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Lessons learned from COVID-19 pandemic

Virtual Regional Consultation with Informal Expert Group



REGIONAL OFFICE FOR

**World Health
Organization**
South-East Asia

Virtual meeting, New Delhi, India, 19 October 2021
Report of the meeting

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Summary

The COVID-19 pandemic revealed that the pre-pandemic level of preparedness was not sufficient to effectively manage such a severe health emergency. To more effectively respond to the ongoing pandemic and prepare for future pandemics and emergencies, it is crucial to identify the key learnings from the COVID-19 response to further strengthen health security and health system resilience. The Seventy-fourth Session of the WHO Regional Committee for South-East Asia in September 2021 recommended “further synthesis of the lessons learnt from the COVID-19 response at a regional level” and “to develop a regional roadmap to strengthen health security in the South-East Asia Region”.

To respond to the action points raised by the Regional Committee Session, the WHO Regional Office for South-East Asia (WHO-SEARO) organized two meetings in October 2021. Firstly, there was a consultation with the informal expert group and secondly, there was a regional meeting with the Member States. This report focuses on the former. A group of 14 experts from a wide range of disciplines and countries were consulted on 19 October 2021 through an online virtual meeting, chaired by the WHO Regional Director for South-East Asia. The experts provided important insights based on respective experiences, analysis and reflection. Some key themes have emerged, which have been summarized as follows.

Learnings on country systems and response

- **Health emergency governance:** Whole-of-government, whole-of-society arrangements, led by the highest-level political leadership, supported by the high-level national working groups and emergency operation centres, have been critical. More diverse workforce needs to be mobilized.
- **Primary health care-oriented resilient health systems:** Primary health care systems, including community health-care workers, have vital roles in the pandemic response. Long-term investment and early engagement enhance their effectiveness.
- **Adaptable health-care system response with effective care pathways:** Community-based and home-based care models supported by home visits and telemedicine made important contribution. Adaptable care pathways and referral mechanisms are needed in evolving situation.
- **Public-private partnerships:** More effective engagement of the private sector has major potential to improve pandemic response, from provision of health care, production of pandemic products, logistic and supply management to risk communication.
- **Containment operations and public health measures:** Having clearer and realistic guidance on rapid containment in the early phase of a pandemic is a high priority. Relevant legislation should be in place for effective implementation of public health and social measures (PHSM).
- **Risk communication and management of infodemics:** Timely and transparent provision of information to the public is crucial. Management of misinformation needs to be strengthened.

- **Alert, risk Assessment and information:** Capacities at the subnational, district and primary health care levels need to strengthen surveillance and public health intelligence efforts.
- **Digital technology for surveillance and response:** Digital and information technology should be further applied to improve surveillance, contact tracing, care and treatment (telemedicine) and planning for public health interventions, including PHSM and vaccination.
- **Psychosocial care and support:** Mental health and psychosocial services should be integral part of emergency response from the very beginning of any health emergency. Engagement of partners is needed to reach vulnerable populations to address a wide range of psychosocial issues.

Learnings on matters that involve regional and global mechanisms

- **Regional platform for alert, preparedness and response:** The mechanisms for regional surveillance and timely information-sharing across countries in the Region must be improved. Regional stockpiling and supply chain systems should be explored and established.
- **Pathogens and genetic sequence data:** Timely sharing of pathogens, their genetic sequence data and relevant metadata must be strengthened for rapid characterization of pathogens, risk assessment, evidence-based interventions and deployment of countermeasures.
- **Local manufacturing and equitable access to emergency products:** More robust mechanisms for equitable distribution of emergency products are crucial. Development and manufacturing capacities for pandemic products within the Region may need to be strengthened.
- **Research and development:** Capacities for research and development in the Region should be strengthened to prepare for future epidemics and pandemics. More coordinated and large-scale clinical trials, instead of fragmented efforts, should be realized.

These deliberations at the meeting are expected to inform the future regional framework to strengthen health security and health system resilience in the WHO South-East Asia Region.

1. Introduction

Member States in the Region have made considerable progress in advancing core capacities mandated by the International Health Regulations (IHR) (2005) for health emergency preparedness and response. However, the COVID-19 pandemic revealed that the pre-pandemic level of preparedness was not sufficient to effectively manage such a severe health emergency, and that sustained investment in public health emergency preparedness and resilient health systems is crucial.

Building these regional and national health security systems requires long-term vision and committed political leadership, with sustainable financing that includes and goes beyond short- and medium-term investments. To more effectively respond to the ongoing pandemic and prepare for future pandemics, emergencies and disasters, Member States, WHO and other partners must work together to identify the key learnings and gaps in the COVID-19 response to prioritize actions to further strengthen health security and health system resilience.

During the Seventy-fourth Session of the Regional Committee for South-East Asia, the honourable ministers of the Member States in the Region adopted the “Declaration on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related Sustainable Development Goals”, emphasizing the “once-in-a-century opportunity to advance transformation towards resilient primary health care-oriented health systems as the means to achieve population health, well-being and prosperity in the South-East Asia Region”.

The same Session of the Regional Committee also recommended, through the Agenda item 8.5, that WHO “facilitate further synthesis of the lessons learnt from the COVID-19 response at a regional level along with the recommendations of the global panels and committees, and work with Member States to develop a regional roadmap to strengthen health security in the South-East Asia Region”.

This meeting is a timely response to these action points noted at the Seventy-fourth Regional Committee Session to further optimize the COVID-19 response and to facilitate transformation of health security systems and resilient health systems in the Region. A group of 14 experts from a wide range of disciplines and countries were consulted on 19 October 2021 through an online virtual meeting, chaired by the WHO Regional Director for South-East Asia.

The deliberations at the meeting are expected to advance implementation of IHR (2005) and the [Delhi Declaration - Emergency Preparedness in the South-East Asia Region](#) (2019) and to inform the future health security framework for the South-East Asia Region beyond 2023. This report was prepared to summarize as accurately and directly as possible the content of the discussions.

2. Discussions and deliberations

The experts provided important insights based on respective experiences, analysis and reflection. Their inputs, comments and recommendations during the consultation were synthesized and summarized across the following 13 thematic areas, grouped into two categories – the learnings primarily related to country systems and response, and the learnings on matters that involve regional and global mechanisms.

2.1 Learnings on country systems and response

Health emergency governance

- The highest-level political leadership has been critical for pandemic response through enabling whole-of-government and whole-of-society arrangements, timely mobilization of financial resources and providing clear guidance to public on response measures.
- High-level national working groups to cope with specific response areas were also essential. The system of 11 empowered groups at the Union level in India, going beyond the Ministry of Health (MoH), was cited as an effective example, which enabled rapid decision-making and facilitated coordinated implementation between the Central and state governments.
- Public health emergency operations centres (EOCs) played central roles throughout the pandemic response. All the intelligence was reported to and synthesized at EOCs, informing response decisions and providing commands and coordination for overall pandemic response.
- National accountability framework for pandemic and emergency preparedness and response should be established to clarify who is responsible for what.
- “One World” and “One Health” approaches need to be pursued to strengthen emergency preparedness and response systems.
- Health workforce needs to be diversified (e.g. with inclusion of social scientists, risk communication experts, field epidemiologists, psychosocial counsellors) to inform robust approaches across disciplines, enhance surge capacity and improve IHR core capacities.
- Data and evidence-driven decision-making should be further promoted and supported.

Primary health care-oriented resilient health systems

- Primary health care system, including community health care workers, have critical roles to play in the pandemic response. Long-term investment and early engagement will enhance their effectiveness.
- For instance, the one million village health volunteers in Thailand were cited as a very effective example, supporting the Disease Control Department for testing, caring for, isolating cases and tracing and quarantining contacts.

- Public health functions, such as field epidemiology, surveillance, contact tracing, case investigations, quarantine and isolation, have been weak at primary health care levels in most of the countries in the Region.
- More investment in health emergency readiness and response capacities at primary health care systems at the district level (including urban health), with community engagement, should be considered as critical priority by countries as preparedness for future pandemics and emergencies.
- There should be continuous capacity-building for the identified public health functions-related health emergencies capacities, especially at subnational levels, particularly for the frontline workers at district and sub-district levels.

Adaptable health-care system response with effective care pathways

- Dissemination of rapidly changing clinical guidelines, based on evolving scientific knowledge, was initially difficult and could be achieved only through the networking of the hospitals (public as well as private and professional associations).
- Home-based care model of COVID-19 cases, supported by home visits and telemedicine consultations, was an important lesson learned from India and Thailand, which can be applied in responding to a major surge of patients.
- Effective care pathways, including triage and referral systems that can guide which patients can be treated at home, which patients need to be admitted for oxygen therapy and which patients need to be put on community treat-and-care facilities (e.g. hotels and factories converted into makeshift hospitals), were critical for clinical management.
- Hospital administration should have flexible approaches to identifying isolation spaces in case of a surge in cases of COVID-19 while continuing the essential health services. Hospitals should be ready to rapidly scale up isolation spaces.
- “Slack” in the system in terms of expanding the workforce should be explored, which could contribute to surge capacities.

Public-private partnerships

- Experts considered engagement of private sectors insufficient. Appropriate public-private partnership has major potential to improve pandemic response operations of countries – for example, in the areas of provision of health care, production of pandemic products, logistic and supply management, and risk communication.
- Governments can consider engaging private sector in strengthening manufacturing capacity of health emergency products, such as point-of-care diagnostic kits, personal protective equipment (PPE), ventilators and vaccines.

Containment operations and public health measures

- Having clearer guidance on rapid containment operation in the early phase of a pandemic is a high priority. Absence of clear policies and implementable

guidelines in the initial phase of the pandemic for local containment of SARS-CoV-2 was considered a challenge.

- Containment zones demarcation, declaration and implementation by the district level have been a challenge with limited human resources and capacities to adhere to guidelines.
- Realistic and implementable guidelines for local containment, with realistic models, are needed to inform implementable, risk-based public health interventions.
- Clear messages on public health and social measures are important for sustaining and enhancing adherence at the community level through engagement of the community and the highest-level leadership.
- Effective implementation of public health and social measures should be supported by national regulations and strategy. A lead sector should be identified for efficient and effective implementation of public health and social measures.
- Guidance from WHO on restrictive measures (lockdown) could have been based on scientific rationale, taking into account their socioeconomic consequences. Such guidance did not come in a timely and efficient manner. It should be improved in future health emergencies or epidemics.

Risk communication and management of infodemics

- Provision of accurate information to the public in transparent and timely manner was considered crucial during the emergency. Countries have organized daily press conferences, which were cited as a good practice.
- Media was considered an important partner and media must be brought on board in the early phase of any pandemic.
- Screening or scanning of fake news and how to address misinformation should be strengthened and integrated into the existing risk communication and community engagement (RCCE) plans and systems at national and subnational levels.

Alert, risk assessment and public health intelligence

- Surveillance capacities should be enhanced at the primary health care levels to ensure early detection and timely response.
- Epidemic intelligence capacities at the subnational level are critical. Decentralized systems with capacity to collect, analyse and utilize information to address emerging issues at the district level should be strengthened.
- The lack of guidance on how to detect the earliest signal of a variant of concern was also expressed as a challenge in the ongoing COVID-19 response.
- Standard case definition and surveillance protocols should be in place as soon as possible to enable early detection. The hotspots of COVID-19 should be detected at an early stage.

- Better modelling for forecasting and to inform policy decisions is needed at country and regional levels.

Digital technology for surveillance and response

- Leverage digital technology-based solution for enhanced data-capturing and contact tracing, as was done during the COVID-19 response using mobile instruments.
- Information technology should be used more effectively to strengthen surveillance efforts in the context of the pandemic, to synthesize multiple types of information (e.g. epidemiology, vaccination, public health and social measures) and to improve timeliness.
- Information technologies should be fully utilized in remote settings to benefit patients through facilitating online consultations and diagnosis.

Psychosocial care and support

- Provision of mental health and psychosocial services is critical for needy patients as well as health professionals.
- Mental health and psychosocial services should be an integral part of emergency response from the very beginning of any health emergency.
- Psychosocial issues should be better managed by governments and partners in the context of the pandemic – especially for the vulnerable groups, such as children, students, health-care workers and the elderly. Screening, early detection and early management of psychosocial issues are critical, including issues such as violence, sexual abuse and suicide attempts.

2.2 Learnings on matters that involve regional and global mechanisms

Regional platform for alert, preparedness and response

- Mechanisms to automate the sharing of real-time emergency information between Member States and WHO, including for epidemiological data, genomics and pathogen-sharing, should be considered to facilitate timely alert and risk assessments.
- Public health risks need to be assessed beyond a country as an isolated unit. It will take us to improving cross-country coordination, collaboration and information-sharing, alongside institutional strengthening in a Region. For this end, a new institutional arrangement could be explored, such as a regional centre for disease control.
- Incentive for early notification of public health events should be explored and developed building on the framework of IHR (2005).

- Regional stockpiling and supply chain systems should be explored and established (e.g. vaccines, PPE, other commodities), capitalizing on south-to-south solidarity and cooperation.

Pathogens and genetic sequence data

- The pandemic experience reiterated the importance of timely sharing of pathogens, their genetic sequence data and relevant metadata for facilitating rapid and early identification, risk assessment, evidence-based interventions and deployment of countermeasures such as diagnostics, vaccines and therapeutics.
- Genomic sequencing and surveillance were rapidly developed in response to the pandemic with multi-institutional collaboration and networking, which were successful. Such collaboration needs to be further strengthened, sustained and expanded with regional scope.
- Sharing of samples/specimens should be improved for early detection and monitoring of SARS-CoV-2 variants across the Region.
- Issues of transport of specimens of high-threat pathogens must be prioritized and addressed as these are dependent on transport system.
- Upscaling of laboratories with biosafety standard should be implemented with advanced genomic sequencing and other technologies.

Local manufacturing and equitable access to emergency products

- Global efforts to distribute vaccines, personal protective equipment and other pandemic products faced major challenges, resulting in inequitable distribution, shortage and interrupted logistics, which negatively affected the emergency response.
- More robust global and regional mechanisms for equitable distribution of emergency products as well as technology transfer are considered crucial.
- Government should engage with the market to optimize distribution of critical prevention and care commodities.
- Local manufacturing by India of PPE, diagnostic kits for SARS-CoV-2, ventilators and COVID-19 vaccines was cited as a successful example. A call was made to invest in strengthening local (indigenous) development and manufacturing capacities of quality-assured pandemic products within the Region.
- Universal access to COVID-19 vaccines for citizens, foreigners and mobile population (migrants or refugees) should be ensured.

Research and development

- Capacities for research and development in the Region should be strengthened to prepare for future epidemics and pandemics.

- There has been a number of clinical studies, but data are often fragmented and were difficult to interpret. The regional capacities to conduct coordinated, large-size and multicentric clinical trials must be strengthened.

3. Conclusions

Through this consultation, participating experts from different disciplines provided critical insights and lessons learnt from over 20 months of the COVID-19 pandemic response in the South-East Asia Region. The lessons shared were extended from governance and policy matters to technical areas such as surveillance and public health response measures. Recommendations were made not only for potential improvement in health security systems and health system resilience at national, subnational and local levels, but also for potential strengthening of regional and global mechanisms and platforms.

One of the experts mentioned that we are now at a critical juncture – facing an important opportunity to transform all the lessons from the past and ongoing pandemics to trigger major reform in policies and catalyse sustainable investment in more effective health emergency preparedness and universal health coverage. The lessons summarized in this report, combined with outcomes of the meeting with the Member States, *Virtual Regional Meeting: Learning from the COVID-19 response to strengthen health security and health systems resilience in the WHO South-East Asia Region (New Delhi, India, 20–22 October 2021)*, are expected to inform our collective efforts towards safer and more secure WHO South-East Asia Region.

Annex 1

Programme

- Welcome remarks by the Chair, WHO Regional Director for South-East Asia
- Introductory presentation by Regional Emergencies Director
- Strategic area-wise remarks by Expert Group
- Comments by Directors and WHO Representative to India
- The way forward by Regional Emergencies Director
- Concluding remarks by the Regional Director

Annex 3

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