know, there's media attention in critiques about China kicking out journalists, very early the situation was alerted in Wuhan.

But also I think almost within the week in which the virus, its genomic was sequenced, the lab scientists that did this put this open access online which is why despite all of the challenges about building diagnostic tests, quite quickly the WHO was able to come up with a test kit because that information was available.

So yes this is a very delicate and diplomatic set of issues around kind of sharing information, not only about impacts of outbreak in tourism economy but also in terms of the who is going to have the proprietorial access over key information for developing vaccines, etc.

but this is where the WHO as a coordinator comes into place because it encourages that kind of cooperation, collaboration for the health, global health more broadly.

James: And Mauricio, your research does of course focus on the elderly.

If the virus is going to be particularly prevalent in the elderly and of course developed nations have an aging population, will we continue to see the epicentres in developed nations such as the US and the UK and even China and in turn what might this mean for the response of the WHO?

Mauricio: Yeah that's a really challenging question.

The fact that this particular epidemic is particularly influencing or disproportionately having any impact on older populations is something that's very unique.

You know it's not unlike some other epidemics that often affect children and older people but it is unusual in the sense that it is so much, disproportionately, in terms death, affecting old people.

So I think this is something that hasn't yet been processed yet and not something that it reflects you know, many of issues that have come around reflects how we as a society think about older people and you see all sort of different responses in different countries.

Now one issue to think about for example is to what extent this will play out if and when the epidemic hits lower middle income countries, which have actually much younger populations.

So for example if you think about the mean age of the Italian population is somewhere around 40 years, the population of Mali has a mean age of around 16 years so a much younger population.

On the other hand, in these countries intergenerational relationships are very important.

Older people often live with their children, you have a large fraction of skipped generation households where old people live with their grandchildren.

How would actually a disease would spread in this particular context of intergenerational households maybe something that they really need to be prepared for and that we really kind of understand very poorly at the moment.

So I think there are particular challenges that will happen when these kind of spreads through countries in sub-Saharan Africa, and some Latin American countries as well, and further in Asia, but really at the moment we have actually very little understanding of how that will play out probably because we learned from the experiences of other countries and you know whatever we see for example the large differences of how this has played out in Italy versus China.

It is already very very different, very different case of mortality rates, very different rates of transmission.

And you know, these reflects these very underlying differences in each country so we need a combination of understanding the local context at the same time that we can draw lessons from international experience.

James: So Mauricio, if we think about the wider economic and political shifts that might happen in global health and the WHO due to the coronavirus.

If as we've discussed the crisis sees the return of the public sector and nations state, the main drivers in global health, will we see a change of approach at the WHO?

Mauricio: That's a really good question.

I think one important aspect to understand is that globalisation and health are profoundly connected, beyond the question of this pandemic.

So we live in a world of free markets, open borders and this is also the very reason why we see the dimension of the current epidemic because of free movement between people, between you know across countries of goods and so on.

So I think it's important to understand that any change that happens in terms of the way we address pandemics will have to also respond to the way we think about globalisation and the economy and our perception more broadly about globalisation.

You know even public perception about the benefits of globalisation has also changed over time.

So, what we may see is a combination of these increasing trends of questioning some principles of neoliberalism or of globalisation if you like.

At the same time, you know making us aware through these pandemics that there is a role for organisations such as the WHO but also for the role of the public sector.

One of the interesting aspects of the European response for example is the way countries such as France or even the UK have reacted by activating mechanisms that provide for example benefits and social supports.

You know economic and social support for people during times of crisis.

Now this is kind of unprecedented, especially for conservative governments to take such response.

Does this mean that basically we as society are thinking about the way you know we need to have governments that are able to respond to crisis, this may also relate to the very origins of the welfare state in post-war Europe; a critical moment in which we saw ourselves under the needs of public policy and the welfare state emerging.

Maybe these crises are in some ways moments in which we understand the role of the public sector and the important role of these sectors?

Now whether that will play out in terms of the private sector, for example NGOs as well, sort of changing role that's really difficult to predict but I think you know certainly I would expect this crisis to change at least public perception but also in some ways the way we think about the welfare state, about the role of governments as being critical to these responses and I think this is one of the lessons that might potentially emerge from this particular crisis.

Ann: Just to echo and amplify what Mauricio was saying, I mean I think it would be very hard I would imagine at least in European states to kind of make the argument fall in code for continuing privatisation of the National Health Service.

I think you know the kind of cracks and fragmentation of health provision have just been incredibly underscored and highlighted by this outbreak and I think the need for not only rapid response but a kind of a much stronger set of health system measures is going to come back on the table.

I mean the fact, just thinking, you know that universal basic income is something that was laughed at in the US and now the government is sending checks to the working population.

I mean it's a really incredible moment where I think conversations are going to change and like Mauricio, we will have to see how long-lasting that is but I think the openness to rethink some of those fundamentals assumptions about how healthcare is financed, how you know what kinds of safety nets have to be in place in order to kind of prevent this kind of situation again, is really going to be brought I think to centre stage.

James: A big thank you to Dr Ann Kelly and Professor Mauricio Pabon.

In our next episode we will be talking about the role data complain tackling pandemics.

We'll explore how big data is being used for both public health and coronavirus research as well as discuss what this might mean for the future of pandemic response.

My name's James Baggaley from the School of Global Affairs at King's College London.

Thank you for listening and remember stay home, protect the NHS, save lives.

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This podcast has been produced by James Baggaley and Julia Stepowska, with editing by Rachele Wall.

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Until next time, remember WORLD: we got this.