

The Science and Business of COVID-19 Webinar Series

Webinar Highlights

Webinar

A Post-COVID-19 World: What Will Be Our New Normal?

29 April 2020 (Wed) | 6.00pm – 7.00pm (SGT)



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Introduction

A joint effort of the SingHealth Duke-NUS Global Health Institute (SDGHI), Saw Swee Hock School of Public Health (SSHSPH) and the American Chamber of Commerce (AmCham) in Singapore, The Science and Business of COVID-19 Webinar Series draws on expertise located across these organizations and brings together other international experts to provide a rich multidisciplinary discussion across the public and private sectors. Through this Series, the connection between medicine and science to economic and business interests will be explored – where possible, strategies that can be adopted by businesses to be better prepared will be outlined.

In the fourth session, the speakers presented scenarios on how the current crisis will evolve and be resolved, and examined the ethical considerations in the screening, diagnosis, treatment, and care of patients with COVID-19. They also explored how countries, particularly emerging markets, can effectively prepare for and respond to future outbreaks given the differences in health systems, capabilities, funding, etc.

You can access the recording of the webinar [here](#).

Global Collaboration – How Can Global Leaders Collaborate Better?

We learnt from the AIDS pandemic that global cooperation is very important when facing a pandemic of this nature, size, and of this speed.

It certainly would be ideal if all countries could work together on a uniform response, such as a coordinated resumption of air travel and other activities post-outbreak; so that no country will be at greater risk than another.

There are at least three areas where global collaboration would be crucial:

- First, we need a global platform to share knowledge, experience and guidance on best practices. Arguably, the best place for this would be the World Health Organization (WHO), so we need to focus on having a strong WHO to provide that platform.
- Secondly, we also need a global platform for research. We have got hundreds of vaccines and drugs under development; and these efforts will need to be well-coordinated
- Thirdly, we need some sort of a multilateral mechanism to bring countries together to support the public health efforts of low and middle income countries (LMICs) – the ones bearing the real brunt of this pandemic. We've seen organizations like the Global Fund, GAVI and the World Bank take steps to make funds available, which is great, but a multilateral forum along the lines of UNAIDS could be even more helpful.

On the other hand, however, it might also be too early to answer this question at this point in time.

- It might be unhelpful, inappropriate even, to try to make any retrospective judgement about relative success or failure when the pandemic has only just begun.
- In time to come, when the pandemic has settled down, there will no doubt be a whole range of commissions, inquiries, and audit reviews to answer such questions in the spirit of full transparency and accountability, but that is maybe a year or two away.

Earlier this month, the UN launched the Global Humanitarian Response Plan for COVID-19 and the Secretary General called for \$2 billion dollars – all well and good, it is not sufficient to simply consider this pandemic as a humanitarian problem. It's a much broader crisis, and we need to keep thinking about what might work best.

Vaccine Development: Timelines, Issues, Managing Expectations

Recent estimates have been quite optimistic – ranging from a six-month wait to two years, although it is unclear whether these projections include time needed for approval, production and distribution.

That said, it is unrealistic to frame vaccines as a quick fix to this pandemic as vaccines are unlikely to be available to sufficient populations worldwide. The new coronavirus is expected to settle down into a seasonal, endemic virus.

There are over 100 vaccine candidates in various phases of development, using different technologies as well such virus-like particles, RNA vaccines and classical live vaccines. We don't know which of these, if any, will lead to an effective vaccine.

Many preliminary issues surrounding vaccine development:

- Lack of understanding about the immune response to SARS-CoV-2, its duration, reinfection risks et cetera.
- Manufacturing issues – finding ways for mass production without compromising the assembly lines of other vaccination programs (e.g. measles, AIDS, seasonal influenza).
- Distribution issues in terms of equity and prioritization of vulnerable/ high-risk populations (e.g. elderly populations, frontline workers).

Amidst this rush, vaccine safety must remain paramount – we do not want to repeat the painful challenges of the measles, RSV, dengue and 1977 flu vaccines.

We also should be clear that we do not need a perfect vaccine. 'Leaky', or imperfect vaccines should be acceptable. On a large scale, even if it reduces the severity of illness or infectiousness by just 50%, it would already be a huge improvement.

COVID-19 and Equity

We are on course to witness and experience the gravest health inequity of our time by omission; and this omission would be by the richer half of the world.

Even amongst, and within the richest countries, we have already seen very direct and steep socioeconomic gradients in terms of the number of infections and the fatality risk.

- We see it in Chicago, amongst African Americans; we see it amongst the BAME population in the UK. We even see it in Singapore – the infection rate of COVID-19 in the general community (citizens and permanent residents) is many fold less than that of migrant workers who live in dormitories.

The last thing we want is to see the number of deaths tracking closely with GDP, or the availability of ICU beds.

Unless the rich countries and political leaders, join hands together in the grandest sense of solidarity and proactively reach out to the lower and middle income countries to address the COVID-19 challenge, this will happen.

Even within first world countries, from the United States to Singapore, the have-nots are getting hammered by the virus.

COVID-19 in the Developing World

COVID-19 caseloads in the developing world is not nearly the same as those of First World countries – lower infection rates, largely attributable to differences in demographic profiles (less elderly; larger youth populations in developing countries)

However, it is still a cause for concern owing to several factors:

- Typically crowded living conditions make social distancing difficult; personal hygiene levels in developing countries also tend to be low.
- Not just the direct impact of COVID-19, but the negative knock-on effects of the pandemic on other health programs when they begin to receive less attention. For example, measles vaccination programs have halted, polio eradication programs have slowed down, AIDS drugs are no longer as easily available et cetera. The deaths and subsequent poverty from this pandemic could stretch beyond those caused by COVID-19 to other diseases.
- In several LMICs, their strategy for COVID-19 was to jump directly to severe mitigation measures before working through a containment strategy, complicating the current economy-versus-health dilemma.

The situation in the developing world is complex but unfortunately, wealthier nations are not paying it enough attention as they remain preoccupied with their own domestic issues.

Does a Post COVID-19 Even World Exist? Should We Be Thinking About How to Live With COVID-19 Instead?

There will be a post COVID-19 world just as there was a post-SARS world, a post-Ebola world; just as we came through the last pandemic which was swine flu in 2009.

So, there is going to be life after COVID-19, but it's going to be a new normal.

- The current pandemic is not like other previous outbreaks – SARS didn't even infect 10,000 people. Now, we get 10,000 new COVID-19 cases reported in single countries or cities per day.
- The world as we knew it going into COVID-19, compared to the world back in 2003 during SARS are two vastly different worlds – from geopolitics to national politics, to underlying social tensions et cetera.
- Hence, it is unrealistic to expect a return to our old notions of normalcy.

One such lesson is how green the world has become and how rapidly it has recovered in many spheres during this period of widespread lockdown.

- The decrease in traffic, air travel, industrial activities has led to positive knock-on effects on the environment. We are looking at a real-time experiment as to how quickly ecosystems can restore, pollution can clear et cetera.

Identifying the right benchmarks for a post COVID-19 world is a complex process, but one of them might be the return of consumer and investor confidence – when we get on flights with our families, buy that new car that we planned; when businesses set up additional plants etc.

Life After COVID-19: How Do We Ensure That We Are Prepared for the Next Pandemic?

First, that depends on the memory span of our politicians, which has not been shown to be great in many countries. Politicians don't learn long-term lessons – they are voted in for a period of five or 10 years, and that's the span of their interest, unfortunately.

- We have seen countries in Asia that have been prepared for this outbreak because they learnt from previous epidemics and built the surge capacity they needed. This was not the case in Europe and North America, despite a similar pandemic history and multiple expert warnings.
- Businesses and communities will have to spur governments to take the lessons learnt from this pandemic seriously and institutionalize them into public health practices.

The current coronavirus is the sixth zoonotic virus to cause an epidemic or a pandemic in the past 25 years.

- This points to how we have disrupted natural ecosystems with our modern lifestyles. We have shaken viruses loose from their natural hosts and given them the opportunity to move on to human hosts.
- Therefore, to fight the complexity of modern pandemics, we need a much more comprehensive, one-health approach, where it's not simply physicians or epidemiologists or public health leaders involved, but also experts from the veterinary, food and economic sectors, etc. to mitigate public health crises in its full totality.

We will also need continued sharing of strategic information. Companies will have to find new economic and business models to appeal to that – for example, we are already seeing some companies offering their intellectual property for ventilator technologies.

On a Personal Note – How Have Our Panelists Been Affected by COVID-19

Like most people around the world, our panelists have experienced disruption to their lives – unable to meet children, grandchildren, friends, weight loss/gain, and no travel. They've also had to adapt to new technologies such as Zoom to teach, connect to family, etc. Panelists have also experienced personal anxiety, especially for those who are older due to their higher risk for infection. Additionally, increased workloads and more hectic schedules especially for panelists in the fields of research, epidemiology, healthcare have been an issue.

Overall, the Covid-19 pandemic has not been an easy experience, especially because it is a very prolonged pandemic.

The path to a post COVID-19 world is long, and there may be setbacks along the way, but with collaboration, compassion, and science-based policy-making; we will get there.