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 lets 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*