Reimagining Global Health After the Coronavirus

By Johanna Benesty, Abhishek Gopalka, Mathieu Lamiaux, Jim Larson, and Trish Stroman

What has worked, what can be improved, and what needs to be re-imagined so that we are better prepared for the next pandemic and better able to improve health in the world's poorest nations.

Global health organizations have been on the frontlines during the pandemic, taking on the sobering responsibility of containing a highly contagious disease while continuing their ongoing and vital work of preventing and treating HIV, tuberculosis, and malaria, improving maternal and child health, and other tasks.

As COVID-19 enters its second year, it's time to step back and look at what has worked, what can be improved, and what needs to be reimagined so that we are better prepared for the next pandemic and better able to improve health in the world's poorest nations. As part of this exercise, global health organizations should take stock of how well their people and programs have held up during an ongoing emergency. This inward look may not have been a priority as the crisis was unfolding, but it needs to be one now. (See sidebar, "Managing an Ongoing Emergency.")

What can we take away from the crisis? COVID-19 has cast a spotlight on four broad opportunities:

- Simplifying access and delivery

- Bringing data-driven global health care to life

- Changing behavior to improve health

- Creating sustainable and joined-up sources of development funding

These opportunities are not necessarily new, but the virus has provided the momentum needed to address them systematically—while the pandemic is still with us and after it has passed.

Managing an Ongoing Emergency

Most global health organizations operating in LMICs, are now operating in a transition period between the frenzied emergency early in the year and the post-pandemic reality still to come. During this time, they should be ensuring that their people, portfolio, and organization are equipped to handle ongoing uncertainty.

People. Global health organizations attract altruistic people, but there are limits to employees' willingness to carry on in the face of this disease. As the pandemic enters its second year, fatigue, disengagement, and departure are real risks. These organizations need to step back and find ways to keep going over the coming year. They can take the lead from the private sector, which has created sustainable policies and practices. At the same time, organizations should be codifying remote-working policies and ensuring manageable workloads. Beyond the crisis, they should be looking for ways to bring out the best in their people by appealing to the organization's purpose.

Portfolio. COVID-19 has stressed and fragmented the programs of many health organizations, compromising past achievements, disrupting ongoing vaccination programs, and threatening future results. Organizations need to assess which programs are essential, which are valuable but optional, and how they can be modified to improve efficiency and effectiveness. They will need to make tough tradeoffs among competing priorities. One way to break those tradeoffs is to constantly look for investments that could pay off in more than one way—by having applications to more than one disease, for example. They also must communicate honestly with donors and partners about what is possible. This will be one of the top tasks for leadership as organizations climb their way out of the foxhole.

Organizational Flexibility. The global health landscape continues to be in a state of flux. Therefore, the mission of global health organizations should be adapting, too. Organizations need to constantly monitor the ever-changing landscape and pick the activities where they can add value. At the same time, they need to understand the evolving priorities of their donors and the changing approaches of similar organizations. Armed with the these insights, they can engage in scenario planning to better plan for the new reality and even develop new strategies.

Exhibit 1 - COVID-19 Is Having Effects Far Beyond Health

Poverty

Up to 150 million people in extreme poverty by 2021

Hunger

Up to a 3 percentage point increase in the number of children under age 5 suffering stunting by 2030

Education

Up to 40 million children missing preschool education

Gender equality

Up to a 30% increase in domestic violence in some countries

Employment

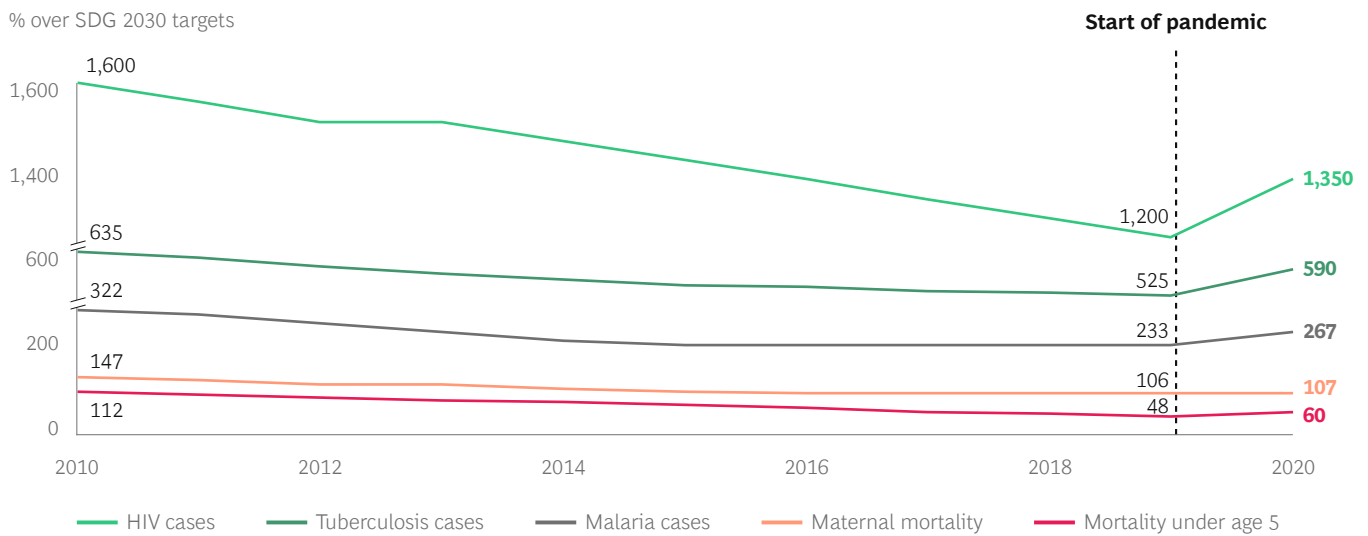The equivalent of about 245 million job losses worldwide

Sources: World Bank (poverty); Bill & Melinda Gates Foundation (stunting in children); Unicef (education); United Nations (domestic violence in France and Argentina); UN International Labour Organization (employment).

An Unforgiving Crisis

The pandemic has been more far-reaching and devastating than even the loss of lives, jobs, and economic growth would suggest. For instance, it is worsening poverty, childhood malnutrition, and domestic violence and could halt or reverse progress toward nearly half of the 17 UN Sustainable Development Goals (SDGs). (See Exhibit 1.) Many people, including mothers and young children, will die not from COVID-19 but because of disruptions and delays in care. Up to a decade of progress against HIV, tuberculosis, malaria, and other diseases could be erased. (See Exhibit 2.)

Hospitals, clinics, and other health care organizations are facing unprecedented challenges that will persist long past the pandemic. First, the crisis has created long-term uncertainty in staffing, funding, and operational issues. The World Health Organization reports that nearly all lower- and middle-income countries (LMICs) have reported disruptions to essential health services during the pandemic. Second, the economic consequences of the pandemic, such as rising poverty, will increase the demand for services. Third, the nature of that demand will shift as the willingness to travel long distances for medical care decreases and other behaviors change as well.

Exhibit 2 - COVID-19 and the War Against Disease and Premature Death

% over SDG 2030 targets

Start of pandemic

HIV cases: 1,600 → 1,200 → 1,350
Tuberculosis cases: 635 → 525 → 590
Malaria cases: 322 → 233 → 267
Maternal mortality: 147 → 106 → 107
Mortality under age 5: 112 → 48 → 60

2010 — 2012 — 2014 — 2016 — 2018 — 2020

— HIV cases   — Tuberculosis cases   — Malaria cases   — Maternal mortality   — Mortality under age 5

Health Care During and Beyond the Pandemic

Even after the pandemic has been contained, the global health system will not simply snap back to normal in a V-shaped recovery, especially in LMICs. Delays in medical treatments and in childhood vaccinations, for example, will have compounding effects. As global organizations confront the pandemic, they would benefit from a new approach that builds a stronger foundation for improving public health and meeting the SDGs. Accelerating work on the four opportunities mentioned above will allow the global health system to become more efficient and leapfrog into the future.

Simplifying Access and Delivery. The pandemic has shown how the right product designs can facilitate access. The early COVID vaccines, with their cold-storage requirements and two-dose regimens, are much more difficult to distribute and administer in LMICs than in wealthy nations, keeping the world in a health and economic limbo until more convenient alternatives become widely available. Against the backdrop, it is surprising that only 4% of clinical trials of COVID-19 vaccines have occurred in Africa, according to the US National Library of Medicine.

Innovation should focus on simplifying services and designing products around the needs, lifestyles, and ability to pay of patients and end-users. We need to learn how to overcome constraints such as limited cold-storage supply chains. Increasing the number of clinical trials in LMICs and broadening them to include children and immune-compromised individuals are achievable first steps in the journey to easier and wider access to all medical treatments, not just vaccines.

Wealthy and poor nations alike would benefit from simple, at-home diagnostic tests. Likewise, all would benefit from greater availability of new, and sometimes more sophisticated, treatments. Monoclonal antibody treatments, for instance, are currently limited by production capacity and the need to administer doses intravenously. Efforts are underway to develop lower doses and subcutaneous formulations that would be just as effective. By changing product design in this way, access could be dramatically improved.

In other areas, the pandemic has set in motion examples of innovation in self-care, remote-care, and alternative-delivery models. Between March and June, for example, self-testing for HIV increased by about 700% in Zimbabwe. In India, adoption of telemedicine grew dramatically during the pandemic. Within seven months of its launch, the government's telemedicine platform had performed 600,000 consultations.

These examples are just a start in developing more decentralized care and more streamlined, accessible, and innovative products designed with the patient or health care worker in mind. Such a shift in mindset can help facilitate access to care in LMICs. For pharmaceutical and health care companies, it can pay dividends in wealthy markets looking to relieve pressure on their health care systems.

Bringing Data-Driven Global Health Care to Life. The virus raced ahead of the systems and processes in place to track its prevalence. Its novelty has highlighted the need to invest in data analytics in public health that can contribute to improved prevention and treatment strategies. Most governments have not excelled at creating effective surveillance systems to track and limit community spread. They have also fallen short in identifying, reaching out to, and protecting the vulnerable—those at higher risk because of underlying conditions, age, or both.

Governments have an opportunity to flip the script in delivering COVID vaccines. We have the network optimization, data visualization, and data analytics tools needed to allocate doses dynamically based on supply, local prevalence, community receptivity, and social-equity concerns. This is not a new idea, but it is devilishly difficult to put into practice. Even in wealthy nations such as the US, states are receiving early doses according to total population rather than disease prevalence or the percentage of elderly people or people with underlying conditions.

Once the pandemic has been contained, global health organizations can shift their focus from monitoring prevalence to improving the return on investment in medical care. This will be an even more urgent need in a post-COVID world, with donors paying increasing attention to cost effectiveness as demand for their dollars remains high.

Changing Behavior to Improve Health. Behavioral change has proven to be the best way to flatten the curve of infections. Just as masks and social distancing have helped slow the spread of the virus, changes in diet and behavior can help fight many chronic diseases and prevent others, such as HIV and malaria. What can we learn from this accelerated exercise in behavior modification?

Public health is not just a challenge of supply—getting the right doses to the right people. It is also a challenge of demand—encouraging people to modify their habits, lifestyles, and choices in the interest of public health.

This is an enduring if not a new point. Especially when resources are constrained, large-scale behavior modification programs can be helpful in managing a wide range of illnesses and public-health risks. For example, condoms have been instrumental in limiting the spread of HIV. Diet and lifestyle can help manage type 2 diabetes. Public-service campaigns have been successfully deployed to combat smoking and excessive alcohol consumption.

Creating Sustainable and Joined-Up Sources of Funding. The pandemic has demonstrated that health care is inseparable from the economy, education, and the environment. Achieving any of the SDGs will require coordination among and funding on behalf of all of them. You can't affect one without affecting the others. This interdependence requires a new approach to development funding and programming.

- **Joint Programming.** To do the most good, development programs should have a health component, just as health programs should have a social component. This approach will require cooperation among programs that may be unaccustomed to working together.

- **New Sources of Funding.** Once they have demonstrated the value of these linkages, health, social, and economic programs can seek out new sources of funding from donors, agencies, and others that appreciate the importance of interdependence.

- **Private-Sector Initiatives.** During the pandemic, many companies learned firsthand the importance of global health to their business. Companies have a valuable role to play in helping to meet the SDGs, not just by making donations but by modifying and extending their business model to reach deep into LMICs. In India, for example, the government is encouraging the opening of private hospitals in smaller cities through its Viability Gap Funding initiative.

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The pandemic has been a major setback for public health, but it does not need to be a black hole into which all progress made prior to 2020 disappears. Just as a fire can lead to the rebirth of a forest, the pandemic can serve as a global ground-clearing that allows what we learned to flourish while our errors fall away.

Here are some things that worked in the past year:

- Cooperation worked. The record-setting development of vaccines did not happen in a vacuum but through close cooperation among the private and public sectors and research institutions.

- Innovative design of products and services worked.

- Regulatory flexibility worked. Regulators found ways to streamline their processes to approve therapeutics.

- Decentralization of care worked. Necessity is the mother of innovation, and many health care systems found faster, cheaper, and simpler ways to provide care.

- Behavioral change policies worked. Masks have made a difference.

These are strong building blocks. If we return to global health as usual in 2022, we will have lost an opportunity to meet the SDGs by 2030 and make a difference in the lives of the neediest for generations to come.

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Acknowledgments

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