A tale of outbreaks past. Did we learn? *What* did we learn?

Preparing for Pathogen X

Samba Sow
CVD-Mali
Experiences from previous pandemics

Recent outbreaks have shared many common elements:

- It takes time to recognize an outbreak. In that time, the disease spreads.
- Populations are highly susceptible to new pathogens.
- Viruses spread easily in densely populated urbanized areas.
- Stigma and misinformation impact response.
- Already weakened health systems cannot respond, as staff are often the first affected.
- International community response often slow and fractured.
Lessons learned from previous outbreaks

• Global responses delayed, or nationally prioritized
• Need on-ground institutions and personnel, trained & equipped to identify, prepare & respond to epidemics
• These institutions build trust with communities, improving speed & effectiveness of interventions
• Building partnerships between community-based influencers & the health system is vital for halting transmission, supporting health service uptake
• **Fear** is as damaging as any epidemic
• Primary level, including community-based, health care provision is vital during health shocks
Lessons learned

• We need increased local lab capacity
• We need increased regional and local vaccine/other health commodity production
• Regional and local researchers can & must play an important role in understanding disease evolution & emerging variants
• We need to unite as a global community for the global good
• Inequity helps no-one: leave one behind, leave all behind.

Investment in the next pandemic must start now and must be through existing systems, not detracting from them
The future

- Preparing for the next pandemic must start **now and continue**
- **All** efforts in pandemic preparedness must be **coordinated and truly global**
- Health Emergencies **must not** detract from other health priorities.
- All regions have excellence and expertise – let’s grow this expertise and capacity **meaningfully & sustainably**
- Forge & Promote equitable global partnerships, expertise and knowledge-sharing and **reducing barriers to travel** and representation
- Facilitate research and health capacity – vaccine/treatment development – at more regional, national & local levels
- Develop plans for sustainable funding - **Investment in health is not an expenditure**
Final thoughts

Inequity helps no one

It has slowed progress for everyone
Final thoughts

Health is not a luxury

Health is a *human right*