



Shifting Dynamics: The International Order in a Post-Pandemic World

— 1st - 2nd of December | 2020 —



What's Next?

Understanding Health Threats in Times of Hyper-Globalisation

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2020



Shifting Dynamics: **The International Order** **in a Post-Pandemic World**

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PUBLISHER

TRT WORLD FORUM

2021

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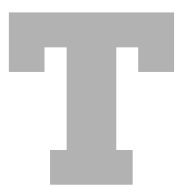
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What's Next? Understanding Health Threats in Times of Hyper-Globalisation



- Global solidarity manifests not only in equitable access to vaccines, but also joint investments, the sharing of information, and assisting in applying the necessary global precautions that can help ease the ongoing pandemic as well as future crises.
- Herd-immunity will only be possible if 60% of the global population is vaccinated. For this reason, every country has the responsibility of supporting the COVAX initiative in order to support countries who are in a more disadvantaged position.
- Doctors, scientists and global health institutions must make sure that the correct information, in accordance with scientific data, is used to debunk conspiracy theories about vaccines.
- Along with the global approach, localised support is essential in maintaining precautions to prevent the spread of the disease.
- In times of widespread social media use and hyper-globalisation, verifying the veracity of information amongst the overflow of data is a challenge that should be confronted directly by health authorities and scientists.
- Decision-makers must carry out policies that are coherent, objective, and based on science, otherwise, they run the risk of irrevocably losing public confidence.

Summary of the Session



his panel titled “What’s Next? Understanding Health Threats in Times of Hyper-Globalisation” focused on the current global health issues amid the pandemic.

The session opened with a keynote speech from the Director General of the World Health Organisation, Dr. Tedros Adhanom Ghebreyesus, highlighting the impact of COVID-19 on public health, the economy and social life. During his speech, Dr. Tedros emphasised the importance of equitable access to vaccines and the role of the international community in ensuring this access, emphasising that success in this arena was key to global security.

The discussion continued with other prominent experts in the field. Cardiothoracic Surgeon and the Emmy Award-Winning Host of The Dr. Oz Show, Dr. Mehmet Oz mentioned the importance of processing the vast amount of data to make the right political decisions based on scientific data.

Dr. Neil Squires, Director of Global Health for Public Health England, criticised comparisons between countries regarding responses to the pandemic,

stating that this should not be a competition among countries. Along with Dr. Oz, he also stated the importance of effectively using the vast amount of collected data. He added that the data should assist us in evolving our understanding of the epidemiology of the disease.

Jemilah Mahmood, Special Advisor to the Prime Minister of Malaysia on Public Health, pointed out the significance of delivering the information quickly and appropriately to the public.

Professor Eskild Peterson, Co-chair of ESCMID Emerging Infections Task Force, maligned that the world did not act globally, and each country acted on their own accord. He also expressed that trust between doctors and patients was essential to overcome vaccine hesitation.

Professor of Epidemiology Marylouise McLaws reminded the panel that the WHO is merely representative of the decisions made by member countries and criticised the condemnation of one particular country for the spread of the disease. She also stated that the solution to overcome this issue and to be prepared for the future, lies in learning from our actions today.

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Keynote Speech

Dr. Tedros Adhanom Ghebreyesus



Director General, World Health Organization

Dr. Tedros Adhanom Ghebreyesus was elected as WHO Director-General in 2017. He is the first person from the WHO African Region to serve as the WHO's chief technical and administrative officer. Prior to this role, Dr. Tedros served as Ethiopia's Minister of Foreign Affairs from 2012–2016 and Minister of Health from 2005–2012. He was elected as Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria Board in 2009, and served as Chair of the Roll Back Malaria Partnership Board and Co-chair of the Partnership for Maternal, New-born, and Child Health Board. He holds a Ph.D. in community health from the University of Nottingham and a MSc in immunology of infectious diseases from the University of London. He has published numerous scientific articles, received the Decoration of the Order of Serbian Flag, and was awarded the Jimmy and Rosalynn Carter Humanitarian Award.

Excellencies, dear colleagues, and friends.

The COVID-19 Pandemic has shaken the foundations of social, economic, and political security. Health systems are now facing a triple burden:

- Responding to the COVID-19 Pandemic,
- Sustaining essential services,
- (Hopefully soon) Mounting unprecedented vaccination campaigns

However, the challenge of equitable allocation of vaccines is one that transcends national borders, just like the pandemic itself. Equitable access is in the national interest of each and every country. In our interconnected world, if people in low and middle-income countries miss out on vaccines, the virus will continue to kill, and thus, global recovery will be delayed. Vaccine nationalism will prolong the pandemic, not shorten it. And while a vaccine is needed urgently to control the pandemic, it will not fix the vulnerabilities at its roots since there is no vaccine for poverty, hunger,

inequality or climate change. We need a radical shift in the way we identify and manage health services threats and define the factors that drive them.

The United Nations (UN) was formed 75 years ago from the realisation that global cooperation is the only real alternative to global conflict. In the same way, the only way for countries to protect themselves against pathogens that know no borders, is to work together.

The COVID-19 pandemic must mark a turning point in leadership, solidarity, and governance if we are to protect our families and communities as well as our economies from both present and future health emergencies.

I thank you.

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Dr. Mehmet Oz's Highlights



Cardiothoracic Surgeon and Emmy Award Winning Host of the "The Dr. Oz Show"

Dr. Mehmet Oz has won ten Daytime Emmy® Awards for "The Dr. Oz Show" and is an Attending Physician at NY Presbyterian-Columbia Medical Center. He has authored over 400 original publications, book chapters, newspaper columns, and medical books, has received numerous patents, and still performs heart surgery. Dr. Oz was a featured health expert on "The Oprah Winfrey Show". He also co-founded Sharecare.com and Healthcorps. In addition to belonging to every major professional society for heart surgeons, Dr. Oz has been named as one of Time magazine's "100 Most Influential People", Forbes' "Most Influential Celebrity", Esquire Magazine's "75 Most Influential People of the 21st Century", and a "Global Leader of Tomorrow" by the World Economic Forum. Dr. Oz received his undergraduate degree from Harvard University and obtained a joint MD and MBA from the University of Pennsylvania.

- ” “In the case of a deadly virus, public health officials, who often are overwhelmed, find it difficult to be able to communicate with local leaders who are not epidemiologists, and don't understand the severity of these decisions.”
- ” “The irregularities and irrationalities of policy decisions began to wear down Americans that began to question the reliability of the scientific data of the public health advice.”
- ” “I hope that the United States will be back in the World Health Organisation, whatever flaws may exist within large international groups, since there is still a benefit to having a common ground to speak.”
- ” “I would happily take the first vaccine off the production lines, but I do respect the hesitancy of one third of Americans and I suspect that many around the globe have the same hesitancy, since it seems a bit rushed.”
- ” “Operation Warp Speed, which was the name of the programme in the US to accelerate vaccine development, makes people think that corners were cut to accelerate the approval process and distribution of vaccines once they were found to be safe.”
- ” “The issue with vaccination fear is not a new one. When the smallpox vaccines were initially developed by administering cowpox 200 years ago, there were stories of parents in England hiding their children in the chimney to prevent them being vaccinated.”
- ” “One third of the population in the US will probably reject the vaccine. That may be a number that's reflected in other parts of the world. But with a ninety five percent efficacy rate, even two thirds of the population can give us herd-immunity if you also add in the people that have been exposed to the virus directly.”
- ” “I try to tell people all over the globe that it is important not to pressure people when they're not ready to hear the message.”
- ” “Even if we don't vaccinate everybody, we should still have enough people protected to put a dent in the ability of the virus to spread.”
- ” “I would encourage the World Health Organisation to make posters presenting the top five reasons not to get the COVID-19 vaccine and then provide the information that will debunk them. This means confronting the arguments head on instead of insulting those who believe these arguments.”
- ” “There's no question that future responses to similar cases by the United States will be more in line with what we saw in Asia.”
- ” “In the chance that a future virus hits these shores, you will have a population which is much more adept at rapidly addressing issues like social distancing and wearing masks, and also a lot more comfort around taking steps that seem to violate the constitution of the US.”
- ” “The baseline public health problems are going to have to be addressed by investing in public health solutions, which has not been done in this country. It has not been an area of huge focus, which was one of the reasons that the initial response was so slow and misdirected.”

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Dr. Neil Squires's Highlights



Director of Global Health, Public Health England

Professor Neil Squires is Director of Global Public Health at Public Health England, and former Head of Health at the UK Department for International Development. He is Visiting Professor of Global Public Health at Lincoln University, International Registrar at the UK Faculty of Public Health, and Board Member and Chair of the Governance Committee of the Malaria Consortium, an international Non-Government Organisation. A medical doctor, Neil has served as a District Medical Officer in Malawi, has lived and worked in Bangladesh and Mozambique and worked for the European Commission developing the EU Strategy on the Global Health workforce.

” “[Battling COVID-19] is not a competition between countries. Each country faces different challenges and those challenges are due to different populations, demographics, and the ability or the willingness to control borders. To some extent, the way different countries have responded has been to protect the economy when it wasn't clear what the health impact would be.”

” “We are going to have to live with COVID-19 for a long time and the way out of this depends heavily on strong collaboration and support among countries. To do this, we must achieve equity between countries in access to the tools that can control the pandemic.”

” “During the early stages of the pandemic, we have been learning constantly. However, the messages have to evolve to respond to the changing understanding of the epidemiology of the disease.”

” “There isn't a simple solution and a good response or a bad response when you don't have adequate information. If we all had the information that we now have at the beginning, then we would have seen a very different global response. We have learnt and we need to continue learning.”

” “A number of countries have pre-ordered large numbers of vaccines in order to protect some of their own vulnerable populations. But there's also been significant investments in COVAX, which is about creating a global financing facility to enable countries without the level of resource, to also benefit from vaccine development

” “There has been a huge amount of sharing of expertise and scientific knowledge, and we need to build on that collaboration and cooperation, which has led to the rapid production of vaccines. It's an incredible scientific

achievement to have produced effective vaccines in such a short timeframe and we need to make sure that this translates into a rapid, equitable access to those vaccines.”

” “We need to strengthen our ties while avoiding any criticism of other countries and also work collaboratively in future so that we can achieve something together, since we're only as strong as the weakest countries and therefore collaborating to achieve the maximum impact is absolutely essential.”

” “There will always be people who are hesitant [about vaccines] and thus we need to put out the information to give people the confidence they need to make the right decision.”

” “When we're thinking about the method of effective communication with populations for healthy choices, it has to be holistic and move beyond COVID. We must seek methods that enable and empower particularly poorer, marginalised, more vulnerable sections of society, and provide them the information they need to make healthy choices.”

” “Let's not let the response to one epidemic colour our view of a whole history of investing in global pandemic preparedness. There may have been faults with the coronavirus, but we've heard from many experts that nobody anticipated the severity of the pandemic. This pandemic helped us recognise that the range of our preparedness needs to be increased.”

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Jemilah Mahmood's Highlights



Special Advisor to the Prime Minister of Malaysia on Public Health

Dr. Jemilah Mahmood is currently the Special Advisor to the Prime Minister of Malaysia on Public Health, beginning her mandate in April 2020. She is also a member of the Government of Malaysia's Economic Action Council and is actively engaged in the country's COVID-19 response. Prior to this, she served as the Under Secretary General for Partnerships at the International Federation of Red Cross and Red Crescent Societies (IFRC) from January 2016 until June 2020. Her other international positions include having served as the Chief of the World Humanitarian Summit at the United Nations in New York, and Chief of the Humanitarian Response Branch at the United Nations Population Fund. She is an accomplished humanitarian and founder of MERCY Malaysia, a Malaysian humanitarian organisation working globally.

”During March, when the numbers were increasing rapidly, a firm decision from the top leadership, to quickly control Malaysia's borders by completely locking down the country, testing as many people as possible, and providing protective measures to individuals and businesses so that people can stay at home resulted in bringing these numbers down.”

”The one thing that the COVID-19 pandemic has highlighted to us is that we are interconnected. On one hand, globalisation is the driver of the spread of the virus in many cases, but it is also a huge opportunity for collaboration and coordination.”

”The response to the pandemic must be rooted into how communities actually behave, because we know that no matter how strong your health systems are, no matter what medication you have, the best treatment for pandemic is good public health measures.”

”Globalisation is critical now in a positive sense in terms of how we've collaborated on the vaccines, how we are learning from each other in events like this and also other platforms. But it should not be forgotten that the localisation of response is also going to be very critical in managing the pandemic.”

”Even in a country like Malaysia, we are caught in a little middle-income trap because while we're not developed, we're not underdeveloped as well. However, we have opted to participate in COVAX because it's beyond mere equity, it is also a matter of global solidarity, because we are only as strong as our weakest link.”

”The big issue also lies in the misinformation that is arising because of the speed of vaccine production. We have never seen vaccines produced at this speed and with so much success in the phase three trial. Therefore, this is another hurdle we're going to have to cross at some point because there will be lots of questions in terms of whether the vaccine is safe or not.”

”In some communities, there has been a lot of suspicion around vaccination. It is not just about being anti-vax, but also being really afraid of anything that is injected with a needle into someone without knowing the outcomes. Therefore, we need to consider the factors that can convince people.”

”One fact, which is unique for Muslims, is the question of whether the vaccine is halal, particularly in countries like Pakistan and Bangladesh, which are highly populous. One of the things we have been doing as Malaysia is bringing religious leaders and the halal industry to look at how we might want to certify the 'halalness' of the vaccine. Even if we don't manage to get to the halal stage, we should be able to convince [people] that the vaccine is permissible within your culture and your faith.”

”We need to have a multi-hazard, multi-system approach to managing risks. This means that we have to look at the underlying causes of why so many of these risks arise. We have to acknowledge that our planetary health boundaries have been violated and there have been a lot of environmental factors that have also contributed to why we are in this situation now.”

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Eskild Petersen's Highlights



Co-chair of Emerging Infections Task Force ESCMID

Eskild Petersen is an infectious disease specialist from Denmark, and chair of the ESCMID (European Society for Clinical Microbiology and Infectious Diseases) Task Force on Emerging Infections. He is Adjunct Professor at the Institute for Clinical Medicine, Faculty of Health Science, University of Aarhus Denmark and visiting Professor, Department of Molecular Medicine, University of Pavia, Italy. He spent 14 years at Statens Serum Institut, Copenhagen, before moving back into clinical infectious diseases in 2003 at the Aarhus University Hospital and later the Royal Hospital, Muscat, Oman. He served as a senior advisor to the Minister of Health, Oman, during the first phase of the COVID-19 pandemic. Eskild Petersen is also the Editor-in-Chief of the International Journal of Infectious Diseases.

”The previous experience we had with a pandemic was with the SARS outbreak back in 2003. However, it was completely different because it was rapidly controlled by public health [measures], through methods like quarantine and isolation. But this virus (COVID-19) is a completely different case.”

”The prime reason which differentiates the coronavirus pandemic from influenza is that for influenza we all have some kind of residual immunity. However, for the coronavirus, there is no immunity, which is why it is continuing. The virus may die down a little bit once we put a lid on it but as soon as we take the lid off, it will regrow again.”

”Before we can talk about herd-immunity we need to have 60 percent of the population immunised. But we are not even close to that number yet. The vaccines are a chance to form this herd-immunity and I believe that the herd-immunity acquired by the vaccines is what will save us over the next six months.”

”During the pandemic, what we witnessed was that each country developed their own model and each country was sort of left on its own to find its own model to overcome the pandemic. During this stage we looked at each other with the aim of trying to learn. However, when we look at the global picture this is not the case. Because if we look at the US, they have followed one path, the UK followed another path, Scandinavian countries followed a different approach and Asian countries took another path.”

”The challenging part now is to get the vaccine rolled out on a global scale, because we cannot control this pandemic unless we make sure that disadvantaged countries get access to the vaccine as well. I think this is the crucial aspect we have to consider now and our approach to vaccine distribution will show whether we can build international collaboration.”

”We need to re-open schools, and the community, we need to travel again. At this point, the vaccine is really where we can make a difference. The speed has been impressive, but it is important to emphasise that the number of people who have been involved in the clinical trials over the last three months has also been impressive. This means that we have a very solid guarantee that there's no major very common side effects of these vaccines.”

”A particular French study, which is worth mentioning within the framework of vaccine hesitation, showed that a person who trusts their family doctor is less likely to believe the internet. This is very comforting in the fact that we [doctors] are all role-models.”

”I think that one of the comforting conclusions to the fast production of vaccines is that it proves we can actually manufacture a vaccine in a few months and we can probably do it even quicker if the backbone of the vaccine is now approved. So, we are not seeing the last of the coronaviruses, but the response next time would be much quicker.”

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Marylouise McLaws's Highlights



Professor of Epidemiology, University of New South Wales

Professor McLaws is an epidemiologist specialising in hospital infection and infectious disease control. She is a member of the WHO Health Emergencies Programme Experts Advisory Panel for Infection Prevention and Control Preparedness. She was also a WHO Advisor to China and Malaysia during the development of their health surveillance systems, and the "Clean Care is Safer Care Challenge" program. She was commissioned by the Commonwealth to review the "Pandemic Influenza Infection Control Guidelines". She has also collaborated with Beijing in reviewing responses to the SARS outbreak with respect to hospital and healthcare worker safety. She is a member of the New South Wales COVID-19 Infection Prevention and Control Specialty Taskforce. Her current research includes developing wastewater epidemiology as a rapid surveillance system for antibiotic use and resistance in a range of human pathogens. She also mentors Ph.D. candidates and performs infection control research in mixed- and low-middle income countries including Cambodia, China, Mali, Indonesia, Iran, Vietnam and Turkey.

” “When coronavirus first appeared in China, we were a bit slow to take action and the reason for this is that there is this western arrogance that these pandemics don't happen to the West, they only happen in Asia. Thus, only after many commentators, epidemiologists, infectious disease physicians were agitating, we acted.”

” “There's an idea of lack of transparency within the WHO but what the average global citizen doesn't appreciate is that the WHO and the top leadership work for the member countries on behalf of the member countries, they are not sole decision-makers and they are advised about [their] decisions. For example, calling something a public health emergency of international concern is not Dr. Tedros' decision alone, it's the member countries.”

” “There is a lot of harsh criticism about the WHO and also between countries, which increases the lack of trust. This was the first time a country was shamed by another member country for a pandemic. We've had SARS, we've had bird flu, and yet no country had been shamed, like one of the member countries was trying to shame China. And that doesn't help.”

” “Dr. Tedros constantly reminds us that this disease rips the band-aid off inequity. Every society tries to hide its inequalities, and pandemics open these up. It's the disadvantaged that acquire this disease and spread it because they live in high density populated living conditions and they work hand to mouth at many jobs all at once.”

” “We have all been left fatigued in this battle with COVID-19. We have to acknowledge that, appreciate it, and ensure that we don't allow this fatigue to stop us from planning for the next pandemic. Our leaders often want to tell their constituents good news, they want to move on and get the economy rolling, however, there's been tens of millions of global citizens that have had their lives shattered by this. Thus, leaders have to acknowledge and respect this and prove to the community that they will not squander this opportunity to learn from how they responded, how their citizens responded, how we've responded to our neighbouring countries. In order to be considered global citizens next time something similar happens we have to look after our neighbouring countries and then our region.”

” “In the World Risk Report published in September 2019 written by the Global Preparedness Monitoring Board there was a warning about a global pandemic on the horizon. Yet we all ignored it and a few months later this is the outcome. This year in September, they wrote another report called "World in Disorder". And what they have reminded us is not to lose this opportunity, not to panic and neglect.”

” “One of the most important issues is that outbreak managers see things differently. For them locking down and putting masks on people during a pandemic will all be okay. However, the economists see that as disastrous. Therefore, the two professions need to come together to work out how they can look after the safety of health and the economy together while squashing a new pandemic in the future so that we can then survive and learn.”

