



2024 Season

Podcast #310

Helen Clark on Pandemic Response

Title:

Can the world's governments agree on a better framework for pandemic response?

Show Notes:

Helen Clark sat down with Robin Davies on her March 2024 visit to the Australian National University to talk about whether governments and global institutions are ready to change the way they respond to pandemics.

Clark has had a long career in public service as New Zealand's Prime Minister, Administrator of the United Nations Development Programme and co-chair of the Independent Panel on Pandemic Preparedness and Response.

With this episode, we're relaunching our podcast after a more than two-year hiatus. In this new season, we'll bring you a mix of interviews, event recordings, and more in-depth documentary features relating to the topics we research at the centre, namely Australia's overseas aid, development in Papua New Guinea and the Pacific, and regional and global development issues.

You can also listen to a public lecture that Helen Clark delivered at the ANU by visiting our sister Crawford School of Public Policy podcast, [Policy Forum Pod](#).

Helen Clark will return to Australia to address the [2024 World Health Summit Regional Meeting](#), which will be held in Melbourne from 22 to 24 April 2024.

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Robin Davies 00:00

Devpolicy Talks is back after a long break. I'm Robin Davies and today I'm speaking with Helen Clark.

Acknowledgement 00:14

We wish to acknowledge the indigenous people of Australia, the wider Asia-Pacific region and other parts of the world and express our respect for their traditional knowledge and practices which stemmed from a deep connection to the lands and waters they have inhabited for millennia.

Helen Clark 00:34

So I think there are alternatives to the charity model which COVAX and ACT-A represented and that is that building that into in system with low and middle income countries really have resources at their disposal to get what they need.

Robin Davies 00:56

Welcome to Devpolicy Talks, the podcast of the Development Policy Centre. We are part of the Crawford School of Public Policy at the Australian National University on Ngunnawal and Ngambri country in Canberra. I'm Robin Davies. With this episode, we're relaunching our podcast after a more than two-year hiatus. In this new season, we'll bring you a mix of interviews, event recordings, and more in-depth documentary features relating to the topics we researched at the Centre, namely Australia's overseas aid development, Papua New Guinea and the Pacific, and regional and global development issues. This first episode of the season is an interview I recorded with Helen Clark, the former Prime Minister of New Zealand. Helen, who also served for eight years as the administrator of the United Nations Development Programme was appointed by the UN Secretary General to co-chair the Independent Panel on Pandemic Preparedness and Response in 2020. More recently, she has joined The Elders, an advocacy group of former leaders founded by Nelson Mandela. Helen came to Canberra in late March to brief parliamentarians on global health issues. And I spoke with her about the ongoing negotiations to establish a global pandemic treaty or accord. So, Helen, I thought I would ask first, about the Independent Panel on Pandemic Preparedness, I'm not going to ask you to repeat its findings and recommendations. But I'm curious about what you saw as the most important failings of the international system in the face of the pandemic.

Helen Clark 02:36

The findings were multiple. But if we go to the most important, I think the lack of timely reporting, of what we were dealing with was very damaging. It shouldn't have taken a month to get to a Public Health Emergency of International Concern declaration. Having said that, there was another very major failing, which was in essence, that most countries took very little notice of the Public Health Emergency of International Concern declaration right through the month of February. It was as if this COVID outbreak was something that was happening somewhere else far away. And like other threats that hadn't materialised globally, whether it be SARS or a particular variety of avian flu, people watched it with interest on their televisions. It wasn't, I think, until the tragedy unfolded in the north of Italy, that a

lot of the Western world woke up. But, by then, COVID was so fully on the move that what played out, became inevitable. So there were two last months, January and February when more could have been done and stop it in its tracks.

Robin Davies 04:12

I wanted to ask particularly about restrictions on travel. So under the International Health Regulations, there's a disposition to avoid unnecessary restrictions on travel and trade resulting from reports of epidemics and pandemics. And you had that sense from WHO advice in the first couple of months. Don't panic. Don't overdo restrictions. The virus is not airborne, all of that. In retrospect, do you think the application of restrictions on travel was too slow?

Helen Clark 04:46

For New Zealand, and as I recall, Australia, we had restrictions on China quite early. And then we added Iran because the pandemic unfolded there before it was fully visible in Europe. I think the International Health Regulations were a problem in that respect. The last iteration was written before the age of mass tourism, as we know it. With the large emerging economies generating enormous numbers of tourists and people moving around. And I think that does need looking at for New Zealand and I'm sure for Australia. In that first year and more when we had no vaccine, we had no defence, the only thing we had was our border. And then the masking and other public health measures we put in place internally. And I just don't think you can tell countries "do not implement travel restrictions", because if they're faced with something with deadly consequences, they are going to do what they can to protect the people if public health is a priority.

Robin Davies 06:01

Particularly island countries in the Pacific who that was their only defence.

Helen Clark 06:06

The only defence. The only defense for New Zealand. And, of course, shutdowns went a long time because we didn't get vaccines as quickly as others. And eventually that had a backlash as well. But a lot of people are alive today, because of those measures.

Robin Davies 06:22

I also wanted to ask a little bit about the dynamics within the panel for pandemic preparedness. I mean, I'm sure you wouldn't want to point to any areas of specific disagreement. But I assume there were differences of emphasis among the members in how they analyse the problems and what solutions they wanted to recommend. Is that true? Or was it fairly unanimous?

Helen Clark 06:47

It's interesting that the panel didn't have serious differences of opinion. Everyone came to it, knowing someone, sometimes quite close family members who had been affected, even who had died. And everyone else knew someone who knew someone, and everyone was aware of the unfolding economic and social dimensions of the pandemic. So we were pretty much of one mind, there would have been some differences of perspective about where we thought leadership should come from. And some of us were very keen to see the multilateral system led by the UN step up, others saw the G20 as more

action oriented, maybe they were right in, in retrospect, because the UN system proved very hard to move. The UN system tended to see COVID as the WHO's business. That's not right. The pandemic had so many dimensions, that WHO couldn't handle those. It needed help. And I don't really think the system rallied in a coordinated way as it could have.

Robin Davies 07:59

Well, and that brings me to some of the specifics of the panel's report. First, on that question of the global infrastructure for pandemic response, I mean, so what we actually saw, particularly in terms of vaccine provision was the co-opting of Gavi, a very specific mechanism for routine vaccination in developing countries, mostly of children. And here it is suddenly being made responsible for the global supply of COVID vaccines. In retrospect, what do you think about that? Was that the only option at the time and in future should Gavi be geared up to play that role again, or do we need something very different?

Helen Clark 08:42

I think we need something different. We don't need a repeat of the COVAX ACT-A Action for COVID Tools Accelerator experience. The issue is whether we'll get it. We don't need a treaty to get it. We need a vision for an end-to-end system that's quite decentralised and sees investment in research and development in the low and middle income countries as an investment in our common good, our public good. From that you would have the base to pivot to quickly develop the responses to a new disease as it comes on the on the blocks, and then a capacity to link to manufacturing and onwards. And you need a solidarity response for the actual purchase and distribution that needs to come from a surge financing mechanism which again doesn't need a treaty. But could be an innovative financing mechanism associated with the World Bank, with the IMF, with whatever. Don't build new institutions, but you have to get goods out fast in the face of a pandemic, and you need surge funding and standby mechanisms to raise it for that. So I think there are alternatives to the charity model, which COVAX and ACT-A represented. And that is building that end-to-end system with low and middle income countries so they really have resources at their disposal to get what they need. The charity model was disastrous, and resulted in, probably to this day health workers and poor countries not ever having had a COVID vaccine.

Robin Davies 10:24

So I'll come to financing in a moment. But when you when you speak about an end-to-end system that includes elements of innovation that often only happen within the private sector. And I guess there are two pathways for getting vaccines from the private sector when a pandemic of this scale occurs. One is to, through some agreement or regulation, capture a proportion of their production for the poorer countries. And, you know, that's the proposal that we have in the pandemic treaty, 20% or so. And then the other is to go further upstream and actually capture the intellectual property. And do you think both of those avenues should be pursued? Or do you think one or the other is more promising?

Helen Clark 11:15

I think for the high-income countries, Big Pharma will work with governments as it always has. And when a new disease comes on the block, will there'll be a market purchase at a market price and, and so on. But I do think we need a different offering for low and middle income countries, where they have

support to build research capacity, they have private sector companies that are capable, of course, of manufacturing vaccines and do. So that pipeline can be built, but you need the R&D but at the beginning, otherwise, they can't, at short notice get their hands on the IP to actually do the production. I don't think the large pharmaceutical industries of the West should see this as a threat. They couldn't supply the world, right? We need more capacity in the lower middle income country regions. I know AstraZeneca put a lot of store on the Serum Institute in India. But when India had its horrific crisis with Delta around May 2021, it stopped export that blew COVAX's plans out of the water because it had relied on it. So we just need to expand R&D production and supply. And there's room for everyone here for the kind of end to end system that we envisaged.

Robin Davies 12:34

But does it concern you that, I mean, the situation we have at the moment is, if you talk about influenza vaccine, pandemic influenza vaccines, we already have in principle, an arrangement where about 10% of production would be available to who it's never been tested. And on the other hand, we have who supporting the new mRNA manufacturing hub in South Africa. But again, it hasn't actually, you know, it has to reverse engineer the vaccine. So we have two very uncertain options there. Do you think that the establishment of a pandemic accord is going to advance either of those options?

Helen Clark 13:12

So what developing countries wanted out of the accord was provisions based on the Nagoya Protocol to the Biodiversity Convention where information made available got compensation, basically payments, and the pharmaceutical industry of the West has very much jibed against that. I think was influenza, too, we're dealing with a disease and with the vaccine response, which tries to anticipate where it's moving each season, where we vaccinate the health vulnerable, including the elderly, but we don't try an all of population vaccination. So I think it's a different kind of approach to what you need when there's a pathogen, like COVID or, or not like, but worse or similar. Where you're trying to get a vaccination out on a very, very broad basis. I think it requires different approaches. I think the WHO has absolutely right to put a stake in the ground with the mRNA Hub and Spoke operation, but it needs support. Now, where could it get support from? The pandemic fund established in the World Bank, which remains vastly, undercapitalised does have a readiness window. And in my opinion, the readiness window should encompass investment in that hub and spoke system. That is readiness to be ready with the capacity to generate from the latest knowledge around therapeutic and vaccine advances to respond quickly.

Robin Davies 14:55

So, when the Pandemic Fund was a glint in the G20's eye, it was going to have several quite distinct functions. One was capacity building for readiness. One was support for and research and development, the CEPI style investments. And then the other was surge financing. And as you've said, it was capitalized so thinly, that really the money is only being spent on capacity building projects. And so only one of the three pillars and then very thinly spread across regions. How do you think we get from where we are now to something resembling the original concept? Or do you think it's too late?

Helen Clark 15:36

There are more radical ideas, and they're not stupid ideas. There's the global public investment concept advanced by a serious group of people around the world. And what they say, this has merit, is that any new fund that is set up from now on should be set up on the basis that every country pays in. So you pay according to your means. And then this allocation according to needs a bit like the formula for the World Health Organization based program or what the member states pay to the UN for, for example. Now the argument got is that, if that happened, the governance would also be structured to be fair and inclusive. Yes, high-income countries would lose the amount of control they're used to having over funds. On the other hand, they wouldn't be paying as much because others would be stepping up, the emerging economies would pay more than they normally would but they'd have more say. And the low-income countries would have the dignity of paying in, but also the knowledge that there was fair governance, and that they would be the major recipients of what came out. So it's a bold concept. I've been in a number of discussions. The issue is to get someone to take it up. The G20 would be the obvious one. Brazil is this year's chair would be the obvious country to take an idea like this forward. If we go back to the Pandemic Fund, yes, it was pushing quite hard at G20. They couldn't get it through at the G20 Summit and meetings leading up to it in Italy. Developing countries were suspicious. Eventually Indonesia embraced it and that nudge that through. It took a particular form that it did because the US administration with all the budget problems they have of trying to get things through the House and Senate had money in the bank, as it were, that it needed to put in a fund fast before the end of a particular financial year. And that kind of governed how the fund was set up and where it was set up. But it truly, it has to date, it has had a first funding round in the 200-350 million vicinity. There's another one out for around half a billion. At the moment, I understand about 2 billion has been committed, it won't all be in the bank. But the estimates from our panel, and from the G20 panel were that you needed at least 10 and a half billion a year, not 2 billion once. So it's vastly under resourced for the task that was envisaged. Hence, issues like readiness in the form of investing in R&D capacity in low and middle income countries just isn't getting a look.

Robin Davies 18:27

So that estimate of the annual funding requirements, of course, I think was almost mind numbing to some finance ministers and development ministers. Because you know, as you know that the Global Fund to Fight AIDS, Tuberculosis and Malaria might spend a few billion dollars a year. Global aid tends to be you know, 100 and something billion dollars a year. So I think it almost seems so unrealistic that it was not something to shoot for. So in that context, and given that we have upcoming replenishments for all of the usual vertical funds. What kind of radical move do you think to the Global Financing architecture is actually feasible? For example, instead of focusing just on pandemic financing in the context of a global public investment scheme, would the focus go beyond global public goods, more broadly, to climate change mitigation, as well as pandemic prevention and preparedness and maybe certain other things?

Helen Clark 19:22

Yes, so that that gets you into the Barbados Agenda that Prime Minister Mia Mottley has advanced. Vertical funds, as we know, have their challenges - upsides and downsides. The downside being that things are very siloed. If there were a grand vision for the World Health Organization as a big umbrella, which had funds beneath it, which were coordinated across, that would have been a different world. You could still have that world with coordination across the funds. More effective coordination, because

it's not that they don't talk, but they all have their mandates, and people stick to their mandates. But undoubtedly, the way we organize things at the moment, we get duplication. They will also their doing capacity building will come down at the national level, there's one system, right, so you don't need everybody in there, quote, capacity building. So we should be looking for greater synergies and efficiencies in what we are doing and supporting. And I still think the bold thinking would be to reconfigure all of our global public investment models, because at the moment, it's essentially charity funding, it's Gates as the mega foundation, which is very generous. And it's the cluster of Western governments, the usual suspects who cough up, but this could have a much broader funding base.

Robin Davies 20:58

Now, coming back to the Pandemic Accord, from your perspective, how important is it that there should be a Pandemic Accord? Or could the deficiencies in the international pandemic response be addressed as well, by reform of the International Health Regulations plus some of these architectural changes we've talked about?

Helen Clark 21:18

In my opinion, if the original International Health Regulations review committee that was in place at the time of the pandemic, had been clear, that change was needed. And it could be done through the IHR, we'd probably be in a different place from where we are today. That wasn't the view. Eventually, in any case, a new committee was appointed, and it's got on it's worked quite well. But it's hard for it to succeed while there's foot dragging on the Pandemic Accord negotiations. It's almost at this point, a case of concluding the Accord becoming important, regardless of what's in it, because not to conclude something shows such a failure of the international community in the face of the catastrophe that was COVID. It's just mind blowing. I think, again, if we go back to the beginning, the recommendation of our panel was for a framework convention, under the relevant WHO constitutional provision. And a framework convention is exactly that. You establish the principles, and then you build the Christmas tree over time with the protocols, the framework as in the case of the Framework Convention, or the Conventions on the Rights of the Child with a protocol, et cetera, et cetera. But the way, the process developed everything, but the kitchen sink was thrown at it, the traffic was too heavy to carry. And we are where we are at the 11th hour with not unknowing whether anything will come out of the process at all. It's a very strange process, which only produces the negotiating text two and a half months before it's supposed to be approved for the World Health Assembly. That's extremely challenging, and I can't think of a process like it before.

Robin Davies 23:15

Just as a remark, it reminds me of what happened with the revision of the International Health Regulations. That was a very drawn-out process up to 2005. And then when SARS hit very suddenly, there was there was enough motivation and momentum to conclude the IHR. You know, I wonder if that will have to happen again.

Helen Clark 23:31

But we've lost the moment. And when we were working as a panel, we were very conscious that attention would waver once the vaccines came, people would say that's done dusted. We're moving on to other issues, which pretty much happened. We lost the level of leadership interest. For example,

there were terrific leaders during COVID. But they got distracted on to other things. What the whole area needs is leadership at head of state and government level. There are possibilities again, of member states have the vision to pursue them. Antonio Guterres, for example, has envisaged, quote an emergency platform, which would be comprised of heads of state and government. And ideally, you could direct towards that platform, with a readiness window, not just a crisis, you know an ambulance at the bottom of the cliff approach, you could direct to it all the big existential threats that are not hard-core security. So it's the climate issues. It's a major food security challenge. It's a pandemic. If we rewrote everything again with total international goodwill, which would never be the case, then the Security Council could take a much greater view of what are threats to humanity, but it's stuck in a groove. So an emergency platform, some kind of parallel council that rallies people to prevent and respond to these existential threats, has some merit.

Robin Davies 25:04

I understand you've recently joined The Elders grouping. Will you be taking this focus on pandemic preparedness and response into the work of The Elders?

Helen Clark 25:13

Yes, The Elders have four focus areas and one of them is the pandemic and they've done good work. We have on it Gro Harlem Brundtland, who was former PM and head of the World Health Organization. She has been terrific. And was up until quite recently, the chair, co-chair of the Global Preparedness Monitoring Board, which just got started when COVID began. Another member of the elders is Ban Ki-Moon. And when I was at the UN, Ban Ki-Moon, coming out of East Asia had such an awareness of pandemic threats. He is very interested in this and he would respond and rally. He had Dr. David Nabarro who's had a lifetime career in global health always ready, when there was Ebola or avian flu, coming through Zika or whatever. And he also used David Nabarro to rally people around the major food security crises. So there are some precedents for a secretary-general having a platform that will rally people at the highest levels around threats. But ideally, it needs a readiness approach as well as an emergency response approach.

Robin Davies 26:26

Do you think The Elders grouping could almost in a sense provide an interim platform? Obviously, it's not serving heads of government and state, but at the same time, it's a respected and neutral group of people.

Robin Davies 26:38

So in 2023, the UN Secretary General convened a high-level meeting on pandemic preparedness in the course of the General Assembly. Did you feel that that that was a positive event?

Helen Clark 27:11

We are advocating for what we're calling long view leadership in the face of existential threats, and trying to get a conversation going. Hopefully, we'll begin when we have our board meeting in Sao Paulo, and interaction in Brazil, in the coming weeks. So to get people thinking about what is, I suppose, a more institutional response to these existential threats. At the moment, responses are very fragmented.

Helen Clark 27:22

The high-level meeting was something that panel advocated for and it would have been an opportunity for the UN General Assembly to bring that broader perspective to what's needed to prevent and respond to pandemics, taking into account that it's not just a health event that has so many different aspects to it. But the General Assembly never rose to the occasion. I mean, there was interest, but there was almost deference to Geneva. "That's where health is done." And you could say till you're blue in the face, "but it's not just about health". The global economy took a multi-trillion dollar hit from us. Poverty surged for the first time in the 21st century. Levels of hunger - we've never seen anything like this before. There's more out-of-school children. Kids didn't get their vaccinations. There were more stillbirths, maternal health and pregnancy complications, but it fell on deaf ears because by the time you got to September 2023, so many countries have moved on. They want to talk about other things. So the high-level meeting which could have given some real momentum to the ongoing accord discussions in Geneva it just it just didn't fire. That was the last opportunity.

Robin Davies 28:40

Thank you, Helen, for speaking with us today. I look forward to talking to you again when the pandemic treaty process is concluded or indeed if it isn't.

Outro 28:55

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