IC COVID-19

HOSTED BY: BRAC School of Public Health James P Grant | BRAC University | Bangladesh Health Watch

INTERNATIONAL CONFERENCE ON COVID-19, 2022

# Learning for Future Healthcare Systems in Low-and Middle-Income Countries (LMICs)

19 | 20 | 21 | JANUARY 2022

# Proceedings of the International Conference on COVID-19

## "THE VIRUS IS THE PROBLEM, BUT PEOPLE ARE THE SOLUTION."

The unfolding of the COVID-19 pandemic over the past two years has repeatedly shown that it is more than a health crisis, intersecting across health, education, economy, social protection, gender, and governance. The crisis lingers on as new variants such as Delta variant emerge with questions about immune evasion, break-through infection, transmissibility, virulence, vaccine hesitancy, and so forth.

There have been some surprises as initial global assessments of COVID-19 impact had emerged. With the pandemic displaying epidemiological diversity in its impacts, the public health measures played out differently in different social, political, economic and cultural contexts. Tensions and Trade-offs on how to manage this have surfaced generating public debates. Countries in East and South-East Asia fared much better in the first wave (2020) than most other countries, though this trend appeared to have reversed in the second half of 2021 due to the devastating effects of the Delta variant.

As we navigate the crisis, questions are being raised about the post-pandemic world. How can the crisis be best utilised to improve the health systems for the future? History has shown that the past crises did in fact help transform health systems in many countries. As an aftermath of the Second World War, for example, the world saw a new generation of universal healthcare systems in the UK and the rest of Europe. In recent times, the 1990s civil war led to universal health coverage (UHC) for all Rwandans. The Asian financial crisis hastened the implementation of the UHC in Thailand. The great influenza pandemic of the early twentieth century led to revamping medical education in the United States.

To discuss, debate and document the experiences with COVID-19 pandemic including emerging variants such as the Delta variant across low-and middle-income-countries (LMIC), the BRAC James P Grant School of Public Health (JPGSPH) and the Bangladesh Health Watch (BHW) jointly hosted an international virtual conference, with the core theme: Learning from the COVID Pandemic for the Future of Healthcare Systems in LMICs. As we work collectively to ensure that there is no regression in the development gains achieved over the years, this conference brought together experts from 18 countries around the globe, to discuss the lessons that are being learned and reflect on what needs to be done to address the critical gaps as we move forward, particularly the challenges and opportunities of achieving the Sustainable Development Goals (SDGs).

**The three-day virtual conference covered the following sub-themes:**

1. What have we learned from the pandemic thus far? Who are affected most? What has been the impact on health and livelihood of the population? Additional fall-out from Delta variant?
2. How have governments and health systems responded to containment and vaccine delivery? Which responses worked and which did not? Who were left behind? How did the local community respond? How did the international community respond?
3. How effective and culture-sensitive has risk communication been in BD? How the data systems at the national and local level have helped and guided decision-making by the governments? How did the overall system of governance in health sector work?
4. Why do we need social science to contain pandemic e.g., COVID-19? How social science helped to provide an in-depth understanding of people's COVID-19 related behaviour and implement a context-specific inclusive and community-based intervention?
5. How do we prepare for the next pandemic? What kind of post-pandemic health systems do we aspire? What needs to be done to ensure it?

The International Conference on COVID-19, 2022 was held from 19 – 21 January 2022. Each day had two sessions, approx 80 minutes each, which included topical presentations, panel discussions and Q&A sessions. More than **1200** registered from different parts of the world representing governments, international and bilateral organisations, non-governmental organisations, academic institutions and the media. The conference was livestreamed and open for media reporting.

Visit the conference's official website:
**www.iccovid19.bracjpgsph.org**

# HOSTS

**BRAC James P Grant School of Public Health (JPGSPH)**

BRAC JPGSPH was founded in 2004 to address the unmet public health challenges particular to Asia, Africa and South America. The School envisions being the leading global public health institute for the world's pressing health challenges affecting disadvantaged communities. BRAC JPGSPH builds capacity and contributes to Public Health by creating innovative public health leaders and solutions through cutting-edge, experiential **Education, Training, Research and Advocacy**.

To know more visit: **www.bracjpgsph.org**

**Bangladesh Health Watch (BHW)**

Established in 2006, BHW, a multi- stakeholder civil society advocacy and monitoring network is dedicated to improve the health system in Bangladesh through a critical review of policies and programmes and recommendation of appropriate actions for change. BRAC JPGSPH serves as the Secretariat for BHW, since its inception.

To know more visit: **www.bangladeshhealthwatch.org**

# SESSIONS DETAILS

## Inaugural Session: International Conference on COVID-19, 2022 | January 19, 2022

Chief Guest
**Dr Meerjady Sabrina Flora**
Additional Director General (Planning and Development), Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh.

Keynote Speaker
**Dr David Nabarro**
Special Envoy of WHO Director General for COVID-19;
Senior Advisor, Food Systems Summit Dialogues and Strategic Director at 4SD Switzerland.

Welcome Address
**Dr Sabina Faiz Rashid**
Dean, Professor and Director of the Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH, Bangladesh.

Welcome Address
**Dr Ahmed Mushtaque Raza Chowdhury**
Convener, BHW, Bangladesh.

Welcome Address
**Dr Syed Masud Ahmed**
Professor and Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC), BRAC JPGSPH, Bangladesh.

Participants from 31 countries attended the session, including Bangladesh, Belgium, Cameroon, Canada, Chad, Colombia, Ethiopia, France, Hong Kong SAR, Germany, Ghana, India, Italy, Japan, Kenya, Malaysia, Malawi, Myanmar, Netherlands, Nepal, Nigeria, Pakistan, Philippines, Poland, South Africa, Sri Lanka, Switzerland, Thailand, Ukraine, United Kingdom and United States.

### Session Summary

Dr Sabina Faiz Rashid, Dean, Professor and Director, Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH; Dr Ahmed Mushtaque Raza Chowdhury, Convener, BHW; Dr Syed Masud Ahmed, Professor and Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC), BRAC JPGSPH welcomed the participants. Dr Rashid discussed how COVID-19 reflected on the level of inequality and the support needed in various platforms to help those most vulnerable; physically and mentally. She urged for universal accountability and solidarity for vaccine generation and distribution. Dr Mushtaque in his speech mentioned about the current COVID-19 scenario and that the conference provided the platform to present COVID-19 research findings from 18 different countries. Dr Masud discussed the overall objectives of the conference and the study areas of this conference. Key-note speech was delivered by Dr David Nabarro, Special Envoy of WHO Director General for COVID-19; Senior Advisor, Food Systems Summit Dialogues and Strategic Director at 4SD Switzerland.

Dr Nabarro talked about the COVID-19 Pandemic learnings for Future Healthcare Systems. He urged us to put emphasis on rapid and robust actions. He stated that the government leadership of all countries should recognise the importance and necessity of a multi-sectoral and multi-stakeholder approach which is key to the pandemic. Dr Meerjady Sabrina Flora, Additional Director General (Planning and Development), Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh as the Chief Guest mentioned that the COVID-19 provided the opportunity to strengthen health system.

## Discussion

The COVID-19 pandemic has impacted every aspect of human life, e.g., mental health, education, lives and livelihood, and food and nutrition, education, especially. The effects were disproportionately large for the poor and marginalised population in the LMICs, exacerbating the already existing inequities. Different countries and societies acted in various ways to meet the hitherto unexpected challenges e.g., rapidly expanding COVID-19 testing capacity, evidence-based lockdown, fast-track recruitment and deployment of the health workforce, maintenance of essential services etc. The surge in case number heavily impacted the health workforce, particularly in weak healthcare settings. Instead of top-down centralised healthcare system the need for people centric community-based system has re-emerged. NGOs like BRAC travelled a long way in this process and contributed successfully in the battle to contain the pandemic at the grassroots. COVID-19 once again has leveraged the opportunity to strengthen the govt./NGO partnership and coordination by COVID-19 crisis management. Dynamics of the containment measures also reiterated the need for public trust in government for a robust response.

These varied experiences and learning need to be shared, discussed, and debated to arrive at a collective learning for tackling future epidemic/pandemics. The COVID-19 International Conference organized by BRAC JPG School of Public Health, BRAC University provided a platform to present and share these experiences and learning from 18 different countries around the world and identify the key takeaways for future positioning and strengthening of the health systems.

> *"The pandemic helped to develop capacity and the government learnt a lot from this pandemic."*
>
> - **Dr Sabrina Flora**
> Additional Director General (Planning and Development), Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh.

> *"Transmission starts and ends in communities and intervention should centre around communities. Also need to end vaccine inequity in global response to vaccination."*
>
> - **Dr David Nabarro**
> Special Envoy of WHO Director General for COVID-19; Senior Advisor, Food Systems Summit Dialogues and Strategic Director at 4SD Switzerland.

> *"COVID-19 reflected on the level of inequality and the support needed to help those most vulnerable. We need to ensure universal accountability and solidarity for vaccine generation and distribution."*
>
> - **Dr Sabina Faiz Rashid**
> Dean, Professor and Director of the Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH, Bangladesh.

> *"This conference provides the platform to present the findings from 18 countries, especially in the context of LMIC settings."*
>
> - **Dr Ahmed Mushtaque Raza Chowdhury**
> Convener, BHW, Bangladesh.

> *"The knowledge gathered from the discussion, debate and documentation of experiences with COVID-19 across LMICs will play a significant role in ensuring better healthcare, and help better prepare for any ensuing pandemics in the future."*
>
> - **Dr Syed Masud Ahmed**
> Professor and Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC), BRAC JPGSPH, Bangladesh.

**Access the session's recordings and resources:**

***https://iccovid19.bracjpgsph.org/session-page***

## Session 2: Two Years into the COVID-19 Pandemic: What are the Experiences and Learning from LMICs for future | January 19, 2022

A discussion on the impact of COVID-19 on health and livelihood of the population, additional fall-out from Delta variant and the overall learnings thus far from the pandemic. The session took place on January 19 from 08:00 - 09:20 PM BST (Bangladesh Standard Time, UTC/GMT +6) on the evidence and lessons learnt from the pandemic, which populations were impacted the most, livelihood and health vulnerabilities.

Session Chair
**Dr David McCoy**
Research Lead, International Institute for Global Health, United Nations University, Malaysia.

Panellist
**Dr Caroline Kabaria**
Associate Research Scientist, Urbanization and Well-being Unit, African Population and Health Research Centre (APHRC), Kenya.

Panellist
**Dr Brunah Schall**
Postdoc Scholar at Fiocruz Minas (Oswaldo Cruz Foundation), Brazil.

Panellist
**Dr Selim Raihan**
Professor, Economics, University of Dhaka;
Executive Director, South Asian Network on Economic Modeling (SANEM), Bangladesh.

Participants from 30 countries attended the session, including Argentina, Bangladesh, Brazil, Canada, Chad, Colombia, Ethiopia, France, Hong Kong SAR, Germany, Ghana, India, Italy, Japan, Kenya, Malaysia, Myanmar, Netherlands, Nepal, Nigeria, Pakistan, Philippines, Sierra Leone, South Africa, Sri Lanka, Switzerland, Thailand, Ukraine, United Kingdom and United States.

### Session Summary

Dr David McCoy (Research Lead, International Institute for Global Health, United Nations University, Malaysia) chaired the session. The first speaker of the session Dr Caroline Kabaria (Associate Research Scientist, Urbanisation and Well-being Unit, African Population and Health Research Centre (APHRC), Kenya) talked about drivers of marginality in Nairobi's informal settlements. The second speaker Dr Brunah Schall, (Post-doc scholar, Fiocruz Minas, Oswaldo Cruz Foundation, Brazil) talked about the Sexual and reproductive health during the COVID-19 pandemic in Brazil. The third speaker Dr Selim Raihan (Professor, Economics, University of Dhaka, Executive Director, South Asian Network on Economic Modeling (SANEM)) talked about the effects of lives and livelihoods during the pandemic in Bangladesh.

### Discussion

Lack of data for evidence-based measures to contain the pandemic was felt across the countries, at varying degrees. For example, despite poor health status, data on people living in informal settlements were usually unavailable/limited particularly disaggregated data. COVID-19 pushed the slum dwellers to further vulnerabilities. Given the lockdown restrictions, many lost their livelihood particularly those working in the informal sectors.

In Bangladesh, despite the fact the economic growth was prioritised over health, household survey data revealed that COVID-19 resulted in more people being pushed down to poverty compared to pre-pandemic level. Government's social protection scheme was inadequate to cover these people and the supports provided from various platform were uncoordinated and insufficient.

Appropriate risk communication which is culture-sensitive, context-specific and accurate was lacking mostly, giving rise to a lack of trust in the health system and affected people's compliance with mitigation measures advanced by the governments. Lack of access to valid information from reliable sources by various, such as the elderly, children, women, disabled persons was evident. Rumour and misinformation spread faster in social media effecting individual responses to COVID-19. Misinformation generated fear among the patients and demotivated people to access health care services.

*"Women are the hardest hit by COVID-19."*

- **Dr Caroline Kabaria**
  Associate Research Scientist, Urbanization and Well-being Unit, African Population and Health Research Centre (APHRC), Kenya.

Due to the surge in COVID-19 patients, other essential services such as community-based MCH & FP services, immunisation services etc., suffered. For example, evidence from Brazil revealed that COVID-19 impaired the regular SRHR services due to a shortage of service providers and resources. The pandemic affected women more profoundly than men in several aspects e.g. increase in domestic violence was reported at home. Anxiety, isolation, and uncertainty triggered mental health conditions.

The experience from Brazil showed how countries struggled not only with a scarcity of resources but also with a lack of prudent leadership and spread of false, mis- and disinformation by the government that resulted in mistrust by the people during the pandemic.

*"We need to invest in the health sector and public health."*

- **Dr Brunah Schall**
  Postdoc Scholar at Fiocruz Minas (Oswaldo Cruz Foundation), Brazil.

*"A large number of people became new poor during COVID-19."*

- **Dr Selim Raihan**
  Professor, Economics, University of Dhaka;
  Executive Director, South Asian Network on Economic Modeling (SANEM), Bangladesh.

**Access the session's recordings and resources:**

***https://iccovid19.bracjpgsph.org/session-page***

*Reuters file photo*

*Reuters file photo*

## Session 3: COVID-19 Response: Governments, Development Partners and the People | January 20, 2022

A discussion on government's response to containment and vaccine delivery in terms of which responses worked and did not; the response of local and international communities and who has been left behind. The session took place on January 20 from 07:00 - 08:20 PM BST (Bangladesh Standard Time, UTC/GMT +6) as the expert discussants talk about the responses to containment and vaccine delivery in different spheres.

Session Chair
**Dr Kaosar Afsana**
Professor, BRAC JPGSPH, Bangladesh.

Panellist
**Dr Be-Nazir Ahmed**
Country Lead, ASCEND Bangladesh; Former Director, Disease Control, Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh.

Panellist
**Dr Zulfiqar Bhutta**
Robert Harding Chair in Global Child Health and Policy, Centre for Global Child Health, Hospital for Sick Children, University of Toronto, Canada.

Panellist
**Dr Syed Mansoob Murshed**
Professor, International Institute of Social Studies (ISS), Erasmus University of Rotterdam (EUR), Netherlands.

Panellist
**Dr Lilian Otiso**
Executive Director, Liverpool VCT (LVCT) Health, Kenya.

Participants from 27 countries attended the session, including Afghanistan, Bangladesh, Belgium, Chad, Colombia, France, Hong Kong SAR, Ghana, India, Italy, Kenya, Malaysia, Myanmar, Netherlands, Nepal, Nigeria, Pakistan, Philippines, Poland, South Africa, Spain, Sweden, Thailand, Ukraine, United Kingdom, United States and Vietnam.

### Session Summary

Professor Dr Kaosar Afsana, Professor, BRAC JPGSPH, Bangladesh chaired the session. The first speaker Dr Be-Nazir Ahmed, Country Lead, ASCEND Bangladesh; Former Director, Disease Control, Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh talked about pros and cons of Bangladesh government COVID-19 response. The second speaker Dr Zulfiquar Bhutta, Robert Harding Chair in Global Child Health and Policy, Centre for Global Child Health, Hospital for Sick Children, University of Toronto, Canada talked about COVID-19 epidemiology and impact on children. The third speaker Dr Syed Mansoob Murshed, Professor, International Institute of Social Studies, Erasmus University of Rotterdam (EUR), Netherlands talked about populism and COVID-19 pandemic. The fourth speaker Dr Lilian Otiso, Executive Director, Liverpool VCT (LVCT) Health, Kenya talked about Kenya's health system experience in COVID-19.

### Discussion

Governments across the globe responded differently concerning the inclusion of multiple sectors in COVID-19 containment. Organised, coordinated, and rapid actions involving all sectors are needed to deal with pandemics, placing the community at the centre. This is critical to building trust, addressing misinformation, reaching the vulnerable, and encouraging accountability. Government who applied multi-sectoral approaches like involving the private sector, NGOs, and the community had a more successful response like in Kenya. Bangladesh could respond better to COVID-19 if the

government could include all sectors in proactive and timely measures. According to experts, the Populist governments reacted slowly and fared worse in terms of both their response and outcomes related to COVID-19 than other governments.

Inequities in access to services have been observed both in high-and low-income countries though data on inequity may not be readily available for the LMICs. Measures like isolation/quarantine/lockdown have had severe impacts on personal lives, particularly of women, children, and adolescents. This has reiterated the need for inclusive services, especially for mental health counselling.

> *"Bangladesh had the potential to respond better to COVID-19, if the government could include all sectors to proactive and timely measures."*
>
> - **Dr Be-Nazir Ahmed**
> Country Lead, ASCEND Bangladesh;
> Former Director, Disease Control, Directorate General of Health Services (DGHS), Government of the People's Republic of Bangladesh.

> *"Inequities in terms of access to services and impact is universal and has been observed in high- and low-income countries."*
>
> - **Dr Zulfiqar Bhutta**
> Robert Harding Chair in Global Child Health and Policy, Centre for Global Child Health, Hospital for Sick Children, University of Toronto, Canada.

> *"Kenya's successful response to COVID-19 lies in multisectoral engagements and innovative solutions to emerging issues."*
>
> - **Dr Lilian Otiso**
> Executive Director, Liverpool VCT (LVCT) Health, Kenya.

**Access the session's recordings and resources:**

***https://iccovid19.bracjpgsph.org/session-page***

## Session 4: Risk Communication, Data for Decision Making and Evidence-based Governance | January 20, 2022

A discussion on the extent of culture sensitivity and effectiveness of risk communication in Bangladesh; the overall quality of governance in the health sector and the effectiveness of data systems at the national and local level to guide decision-making by the government. The session took place on January 20 from 08:30 - 09:50 PM BST (Bangladesh Standard Time, UTC/GMT +6) where expert speakers discussed the effects of risk communication in Bangladesh and the efficacy of local and national level data systems to government decision-making.

Session Chair
**Dr Göran Tomson**
Professor, International Health Systems Research, Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Sweden.

Panellist
**Dr Tran Thi Mai Oanh**
Director, Health Strategy and Policy Institute (HSPI), Vietnam's Ministry of Health, Vietnam.

Panellist
**Towfiqul Islam Khan**
Senior Research Fellow, Centre for Policy Dialogue (CPD), Bangladesh.

Panellist
**Dr Zaw Oo**
Executive Director, Centre for Economic and Social Development, Myanmar.

Panellist
**Dr Taufique Joarder**
International Consultant, WHO, Bangladesh.

Participants from 27 countries attended the session, including Bahamas, Bangladesh, Belgium, Canada, Ethiopia, France, Hong Kong SAR, Germany, Ghana, India, Italy, Kenya, Malaysia, Myanmar, Netherlands, Nepal, Nigeria, Pakistan, Philippines, Poland, Sierra Leone, South Africa, Sri Lanka, Sweden, Ukraine, United Kingdom and United States.

### Session Summary

Dr Göran Tomson, Professor, International Health Systems Research, Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Sweden chaired the session. The first speaker Dr Taufique Joarder, International Consultant, World Health Organization (WHO), Bangladesh talked about risk communication and health systems trust issues. The second speaker Dr Zaw Oo's, Executive Director, Centre for Economics and Social Development, Myanmar talked about global and local governance of COVID-19 vaccination in Myanmar. The third speaker Towfiqul Islam Khan, Senior Research Fellow, Centre for Policy Dialogue, Bangladesh talked about data initiatives that helped to fight against COVID-19 in Bangladesh. The fourth speaker Dr Tran Thi Mai Oanh, Director, Health Strategy and Policy Institute (HSPI), Vietnam's Ministry of Health, Vietnam talked about the intersectoral action and community engagements in controlling COVID-19 in Vietnam.

### Discussion

Failure to provide clear, equivocal and accurate information to the people at different stages affected their trust in the health system

> *"I believe this conference might be the start of something significant. I urge you to create, with the support of BRAC JPGSPH, a cross country comparison and some major takeaway messages."*
>
> - **Dr Göran Tomson**
> Professor, International Health Systems Research, Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Sweden.

of Bangladesh. During the pandemic, people revealed low trust in policymakers. Besides, in Bangladesh, data-driven decision making was largely absent.

Pandemic misinformation impedes healthcare service provision due to anxiety and mistrust among the population. This calls for culture-sensitive and context-specific risk communication from a reliable and consistent source for compliance with mitigation measures.

Negative risk communication resulted in COVID-19 vaccine hesitancy in Myanmar. It has the second lowest COVID-19 vaccination rate in ASEAN. Due to political reasons, delivery of vaccines from different international initiatives like COVAX was very low compared to other countries in the region. Experts stressed that the COVID-19 vaccine should be kept out of politics to ensure universal coverage. Further, they emphasised that the COVID-19 pandemic should be seen through a public health lens, not a clinical one.

> *"Every citizen must be a soldier in the battlefield against this disease."*
>
> - **Dr Tran Thi Mai Oanh**
> Director, Health Strategy and Policy Institute (HSPI), Vietnam's Ministry of Health, Vietnam.

The critical role of leadership and political commitment in implementing the containment measures was revealed in Vietnam. Risk communication, community empowerment and engagement played a key role in Vietnam's fight against COVID-19. It took a 'whole-of-society approach' and formed national steering committee (multi-ministerial and multi-sectoral) to lead the COVID-19 treatment, surveillance and monitoring activities, assisted by other ministries. It empowered the community leaders to guide the people through various prevention measures and implement and monitor the activities for preventing COVID-19. Public opinion was given a priority, and this helped the government to make a decision.

> *"Majority of health data focused on curative aspect and the data documentation is still scattered and the data analyses didn't result in decision-making."*
>
> - **Towfiqul Islam Khan**
> International Consultant, WHO, Bangladesh.

> *"Negative risk communication from social medias resulted in COVID-19 vaccine hesitancy."*
>
> - **Dr Zaw Oo**
> Executive Director, Centre for Economic and Social Development, Myanmar.

**Access the session's recordings and resources:**

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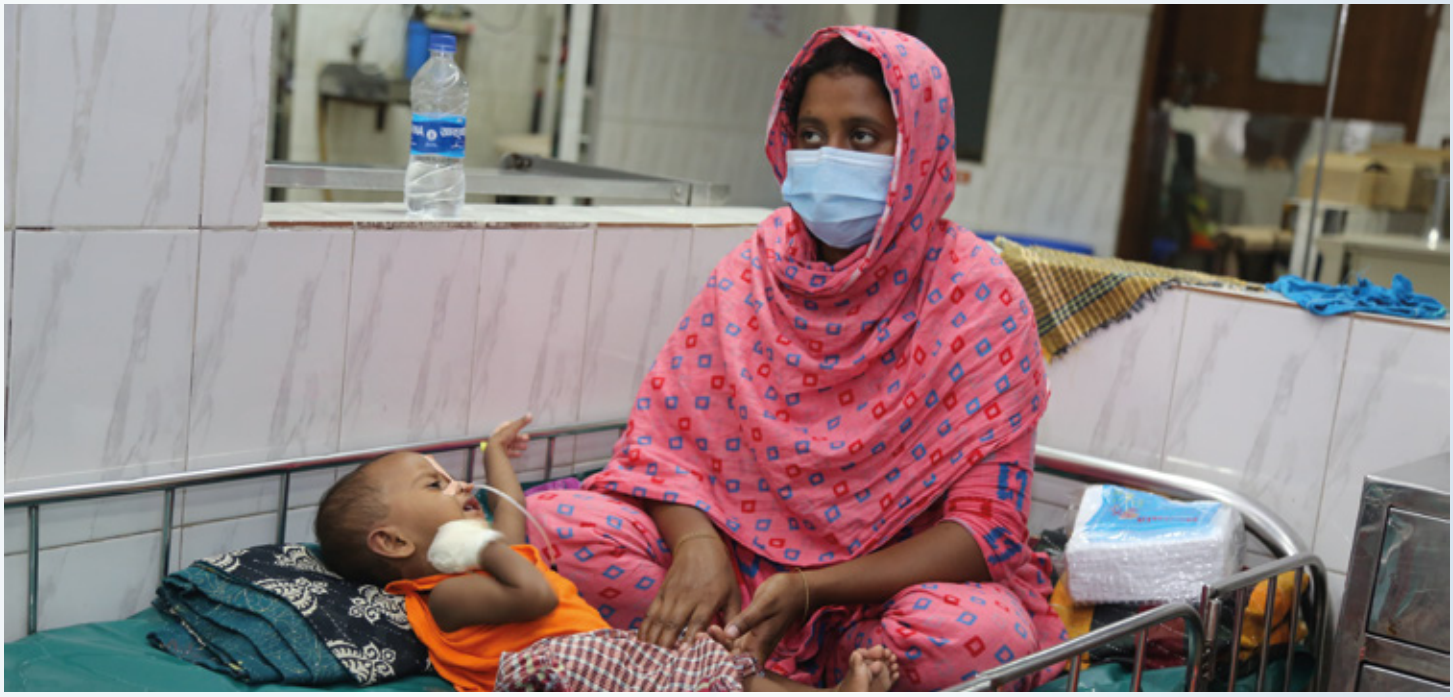

## Session 5: Role of Social Science in Pandemic Response: Forgetfulness, Invisibility and Uncomfortable Truths | January 21, 2022

A talk on the relevance of social sciences to contain pandemic, e.g., COVID-19, the in-depth insight that social science contributes to the understanding of people's COVID-19 related behaviour and implement a content-specific inclusive and community-based intervention. The session took place on January 21 from 07:00 - 08:20 PM BST (Bangladesh Standard Time, UTC/GMT +6) on the relevance of social sciences to understanding the pandemic.

Session Chair
**Dr Sally Theobald**
Chair, Social Science and International Health, Liverpool School of Tropical Medicine, Liverpool.

Panellist
**Dr Tamara Giles-Vernick**
Unit Head, Anthropology and Ecology of Disease Emergence Unit, Institut Pasteur, France; Coordinator, SoNAR-Global and network.

Panellist
**Dr Inaya Rakhmani**
Director, Asia Research Centre, Universitas Indonesia (ARC-UI), Indonesia.

Panellist
**Dr Lenore Manderson**
Distinguished Professor, Public Health and Medical Anthropology, School of Public Health, University of the Witwatersrand, South Africa.

Panellist
**Joseph Kimani**
Community Development, Human Rights and Governance Practitioner, Slum Dwellers International-Kenya (SDI-Kenya).

Panellist
**Dr Rosalia (Lia) Sciortino Sumaryono**
Associate Professor, Institute for Population and Social Research (IPSR), Mahidol University, Thailand; Director SEA Junction.

Participants from 27 countries attended the session, including Argentina, Bahrain, Bangladesh, Belgium, Canada, Chad, Colombia, Ethiopia, France, Hong Kong SAR, Germany, Ghana, India, Italy, Kenya, Malawi, Malaysia, Myanmar, Nepal, Nigeria, Pakistan, Philippines, Romania, Singapore, South Africa, Sri Lanka, Sweden, Thailand, Ukraine, United Kingdom and United States.

### Session Summary

Dr Sally Theobald, Chair, Social Science and International Health, Liverpool School of Tropical Medicine, Liverpool chaired the session. The first speaker Dr Tamara Giles-Vernick; Unit Head, Anthropology and Ecology of Disease Emergence Unit, Institut Pasteur, France; Coordinator, SoNAR-Global and network talked about vulnerabilities and social science perspective to produce actionable evidence. The second speaker Dr Inaya Rakhmani; Director, Asia Research Centre, Universitas Indonesia (ARC-UI), Indonesia talked about research and funding issues. The third speaker Dr Lenore Manderson; Distinguished Professor, Public Health and Medical Anthropology, School of Public Health, University of the Witwatersrand, South Africa talked about lessons learned from past pandemics. The fourth speaker Joseph Kimani, Community Development, Human Rights and Governance Practitioner, Slum Dwellers International-Kenya (SDI-Kenya) talked about community-based research. The fifth speaker Dr Rosalia (Lia) Sciortino Sumaryono; Associate Professor, Institute for Population and Social Research (IPSR), Mahidol University, Thailand; Director SEA Junction talked about role of social science in pandemic.

**Discussion**

COVID-19 is a behavioural disease and thus requires social science perspective to address the disease and not limit it to a biomedical perspective only. We need to build on the experiences and lessons learned from the past epidemics/pandemics. During this pandemic, many decisions were made which have been political and economic only without any consideration of social dimensions e.g., lockdowns were imposed without any consideration of socio-epidemiological

situation. It is highly important to understand the pandemic's political, economic, and social dimensions for important policy decisions. COVID-19 has given us the opportunity to firmly establish that social science understandings of an unfolding pandemic should be considered from the very beginning of any crisis. Social scientists are poorly involved in research, particularly in Southeast Asia. Meanwhile, community researchers are often forgotten but can be potential resources and catalysts for community mobilisation through community-led data collection and action for community-centric solutions.

There are policies of invisibilities that can constitute a profound barrier to access assistance for the community. More specifically, formal and legal definitions of vulnerability can obscure the visibility of new categories of people who have been marginalised or excluded over the pandemic processes. New vulnerabilities and exclusions have emerged during this pandemic where certain individuals and groups are so dissociated that they were not even considered part of the community. Unpreparedness, reluctance for rapid responses, failure to ensure inclusion of such marginalised groups in the government response were widely evident and criticised. COVID-19 vulnerability assessment conducted from the SoNAR Global platform in Bangladesh revealed the need for locally meaningful definitions of vulnerabilities to identify the different categories of people who are left behind. Identifying the vulnerable from the community during pandemic is challenging and needs to be done by the community itself.

Unlike quantitative research, ethnographic work can shed light on how and why individuals or certain social groups find themselves marginalised or excluded. Ethnographic research in a pandemic is challenging though very much needed, as it helps to understand ways of fragility and their characteristics of vulnerabilities.

> *"We still have a lot to learn from community engagement, trust, the responsiveness of health systems in LMICs and beyond."*
>
> - **Dr Sally Theobald**
> Chair, Social Science and International Health, Liverpool School of Tropical Medicine, Liverpool.

> *"Social science has an important role to play in pandemic response."*
>
> - **Dr Tamara Giles-Vernick**
> Unit Head, Anthropology and Ecology of Disease Emergence Unit, Institut Pasteur, France;
> Coordinator, SoNAR-Global and network.

> *"Research is less about the methods we choose and more about the people we are trying to listen to."*
>
> - **Dr Inaya Rakhmani**
> Director, Asia Research Centre, Universitas Indonesia (ARC-UI), Indonesia.

> *"Economic and political dimension of the virus and how it contributes to spreading has often been forgotten when we talk about the coronavirus."*
>
> - **Dr Rosalia (Lia) Sciortino Sumaryono**
> Associate Professor, Institute for Population and Social Research (IPSR), Mahidol University, Thailand;
> Director SEA Junction.

**Access the session's recordings and resources:**

***https://iccovid19.bracjpgsph.org/session-page***

## Session 6: Envision a Post-COVID-19 Health System | January 21, 2022

Discussion on preparations on tackling pandemics, the post-pandemic health system aspirations and what needs to be done to ensure it. The last session took place on January 21 from 08:30 - 09:50 PM BST (Bangladesh Standard Time, UTC/GMT +6) where expert discussants talked about how to develop context-specific inclusive and community-based intervention and preparations for future pandemics and health systems.

Session Chair
**Dr Timothy Grant Evans**
Director and Associate Dean, School of Population and Global Health (SPGH), Faculty of Medicine and Associate Vice-Principal (Global Policy and Innovation), McGill University.

Panellist
**Dr Kwok Kian Woon**
Professor, Sociology Division, School of Social Sciences, Associate Vice President (Wellbeing), and Associate Provost, Nanyang Technological University, Singapore.

Panellist
**Dr Sushil Chandra Baral**
Managing Director, HERD International, Nepal.

Panellist
**Rob Yates**
Executive Director, Centre for Universal Health, Chatham House, United Kingdom.

Panellist
**Dr Anindya Chatterjee**
Regional Director, Asia Regional Office, International Development Research Centre.

Panellist
**Dr Asha George**
South African Research Chair, Health Systems, Complexity and Social Change; Professor, School of Public Health, University of the Western Cape, South Africa.

Participants from 24 countries attended the session including Australia, Bangladesh, Belgium, Canada, Chad, Colombia, Ethiopia, France, Hong Kong SAR, Ghana, India, Italy, Kenya, Malaysia, Myanmar, Nepal, Nigeria, Philippines, Poland, Saudi Arabia, South Africa, Sri Lanka, United Kingdom and the United States.

### Session Summary & Discussion

Dr Timothy Grant Evans, Director and Associate Dean, School of Population and Global Health (SPGH), Faculty of Medicine and Associate Vice-Principal (Global Policy and Innovation), McGill University, Canada chaired the session. The first speaker Dr Kwok Kian Woon, Professor, Sociology Division, School of Social Sciences, Associate Vice President (Wellbeing), and Associate Provost, Nanyang Technological University, Singapore talked about holistic approach to address global pandemics. The second speaker Dr Sushil Chandra Baral, Managing Director, HERD International, Nepal talked about strengthening PHC and UHC for a more resilient health system in the long run. The third speaker Rob Yates, Executive Director, Centre for Universal Health, Chatham House, United Kingdom talked about political vision using this momentum to push reform. The fourth speaker Dr Anindya Chatterjee, Regional Director, Asia Regional Office, International Development Research Centre, India talked about the knowledge system in LMICs and related issues of leadership, governance and evidence production. The fifth speaker Dr Asha George, South African Research Chair, Health Systems, Complexity and Social Change; Professor, School of Public Health, University of the Western Cape, South Africa talked about long standing gender inequality manifested knowledge and service coverage.

COVID-19 has been more than a wake-up call; countries around the world suffered systematic failures to ensure service while dealing with this pandemic. The lessons learned in COVID-19 should not be forgotten which reiterates the need for a 'whole of the government and whole of the society approach'.

Health is a fundamental human right, and universal health coverage based on PHC is a critical approach to achieving health. Inclusivity, fairness and making the health system and PHC more accountable is necessary. There is a need to make it more resilient in the long term to absorb more and be ready in the future. A multidisciplinary, coordinated health care team is needed; COVID-19 has brought up the opportunity to catalyse political vision to strengthen the health system by increasing GDP share to the health sector to strengthen UHC.

There is a lack of systematic data in areas of social impact, partners violence, mental health, continuum of care, the impact of NCDs and frontline health line workers. There is a scarcity of gender-disaggregated data; gender analysis has been done to a very limited extent in COVID-19. Coordination of data from various sources is not done, especially from civil society. Collaboration within and between frontline healthcare workers, researchers and policymakers are important for using evidence.

Funding organisations need to mobilise grants quickly for knowledge generation by academia. Digitalisation, real-time data generation, and use of innovation and technology like m-health and telemedicine during the pandemic in service delivery are important. Misinformation, infodemic, incomplete data are some major challenges that need to be addressed. Innovative approaches like cash transfer, media campaign, hot line set up etc. are some positive initiates practiced in African countries during COVID-19 for crisis management.

Leadership is crucial even if the top one fails, from the other end needs to stand up with a strong sense and newer commitment of solidarity to address system fragmentation. Developing interventions that are appropriate for each individual country and their own situations is fundamental.

> *"Here is a brave new world that we have with multiple crises we will be facing every year. We have to be humble and adjust our system, think beyond traditional norms, and think about transnational systems."*
>
> - **Dr Timothy Grant Evans**
> Director and Associate Dean, School of Population and Global Health (SPGH), Faculty of Medicine and Associate Vice-Principal (Global Policy and Innovation), McGill University.

> *"No one is safe until everyone is safe across the globe."*
>
> - **Dr Kwok Kian Woon**
> Professor, Sociology Division, School of Social Sciences, Associate Vice President (Wellbeing), and Associate Provost, Nanyang Technological University, Singapore.

> *"I hope the honourable Prime Minister of Bangladesh may take it seriously to consider increase spend of GDP on UHC using this pandemic as an opportunity to improve UHC."*
>
> - **Rob Yates**
> Executive Director, Centre for Universal Health, Chatham House, United Kingdom.

> *"This is a huge opportunity to generate gender disaggregated data, hope people are mobilised to translate evidence as we need real time sex disaggregated data."*
>
> - **Dr Asha George**
> South African Research Chair, Health Systems, Complexity and Social Change; Professor, School of Public Health, University of the Western Cape, South Africa.

**Access the session's recordings and resources:**

***https://iccovid19.bracjpgsph.org/session-page***

*Photo: Mahmud Hossain Opu/Al Jazeera*

## RECOMMENDATIONS

- A whole-of-society approach and multi-sectoral engagement is critical for containing the pandemic. It should be based on effective and functional partnership of the state, non-governmental organisations (NGOs), private sectors, communities, and other stakeholders.
- Rather than a 'top-down approach' or just replicating from other country's models; a community-based pandemic engagement and local-led solutions from within communities is essential.
- Certain communities are marginalised/invisible/vulnerable because of prioritisation of certain methods or disciplines in public health. Power of social science is to be leveraged to understand their problems and design pragmatic policies and programmes for these groups ('Leave No One Behind'!)
- Risk communications and interventions need to move beyond a clinical approach and take into consideration social, cultural, and religious as well as economic and political barriers.
- Absence of gender-sensitive and disaggregated data is a major problem. Better data and its repository systems are needed in countries for evidence-based interventions, and for monitoring and tracking the pandemic progression.
- Broader view and framing of 'health', 'sciences', and 'systems' are required to tackle health for all.
- A strong, responsive, adaptable, flexible, and resilient health system is needed post-Covid. Countries must embrace reforms in their systems to meet the future challenges. This must ensure a strong and well-resourced Primary Health Care (PHC) component.
- Countries must allocate adequate resources to implement Universal Health Coverage (UHC) in the shortest possible time, as a target for the Sustainable Development Goals (SDGs).

## ORGANISING COMMITTEE

***(Arranged alphabetically by last name)***

### RAPPORTEURS:
### BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH (JPGSPH)

**Wafa Alam,** Deputy Coordinator
**Afrida Faiz**, Senior Research Assistant
**Md. Tahmid Hasan**, Research Associate
**Syed Hasan Imtiaz**, Senior Research Associate
**Moumita Islam,** Research Associate
**Dr Bushra Zarin Islam**, Senior Research Associate
**Dr Nahitun Naher**, Assistant Director, Centre of Excellence for Health Systems and Universal Health Coverage

### BANGLADESH HEALTH WATCH (BHW)

**Shaikh Masudul Alam**, Chief Coordinator
**Bushra Mahjabin Easha,** Research Assistant
**Md Nazmul Hossain,** Web Developer
**Noshin Sayiara Shuchi,** Research Assistant
**Noushin Mouli Waresi,** Programme Officer, Media and Communication

### BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH (JPGSPH): IT TEAM

**Md. Mynul Kabir,** System Engineer
**Habibur Rahaman,** System Engineer
**Md Al-Mahmud,** Senior Support Engineer
**Md Abdur Rouf Sarker,** Technical Lead
**Mizanur Rahman,** System Engineer, BITS

### BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH (JPGSPH): COMMUNICATIONS TEAM

**Mukul Barman,** Assistant Manager-Graphic Design
**Anubhab Chakraborty,** Assistant General Manager
**Asif Faisal,** Senior Officer
**Nuruzzaman Lucky,** Assistant Manager-Graphic Design
**Supriti Sarkar,** Assistant Manager
**Md. Al Shahriar,** Web Designer and Developer

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**www.iccovid19.bracjpgsph.org**

**www.bracjpgsph.org**

**www.bangladeshhealthwatch.org**

## For more information, please contact:

**Anubhab Chakraborty**
Assistant General Manager, Communications,
BRAC James P Grant School of Public Health.

**Email:** anubhab.chakraborty@bracu.ac.bd

**BRAC James P Grant School of Public Health**
6th, 7th & 9th Floor, Medona Tower,
28 Mohakhali Commercial Area,
Bir Uttom A K Khandakar Road, Dhaka – 1213, Bangladesh.

Telephone: +880-2-9827501-4
Email: jpgsph@bracu.ac.bd

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