

**TRANSCRIPT OF REMARKS AND Q&A WITH SENIOR MINISTER AND
COORDINATING MINISTER FOR SOCIAL POLICIES THARMAN
SHANMUGARATNAM AT WORLD HEALTH ORGANISATION PRESS
CONFERENCE ON COVID-19 UPDATES AND GLOBAL
COLLABORATION ON FINANCING PANDEMIC PREPAREDNESS AND
RESPONSE
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Speakers:

- Senior Minister Tharman Shanmugaratnam
- Dr Tedros Ghebreyesus (Director-General, WHO)

Dr Tedros: Even as we continue our work to understand how this pandemic started, we are also moving ahead with plans to strengthen the world's defences against future epidemics and pandemics.

As you know, there have been several reports with many recommendations for how to do this, including the report of the Independent Panel on Pandemic Preparedness and Response, the Review Committee of the International Health Regulations, the Independent Oversight and Advisory Committee of the WHO Health Emergencies Programme, and others. Most recently, the G20 established a High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response.

The panel published its report last month, and it is now my great pleasure to welcome the Senior Minister of Singapore, H.E. Tharman Shanmugaratnam, who co-chaired the panel and will present its recommendations. I just had an excellent meeting with the Senior Minister to discuss the report.

Thank you so much, Your Excellency, for your leadership. Welcome, and you have the floor.

SM Tharman: Thank you Dr Tedros for having me at the WHO and inviting me to join you at this press conference. As Dr Tedros has mentioned, we have just had an excellent and very constructive discussion on the recommendations of the G20 High Level Independent Panel. Our recommendations are being actively considered as we speak, and will be taken up in the next two months at a variety of fora, but in particular at the G20 meetings leading to the G20 summit in October.

What is clear is that global health security is dangerously underfunded. We are consequently vulnerable to a prolonged COVID-19 pandemic, with repeated waves affecting all countries, and we are also vulnerable to future pandemics.

We can fix this. The resources that need to be mobilised are larger than what nations have collectively been willing to commit to in the past. But they are very small investments, compared to the costs of a prolonged COVID-19 pandemic, and they are tiny investments, compared to the costs of future pandemics that we can avoid.

The first and most urgent priority is to implement the action plan, set out by the IMF, WHO, and their other multilateral partners, to vaccinate at least 60 per cent of each country over the next one year. That is the most urgent priority. But we know, too, that COVID-19 is not a one-off disaster. The next pandemic could come at any time. It could come in ten years' time, or it could come next year. The next pandemic could come at any time, and it could be more devastating than COVID-19. We therefore cannot lose any time in preparing for future pandemics.

Fundamentally, this requires a new way of thinking about international cooperation. We have to move away from thinking about funding of global health security, in terms of foreign aid, towards thinking about it as a strategic investment that all nations must make. Not only for the good of the global community, but because it is in each nation's self-interest. It is not about aid to other countries, it is about the strategic investment that we must collectively make in all our own interests. And it is fundamentally about investment in global public goods that all nations benefit from, rich and poor. When I say global public goods, I mean both global capacities and national capacities, that are in fact global public goods.

The global capacities are well-known - early warning systems, strengthening the One Health system, ensuring we have a scaled-up, globally distributed manufacturing capacity for vaccines and other medical countermeasures. Those have to be organised globally. But there are also national capacities, which are critical. And we do need to support the low- and lower-middle income countries, to invest in national capacities, to prevent and detect outbreaks at their source, and to halt a pandemic once it gets going. These national capacities benefit those individual countries that have the capacities, but they also benefit the rest of the world - and that is why they are global public goods that all of us have to contribute towards.

To invest in these global public goods on the scale required to prevent the next pandemic and prevent future pandemics, we must strengthen multilateralism.

First, we must strengthen support for the WHO itself. There is no solution to pandemic security that does not involve a strengthened, empowered and financially secure WHO. The WHO plays key roles in all the major gaps that the G20 High Level Independent Panel identified. First, building up a global surveillance network. You (the WHO) are launching the Berlin Hub soon, but it is a very extensive global network that has to be built up. The WHO plays a key

role in identifying gaps within countries in achieving the national core capacities set out in the International Health Regulations, and the WHO plays a leading role within the coalition of health partners, which will have to develop a permanent globally distributed, end-to-end supply ecosystem for vaccines and medical countermeasures. The WHO therefore requires stronger and more reliable funding, and the G20 High Level Independent Panel has proposed an enhanced and more predictable base of multilateral funding. Not just bilateral funding, but multilateral funding for the WHO, through increased, assessment-based contributions.

Second, we must repurpose the international financial institutions. The World Bank, the IMF, the other multilateral development banks. Repurpose them, so that they both bolster countries' preparedness in normal times, as well as respond with speed and force when a pandemic is triggered. The IMF, World Bank and the MDBs are unique international institutions, with the ability to catalyse domestic investments by national governments as well as leverage private sector investments. They have the ability to multiply resources, and we have got to make much better use of these international financial institutions. We have to make financing of global public goods for resilience against climate change as well as pandemic security, part of the core mandates of these international financial institutions. And shareholders must support this by making timely replenishments of grants and the capital needed by the international financial institutions, to ensure that the greater focus on global public goods does not come at the expense of poverty reduction and shared prosperity.

The first point concerned the WHO, the second point concerned the international financial institutions, and thirdly, we must establish a new multilateral funding mechanism for global health security. The current funding for global health is raised by individual global health organisations on a siloed basis. It is also largely dependent on discretionary bilateral aid. The result is a non-system of complex, inefficient, unpredictable and greatly inadequate funding. We need a new global mechanism to overcome these silos. Mobilise resources on the needed scale and predictability, and Dr Tedros has been emphasising all along in our consultations, the need for both scale and predictability of funding for global health security. And that is the only way we are going to be able to plug the gaps in global health security, and to plug the gaps with agility.

The G20 High Level Independent Panel has therefore proposed the establishment of a Global Health Threats Fund aimed at mobilising at least 10 billion dollars a year from the international community. That sounds like a large sum - but 10 billion dollars, spread across a large number of countries on a fair and equitable basis, means national contributions that are less than one thousandth of the annual budgets of almost all countries. In other words, about 0.1 per cent. The Fund will catalyse funding from other sources as well, besides

national contributions. It will catalyse funding from private, philanthropic and bilateral sources, but this Fund will not be a new institution because we should not add to the complexity of the global health security landscape. It will not be a new institution with its own operations. It will instead fund existing institutions and networks, and prioritise and reprioritise, based on the needs of the times. This way, we add a strong multilateral layer on top of our siloed landscape, without duplicating existing mechanisms.

Finally, greater and sustained funding can only be achieved with better governance of financing for global health security. We have to establish this without replicating existing governance mechanisms. The existing governance of global health is at the WHO, and at the World Health Assembly. However, we lack a governance mechanism that brings finance and health together, that brings finance and health decisionmakers together. We do not have that global mechanism today. We need that mechanism to ensure proactive funding, proactive rather than reactive funding of global health security, and to achieve alignment and coherence in the different sources of international financing, and how they are deployed. That alignment and coherence is lacking today.

We need a new governance mechanism to achieve this, and the G20 High Level Independent Panel believes that the most effective governance mechanism for the purpose will be an inclusive G20-plus board, comprising health and finance ministers. The WHO and key multilateral organisations would play a key role on this new Board in an ex-officio capacity. The G20 High Level Independent Panel has also proposed a permanent, independent Secretariat, to support the Board, and to support the Fund that has to be set up. This permanent Secretariat should draw on the resources of the WHO and other key multilateral organisations.

We cannot prevent recurring pandemics through incremental reforms to individual organisations. Neither can we wait for a grand reconstruction of the global architecture, which in any event is unlikely to come. We must instead, strengthen multilateralism, strengthen the WHO, evolve and repurpose the international financial institutions, establish a new effective multilateral mechanism to overcome today's siloed financing, and to mobilise the much larger and sustained funding that is required. The collective investments required as part of this deal are affordable. They will help us avoid blundering into pandemics again and again. We have to proceed with urgency. It will be economically and politically myopic, and morally indefensible, to defer the collective actions in investments that are in both the global interests, and the national self-interests everywhere.

Dr Tedros: Thank you, Your Excellency, and also thank you to all of the members of the panel for their work. This report has much in common with the other reports and recommendations that have been published in recent months. They recognise the need for better global governance of pandemic

preparedness and response, the need for better systems and tools to prevent, prepare for, detect and respond rapidly to epidemics and pandemics. the need for better financing for global preparedness and response, including for global goods, such as vaccines, and also the need for strengthen, empowered and sustainably financed WHO, at the centre of the global health architecture. With 194 member states and 152 country offices, WHO has a unique global mandate, unique global reach, and unique global legitimacy. With the UN General Assembly in September, the G20 summit in October, and the special session of the World Health Assembly in November, the next three months will be a critical period for shaping the future of pandemic preparedness and response. Whatever structures and mechanisms emerge, WHO believes they must be grounded in several core principles. They must have the engagement and ownership of all countries, they must be linked to, and aligned with, the constitutional mandate of WHO, rather than creating parallel structures which could lead to further fragmentation of the Global Health architecture, as Senior Minister has said, they must involve partners from across the One Health spectrum, including animal and environmental health, civil society and the private sector. They must ensure coherence with the International Health Regulations and other international instruments, and they must be accountable. WHO is committed to working with all 194 of our member states to build a global system to better protect all people in all countries.

Finally, although the world's attention is rightly focused on ending the COVID 19 pandemic, there is another epidemic that will continue to kill millions of people every year. Cardiovascular diseases are the leading cause of death globally, and hypertension is one of its main risk factors. More than 1.2 billion people live with hypertension. I am one of them, but I am one of the lucky ones with good access to medicines, understanding my condition, and making sure it is controlled. That is why I say, I am the lucky one.

The same is not true for most others with hypertension. A new study led by Imperial College London and WHO published today estimates that almost half of all people with hypertension do not know they have it, and only one in five have it under control. We have the tools to prevent, diagnose, and manage hypertension. Our challenge is to make sure everyone who has hypertension has access to those tools. Today, WHO launched a new guideline for the pharmacological treatment of hypertension in adults, which presents the most up-to-date evidence-based recommendations on managing hypertension. This new guideline provides recommendations on the level of blood pressure at which it is appropriate to start medication, what types of medicine or combination of medicines to use, what level of blood pressure to target, and how often follow-up checks are needed. Pharmacological treatment should always be combined with healthier diets and regular physical activity. More strictly, controlling tobacco products, and identifying and treating comorbidities such as diabetes and pre-existing heart diseases. Indeed, Singapore is a good example of a country that has taken concerted action to reduce hypertension

and heart disease, with a bill that will ban the use of artificial trans-fats – the leading contributor to hypertension and heart disease – from its food supply by this year. WHO's new guideline is another example of our commitment to our mission to promote health, keep the world safe, and serve the vulnerable.

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Q (21st Century Business Herald): Vaccine acquisition is still a big problem, as the pandemic is still spreading. So, what will G20 do to support vaccine deliveries?

SM Tharman: The most urgent international priority is to overcome COVID-19, but the capacities we put in place to overcome COVID-19 - in particular, the scaled-up manufacturing and delivery capacity for vaccines, both to produce vaccines on a global scale, and to put them in people's arms all over the world - is also going to be useful in preparing for future pandemics. So, there is a task that we now face that combines both tackling today's pandemic, and preparing for future pandemics, that requires more resources. It requires more collective action and funding, and the mechanisms required to mobilise such resources can be set up. They are not complex, and they are basically affordable by the international community, because we are going to be able to save the much larger costs (that will be incurred) if we fail to do this right.

Q (Svenska Dagbladet [Swedish news]): On your call for financing for future, preventing future pandemics, what are your expectations that this will actually happen? Many countries now are under big economic strains after going through this pandemic, and if you do not get this financing, what are you going to do? What is the plan B?

SM Tharman: In the course of the last month and a half since we released our recommendations, there has been intensive discussion amongst G20 members, as well as many others, and further consultations with the global health community. There is an emerging consensus that we do need to work with some urgency to strengthen the financing for the current pandemic, as well as to prevent future pandemics, and the case is not just a moral one. It is also a case of financial responsibility. To spend one thousandth of an annual government budget, to avoid the costs that are going to be several hundred times larger, is simple, financial responsibility. Nations have to be willing to commit these resources in fairness to their own people, quite apart from being for the good of the global community. It is just elementary financial responsibility. This is not about aid to countries far away from you. This is about what is in the global interest, and in the national interest, at the same time. It is affordable. So, there is an emerging consensus in favour of the need for significantly stronger financing - in the first instance, to tackle the ongoing pandemic, and prevent it from being a very prolonged pandemic; and at the same time, to start preparing for the next pandemic, which can come anytime.

Dr Tedros: I can add to that. Minister had said it very well, I would just like to add my voice. As Minister has said, there is an emerging consensus that health is essential. The world has seen the consequences of this pandemic, and we are losing trillions. Now, with this report, what is being proposed is 10 billion US dollars. That 10 billion US dollars in a year, will save trillions. So, in terms of economic argument, it makes full sense. As Minister has said, it is clear. Not only its economic consequences, but we have also seen the social and political upheaval globally. So, I think the world has realised that. Plan B? I do not think we need to have a plan B. I do not think we have any plan B. We need to get the funding, which is a small amount of money compared to what the world is losing in trillions. For finance ministers, like Minister Tharman actually said, the 10 billion US dollars is a rounding error of the budgets of many, many countries. It may seem like big money, but it is not, compared to what it saves for the future, and in terms of how it can help us end this pandemic.

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(Closing remarks)

SM Tharman: The final point I will make, and this is something that Dr Tedros and I have discussed over the months, is that we have got to make sure that the reforms we make are adding to the system, and not just rearranging the chairs. And that means, as Dr Tedros has highlighted, the need to make sure we do not duplicate existing mechanisms, be it for funding or for governance, and that is what we have sought to do in this report. To have new funds and new governance to bring finance into health, to strengthen the WHO, and to strengthen global health security, rather than to fragment the system. That is the main way in which we have got to go forward. Do not add complexity, but add to the resources in the system.

Dr Tedros: I fully concur with the Minister on the closing remarks he had made.
