TRANSCRIPT

Event

The CommonHealth Live!
“WHO Senior Advisor Dr. Scott Dowell on the Global Health Emergency Corps”

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FEATURING
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This is the CommonHealth from the CSIS Bipartisan Alliance for Global Health Security, engaging senior leaders on questions of how to address our common health security challenges in this post-COVID moment.


We’ve got the great pleasure today to be joined by Dr. Scott Dowell. Scott is a senior adviser at the World Health Organization in Geneva, where he is standing up the Global Health Emergency Corps, and we’ll be talking about that big new idea and what it means.

It’s quite an important thing. We’ve been involved in this for some time here at CSIS working very closely with Scott. Scott Dowell joined the WHO in Geneva in November of last year.

That followed a very distinguished tenure for 10 years as a lead on global health security at the Bill and Melinda Gates Foundation in Seattle and prior to that 21 years in a variety of senior leadership positions at the CDC – at the Centers for Disease Control and Prevention – based in Atlanta. He served overseas in heading up some of our programs in Southeast Asia and elsewhere.

Welcome, Scott. It’s great to have you with us.

Thanks, Steve. Good to be here.

This concept we’ll talk about in a moment. I’ll ask Scott to sort of describe for us where did this concept come from of a Global Health Emergency Corps and then we can talk about the elements and its mandate and the efforts to sort of stand it up.

Just as background, last night we met here at CSIS and Scott was able to engage with senior leadership from within the Biden administration – senior leadership in health security, health diplomacy from across the White House and major agencies – Department of State, CDC, NIH, USAID, and elsewhere – to talk about this concept about what it means.
We did something very similar to that back in July here at CSIS with Scott and with another colleague, Scott Pendergast from WHO, and some folks from the Bill and Melinda Gates Foundation who've been very supportive of this concept, and even prior to that back last year at the Munich Security Conference I organized a gathering with Bill Gates and Minister of Health Lauterbach, Director General of WHO Tedros, and Mike Ryan, the emergency director, on this concept.

WHO has – the leadership has embraced it, is moving it forward, and has called upon Scott to help in leading that effort, which we're all very delighted to see that happen.

I was very struck last night by the level of enthusiasm, the level of interest in knowing more and thinking through how to be supportive of this. I think we've crossed a certain threshold in terms of knowledge and enthusiasm around this.

It's taking shape. It's becoming real to a significant degree due to your leadership, Scott, and I want to thank you for that.

So let's start with what is the emergency? What is the Global Health Emergency Corps and where did it come from? How did it originate?

Dr. Dowell: Yeah. The idea of a Global Health Emergency Corps is not a completely new idea. Lots of people have thought about various aspects of that.

We heard last night Julie Gerberding, who used to direct the CDC, say that she and other directors have often thought it would be better to have a more robust ability to respond around the world when something new emerges.

Bill Gates wrote a book about pandemics and he had a chapter in there that he called “The Germ Team” so the idea of having a dedicated team that would respond to epidemics, that would be paid and full time to prepare for and respond to epidemics before they become pandemics.

And when we first talked about this idea with Dr. Tedros he said, “I've been thinking about this for a long time. I call it a pandemic army,” and a number of the folks around Tedros kind of widened their eyes and he said, “I know that people tell me it shouldn't be called an army.”

So the idea has had to evolve over time but the concept that the world should do a better job of responding to and stopping pandemics when they threaten to overwhelm the world is one that's been around for some time.
Dr. Morrison: So this idea got a new boost – it got a new look in the midst of the COVID experience, right? What was it about COVID that prompted Bill Gates and prompted you and prompted Tedros and others to take another look and think, wait a second – something was missing in this experience and let’s now take some corrective action and revisit this idea?

Dr. Dowell: Countries in the world responded OK to COVID. There were some things that went well. Some countries, especially in the East Asia and the Western Pacific region, responded early and aggressively and were successful for some time at slowing or containing the spread of COVID. I’m thinking of countries like New Zealand, Singapore, China itself.

But other countries responded very differently. From Brazil to Italy, from the U.S. to Russia, countries in the West got overwhelmed, didn’t respond as aggressively, got large numbers of cases and eventually deaths, and eventually the virus spread everywhere. And even countries like New Zealand that had done a good job for weeks, for months eventually had the virus overwhelm them.

So, fortunately, in some of those countries they were able – by the time that the virus swept across New Zealand they had been able to protect many of their most vulnerable in the elderly population and others with vaccine and so holding things off for a while was worthwhile.

But the overall message from the COVID experience is no country can fight a pandemic by itself. No matter how good a job you do and how aggressively you try and contain the virus is going to get to you eventually and so it behooves all countries to work together regionally and globally to fight the next pandemic.

So that concept about fighting a pandemic together, again, it’s not completely new but COVID was orders of magnitude different than anything we’d experienced before and really highlighted what Bill Gates has called the trillion dollar problem.

He says, you know, a pandemic like COVID is a trillion-dollar problem. There really are few other or no other public health problems that cost the global economy a trillion dollars and, therefore, we ought to be much more aggressive and assertive about thinking about how much we spend and how aggressively we prepare for that problem.

Dr. Morrison: So the Global Health Emergency Corps, as I understand it – and you can explain this to us – it has three primary elements. One element is getting national leaders, those who are charged in all the different governments around the world, with being leaders on monitoring the situation, preparing
for future outbreaks, but then responding rapidly and effectively, and those leaders, according to the Global Health Emergency Corps, need to be networked. They need to understand one another, know one another, have common points of reference, have common protocols in training, and be able to communicate with one another in real time on a common language and a common set of expectations when these emergencies come or before they even come. So that's one element.

A second element is this interoperable surge capability which means – in plain English, I think, means you have an outbreak in one part of the world you got a lot of human capacity derived from the response to COVID or Ebola or Zika or a pandemic flu.

You’ve got a lot of capability of people that are quite seasoned and who are organized in various forums that they can be brought in to the response in a surge basis, that they're interoperable. They're able to move from one region to another and fit in and respond.

And then the third layer is just investing – countries investing in their own capabilities and regions, regional bodies building up their basic capability. So you have those three elements in a way. Why don’t we start with that first national leaders dimension?

I think that’s one that certainly has gotten a lot of attention from Bill Gates and others. Describe for us why that is so important and what will it take to get the leaders from around the world to see that as an exciting concept and to buy in because this is one of the challenges you face is sort of reminding people this is the case – here’s how we do it.

Dr. Dowell: It has been a challenge getting people to buy into the idea that we need something like a Global Health Emergency Corps. Lots of people come at it with different angles and think about it very thoughtfully and the experience of COVID – I mean, we all lived through COVID and we all have our own experiences. So getting people on the same page with what needs to happen is a challenge.

If we have to pick one thing that is going to make a difference in the next pandemic we believe that leadership and coordination is the place to start, that there are lots of things – if we envision a pathogen like SARS-CoV-2 easily transmissible but perhaps different, perhaps it has a mortality closer to SARS-1 or even MERS two or 10 times higher that would be a dramatic game changer in what we have to do and think about, or even if it is different in the way that its age distribution plays out.
SARS-CoV-2 affected the elderly especially. What if the next one affects school children or young people as did the 1918 pandemic? So faced with something like that lots of things will have to go right for us to be successful at stopping it. We will have to have supply chains. We will have to quickly develop a vaccine. We’ll have to have all kinds of things that work well.

But many of those things depend on coherent, coordinated leadership at national level, regional level, and global levels, and as I said a minute ago, no country no matter how well it does against the next pathogen is going to be successful by itself. It's only going to work if those leaders can work together.

And so the idea of that leadership network of the Global Health Emergency Corps is many of those national leaders can be identified ahead of time. Those are the people who if the outbreak is recognized today are going to be pulled into the prime minister’s office tomorrow morning and those heads of state are going to say, what do we know about this thing? What do we have to do about this thing? Do I have to close borders? Is a vaccine effective? Do we have a treatment? Who is most at risk?

All of those questions are going to need to be answered and then decisions are going to be made very quickly that will determine success or failure at containing that pandemic. The idea of the Global Health Emergency Corps Leaders Network is we want to identify and empower those leaders as much as possible ahead of time.

Get them networked together. Get them on the phone the night before with each other who they’ve grown to trust over time because they’ve worked on things together, they’ve exercised this kind of scenario together, and they say this looks exactly like the one we exercised last May.

So we think border closures may be effective but only if we move quickly and are consistent about it. Or border closures aren’t going to be effective against this one; we need to move to a broad vaccination campaign or widespread scaling of diagnostic testing.

Whatever those decisions are it’s in the world’s interest for those decisions to be as science based and as consistent as possible and that’s what you get from this Leaders Network. They know each other, they trust each other, they have the best information, and they're likely to give much more consistent and effective advice to the heads of state who are going to make those early critical decisions.

Dr. Morrison: So this idea of getting a commitment from member states to designate these are our leaders, they will work with you, that step is now part of your job,
right. Is out there marketing this, talking to this administration here in Washington but talking to many other governments.

It's meant to be multilateral. It's meant to not be hobbled by geopolitical divisions. It's something where China should be at the table just as much as the United States and others and it's one that relies on trust and confidence in WHO, in you, in Tedros and Mike Ryan. It's a testimony to the respect and confidence that people have in you that people are so responsive, I mean, that you're taking this on, you're leading this in this way.

But it's not going to be easy, it doesn't seem to me, because we've had – certainly here in the United States there's been several books published, most recently by Donald McNeil, just published – the former New York Times science and health reporter – “The Wisdom of Plagues” just published where he is making an argument that many public health officials walked away from being assertive enough and tough enough – tough minded enough to defend against a lot of the disinformation and misinformation and the attacks upon the public health sector.

In that same vein you could say there's been a lot of attacks upon the legitimacy and standing of the World Health Organization and we may see more of that in our own electoral cycle. But there's a wave of populism sweeping the world right now where there's a lot of anti-multilateralism and the like.

And so you have a tough job. You're there with a big idea. It's going to be centered at the World Health Organization. It has the support of Bill Gates. I think it's going to win support in the United States, I think other governments – Global South, Global North, and the like.

But it's going to take a very assiduous strategy to win the support. Say a bit about how do you get people on board, create excitement and momentum, legitimize this, and move it forward so that those who are not signed on want to now sign on.

Dr. Dowell: I want to say a bit about some of the strengths of WHO and some of the limitations. WHO has unparalleled ability to convene. WHO, when it comes to a health crisis, can bring people together.

You emphasized the role of WHO in leading this. I think of the WHO role as convening. Many of the leaders of this exist in countries around the world and when you talk about trust in the leadership I anticipate that the trust will build up in each other.
If we get this Leadership Network right they will come to trust each other and when there's an outbreak that starts in Singapore, let's say, the people on the phone will know the leaders in Singapore and they will have worked with them before and they will trust.

So it doesn’t depend only on WHO leadership. It depends on that network of national leaders in countries around the world to get to know and trust each other.

You mentioned misinformation. This is not going away. Misinformation has been part of outbreaks for a long time. It’s going to be part of future outbreaks, pandemics.

One of the ways that misinformation can be combated is by giving consistent good information. If the leaders in different countries all have different opinions about should we close schools, shouldn’t we, these places are, these places aren’t, these people are requiring masks but this country isn’t, that fosters that kind of confusion and we call it misinformation but it’s – frankly, from the public it’s easy to see why you would be confused if you’re sitting in Sweden and they’re telling you you have to wear a mask everyplace and you look next door in Finland and nobody’s wearing masks. Why?

So this kind of network of leaders who can get together, share the best science. And they’re not going to make identical decisions everywhere but if they’re looking at the same data and they all have access to the best information and they trust each other and have that networking ability the decisions are more likely to be consistent and that’s in all of our interest.

It’s in all of our interest. If border closures, for example, are indicated it doesn’t do much good for this country to close borders and the one next to it have their borders wide open again. So consistent, pulling in the same direction, is what’s needed in fighting this kind of global epidemic and that kind of network leaders who begin to trust in the leadership and authority of each other is critical to the whole thing working.

**Dr. Morrison:**

We know that in the acute phase of COVID there was a lot of tension and acrimony in the response, right. You had a lot of resentment and alienation in the Global South around sovereign nationalism dominating in the wealthier Global North in terms of access to critical items – PPE, protective gear, vaccines, diagnostics, test therapies, and the like.

We know that there's a lot of friction and tension and flashpoint issues – closing the businesses, lockdowns of economies, closing of borders, closing of air traffic and the like with huge implications for the economy. Closing of
schools that disrupted learning and created all sorts of these very long-standing problems.

And those memories, I think, are still very with us among people across countries that, oh my gosh, this was a(n) exhausting period. It was very divisive. Our politics in the United States particularly toxic. It hurt and eroded trust and confidence in science and in public health. The public health world itself is going through a lot of introspection, soul searching, how to rebuild. What did we learn about the – all of the implications of these decisions outside of health itself in broad societal whether it’s schooling and economy and the like.

So as you are pitching this leadership concept to governments – like, you’re here in Washington, you’re talking to the government you need to come on board – what is the argument – what’s the best argument that you can make to a superpower like the United States? Come on board. It’s in your interest. It’s good to be involved early, not late. It’s early to be – it’s good to be there at the beginning to shape this.

What are the benefits to the United States for listening to you and coming on board early, in your view?

Dr. Dowell: I want to say a word about the divisiveness and misinformation that you mentioned because we all experienced that and a lot of us – I talk to people who say, please, I’m so sick of this pandemic. I’m over it. The last thing I want to talk about is the pandemic again.

I totally get that. I am optimistic that our experience living through the pandemic will benefit us the next time. I realize that some people worry that people were so fed up with the mandates that they won’t respond well the next time when things may be – this may be needed.

But I look at the countries who experienced SARS-1. I lived through SARS-1. I was in Thailand at the time.

Dr. Morrison: This is ‘03-’04?

Dr. Dowell: In 2003 when the first SARS spread around, and Carlo Urbani came to Thailand and notified the world about it, essentially. I was there taking care of Carlo and watching the events of SARS-1 unfold.

It was also divisive. It was also debated, in not as many countries – nearly as many countries as we had with COVID but in the countries affected it was very – the mask mandates were divisive. The school closures were divisive.
| Dr. Morrison: | When COVID came along those countries and societies that had experienced SARS-1 did the best. They really did. |
| Dr. Dowell: | They had learned a lot. |
| Dr. Dowell: | Like it or not, Thailand did well. China did well. Singapore did well. Hong Kong, Canada, New Zealand. A number of the countries that had experienced cases of SARS-1 responded well, and so I believe that even though society in general and many of us think, oh my gosh, the last thing I want to go through is anything like that again, I totally get it. I think that – I’m optimistic that the experience of going through COVID will mean that the world is ready to respond more assertively the next time. And then, second, you ask about approaching countries and leaders about getting on board and being in line. One, it’s been surprisingly difficult to – when we go to countries and say who are the two to five leaders who would be pulled into the prime minister or president’s office to say what do we need to do on this thing for the most part countries say, hmm, you know, we’re going to have to get back to you on that. As we saw last night there are a lot of people in the U.S. government who have a very important stake in this thing and identifying those few people who are going to be really influencing the decision is not straightforward. At first that discouraged me. I thought, we can’t even identify who the people are who are going to be critical. But I realized that is one of the things that WHO should be doing is asking this question. |
| Dr. Morrison: | Yes. |
| Dr. Dowell: | Countries should – even though it’s not straightforward in almost any country who is going to be critical and who’s going to be involved, thinking about that ahead of time is one of the things that countries should be doing. |
| Dr. Morrison: | And you can help prompt that. |
| Dr. Dowell: | And that’s one of the things that WHO should do is to help prompt that kind of thinking. So it is a process. It’s going to take some time to do. But I think it’s the right process for us to be engaging in despite the fact that even some of these leaders their initial reaction is, oh my gosh, please don’t talk to me about a pandemic – I’m so over that thing. |
Dr. Morrison: Now, here in the United States there’s a couple things that are at play. One is a very promising thing, which is we have a new generation of leaders in health security as we saw last night. I mean, we have General Paul Friedrichs heading up the newly established White House Office of Pandemic Preparedness Response. Her deputy – his deputy, Nikki Romanik, is new.

We have a new leadership at the National Security Council. Shankar Sundaram is the new senior director on the directorate there on global health security and biodefense. Stephanie Psaki is the new deputy and the designated coordinator on global health security. Mandy Cohen is the new director of the CDC since the summer and doing very well. We have a new director, Monica Bertagnolli, at the NIH.

So these are folks that are inarguably unburdened by what happened during the acute COVID phase. Some of them were in various important jobs, and I haven’t named everyone but these are talented, dynamic people who are well aware of where we fell short and where we did better and how we need to preserve and sustain this engagement.

But they also are not in a defensive crouch defending all the decisions made because they were not making those decisions. They’re now charged with carrying us forward. So I think that’s a very positive aspect that you’re arriving at a moment when these folks are settling in and setting a course and you’re pitching them on buy-in now, make it more transparent and inclusive, make it more effective, and we’ll all benefit from that.

But it’s also a very divided place and very difficult time and geopolitically very crowded agenda with what’s happening in Gaza and the Middle East, Ukraine, our confrontation with China, our own electoral season which is fully on us and multilateralism has surfaced and foreign aid has surfaced as very divisive issues there.

So you’ve got – we’ve got to sort of quietly, it seems to me, continue to march forward with this administration and others that are going through their own electoral cycles to get them to commit and come forward even despite all of this and tell us a bit about how you do that.

You had a convening at the World Health Assembly last May to table this concept. You will be doing something similar at the World Health Assembly. This May you’ll be doing another convening in the fall around the U.N. General Assembly, I assume, maybe in that – it seems to me that bringing this together, getting people committed, getting people together committed, and making the agenda very concrete and actionable is going to show people the progress – the concrete progress that’s underway even despite all of these
other things that pull on people’s attention. Say a bit about how you’re going to do this.

Dr. Dowell: For the Global Health Emergency Corps to succeed at stopping the next pandemic all countries or nearly all countries are going to have to participate and so this issue that you’re raising, new people in place having to rethink pandemic preparedness, is playing out across many countries with a whole series of issues that divide within countries and across countries.

One of the things that I’ve found working in global health security over the years is it is something that everybody has a stake in and it’s surprisingly easy to get factions that otherwise disagree with each other to agree that we have to work together against a pandemic.

A pandemic really is a common enemy for all of humanity and so whether it’s in the U.S. Republicans and Democrats working across the aisle, whether it’s states, countries that have conflicts with each other willing to work together, when you have something like a pandemic that you’re working on there tends to be the possibility of broad agreement.

So I’m optimistic. I think we will get different factions within countries and different countries to line up. One of the important things is to get those leading countries, early adopters, out there to really buy in and I am thinking about countries like China, like the U.S., Brazil, Nigeria, Germany – I mean, Saudi.

There’s influential countries in each region that will be particularly important and on the U.S. side the U.S. government can play a very important leadership role because of its size, because of its experience, because of the capabilities that the U.S. can bring to the table.

It’s just very important to have the U.S. government bought in and leading this from the very beginning, along with a lot of other countries, and China and the other countries that you’ve named earlier are high on that list.

Dr. Morrison: And one mechanism that you’ve mentioned is launching a steering committee for the Global Health Emergency Corps and doing that fairly rapidly and trying to get the U.S. on board and some of these other regional powers and others spans the Global North-GLOBAL South and the like.

Is that the plan? Is that the plan to try and get that forward so you can point to that in this next period and say, look, these folks are bought in. They’re the early adopters. They’re our steering committee. It’s a diverse group. They’re very authoritative, they’re influential, and you’re going to call on them to help you move this forward.
Dr. Dowell: That’s exactly right, yeah, and establishing the steering committee will establish the leadership for the Global Health Emergency Corps and, importantly, that leadership will stay with countries. It will sit with countries.

We’ll have eventually nearly all countries – wealthy countries, poor countries, Global North, Global South, East, West – participating, and but getting – you have to start somewhere – and getting a group of early adopting countries in to begin to shape the way the Global Health Emergency Corps works will be really important and we intend to do that over the coming weeks, really.

Dr. Morrison: Yes. And how bought in is Dr. Tedros, the director general from WHO on this? Is this a priority for him – top priority for him?

Dr. Dowell: He’s been all in. You know, as I said, it was his – one of his early ideas when he became director general is we need something like this. He called it a pandemic army. But Global Health Emergency Corps is what Dr. Tedros, Mike Ryan on down at World Health Organization has bought into and is committed to.

So I’ve been completely impressed with the degree of commitment that I’ve seen at WHO since I got there in November.

Dr. Morrison: Yes. And let’s say a bit about some of the other places that can be very helpful in moving this concept forward. One is the Gates Foundation where you yourself were based for a decade and you used that perch there and your sway and ability to work with Scott Pendergast and others at WHO at refining the early concept for the Global Health Emergency Corps. Is the Gates Foundation still invested and active in this?

And related to that there are regional bodies, a variety of regional bodies, and regionalism and regional capabilities are the watchword in the post-COVID era. So I’m assuming you need to really make sure that this Global Health Emergency Corps is connected to those bodies as a first order of business as well as the most powerful and important and diverse group of countries.

So say a bit about the Gates Foundation. Say a bit also about the regional entities.

Dr. Dowell: These partnerships and networks are going to be critical for this to work and, yes, the Gates Foundation has continued to be supportive, catalytic in getting things going. I learned a huge amount from Melinda and Bill over the course of the three-year pandemic, meeting and thinking with them.
regularly about what needed to be done for COVID and how the foundation could contribute.

Bill himself his thinking evolved. He wrote a book that included a chapter on “The Germ Team” as he called and Global Health Emergency Corps is a direct offshoot of that kind of thinking along with the thinking of Dr. Tedros and many others.

So I anticipate that Bill and Melinda, the Gates Foundation itself, will continue to be important in a catalytic way. They've been clear all along that protecting global health security and protecting populations against the threat of epidemics is a fundamentally government role and so governments will lead this. It's not going to be led by any kind of philanthropic foundation.

And on the government side, yes, it will be really important to work with WHO's regional entities. There are six regions for WHO. Each of them has begun to establish a secretariat to work on Global Health Emergency Corps and I anticipate that they will play an increasingly important role in the regional and subregional organization of Global Health Emergency Corps as this goes forward.

Dr. Morrison:

Now, what kind of resources is this going to require, do you think, in order to make – stand this up fully as you develop this vision? I realize right now it’s really a matter of political commitment and political leadership and that, I think, is absolutely right.

Let’s not start talking about money. Let’s start by talking about commitment and leadership and engagement and as you are. But at some point you’re also going to need resources in order to do what to make this really be institutionalized and valuable over a sustainable basis?

Dr. Dowell:

Yes, there will need to be financing for this eventually. There is the Pandemic Fund which has been established. We're hopeful that in the next round of the Pandemic Fund that countries will be reaching out for workforce support, which is one of the areas the Pandemic Fund intends to support, and then that workforce support will be organized with the framework of the Global Health Emergency Corps in mind.

So that's a step forward. Ultimately, countries will have to do a lot of financing of this themselves. The basic health emergency workforce in countries is primarily the responsibility of countries. As we know, some countries – wealthier countries – have more ability to pay for that than poorer countries.
One of the things I always remember Bill saying is if a pandemic is a trillion dollar problem the world should at least spend a billion dollars a year on solving it. We shouldn't be asking people to spend their time focused on preparing for the next pandemic and expect them to do that as a side job or as a voluntary effort. People should be paid to do this work and it's well worth it to the world to do that.

The exact amount of financing that's going to be needed and how that financing gets mobilized is one of those things that gets – is going to have to get sorted out in the coming months. But as you say, our focus initially is on getting the basic framework right, getting broad buy-in from countries and leading individuals, and then we'll get to that financing question as that comes up.

Dr. Morrison: Yes. Now, we're in the homestretch right now of a two-year negotiating process around a pandemic treaty. It's under the auspices of an international negotiating group, nine countries. WHO provides a sort of frame and hosting function but it's really that negotiating body of member states that's driving this process forward.

It's supposed to have something of a conclusion of – the outlines of a treaty by the spring at the World Health Assembly. The parties are entering the eighth and ninth rounds of negotiations very shortly and there's some tough divisions, tough issues, still to be worked out and it's not clear what the outcomes will look like.

But access and benefit sharing are important. Intellectual property, very important. Financing, very important. One Health – that is the interface with animal health and human health and the like.

How does this – how does that negotiating process relate to your efforts to stand this new idea up which is inspired by some of the same normative shifts as what – of equity and access, transparency, accountability, leadership. Those themes, those norms, are much higher today in the post-COVID period than they were pre-COVID in our discussions – our diplomatic discussions.

How does that – how do these two things relate? And I assume your thinking is if things move forward with a pandemic treaty that only helps you but if things stumble a bit or they get delayed that doesn’t stop you from moving forward.

Dr. Dowell: That's right, Steve. I'm hopeful that the pandemic accord will go forward and that it will advance things in a significant way towards better pandemic
preparedness. These are difficult negotiations. I’m not closely tied into it. I don’t have a prediction about how things are going to go.

I know people are concerned about whether it’s going to be successful. But I do think that regardless of what happens with the pandemic accord that the work on the Global Health Emergency Corps can and will go forward and that the pandemic accord should include wording and language that supports and aligns with the Global Health Emergency Corps.

But with or without that wording the Global Health Emergency Corps and its concepts is going to go forward. People are going to be more prepared for the next pandemic. We’ll just have to see how that takes shape over the coming months.

Dr. Morrison:

Thank you. Thank you.

One last issue. How do you move ahead in trying to engage China and get China to come forward? China is a superpower. It’s a complicated country. It’s gone through its own special experience. During COVID there’s been this clash – geopolitical collision, really – between the United States and China and the West and China.

There’s been a restabilization. Things have warmed up a little bit of late. We had Jake Sullivan come back from one of the – the national security adviser come back from one of his most recent engagements with the Chinese foreign minister and give a speech at the Council on Foreign Relations just recently and say, look, cooperation on health is back on the table. We want – there’s various areas where we, the United States, and China can be moving forward. I take those as good signals.

But you’re charged as working for a multilateral organization, WHO, member state-based organization. How do you – how do you get China to take this up? I think that would be a big win if you could do that.

Dr. Dowell:

China has an amazing amount to teach the rest of the world about pandemic preparedness and pandemic response. China did some things that almost no other country could do. You remember early on when Wuhan was the center of the then unfolding pandemic and China was able to lock down an entire city.

At that time I remember thinking this has never been done at this scale before in history, and yet China was able to pull that off and they were able to contain or suppress the virus for months on end in an enormous country where the virus started.
So a lot of people look at that and say, well, it’s a different society. We couldn’t do that in our country. Much of that may be true, and yet it’s still useful to learn from the accomplishments that China made and what they did. I mean, building hospitals nearly overnight, just tremendous achievements in pandemic response accomplished in China that lots of other countries can learn a lot from.

So I do believe it’s critically important that China play a leadership role in establishing the Global Health Emergency Corps, and in our discussions with various aspects of the Chinese leadership we’ve had consistent positive feedback. Yes, you know, we’re interested. Keep us posted. We’d like to engage.

So I’m optimistic that China will play a robust role and – but we have lots of discussions to go in the future on that.

Dr. Morrison:

Thank you. Thank you.

In closing, I want to ask you a question that we ask all of our guests, which is you’ve got a very challenging agenda in front of you. You’ve taken that on. We’re all grateful that you are.

You’re making progress. It’s tough. It’s going to be – it’s going to require patience. It’s going to require, you know, a considerable amount of time and energy in order to sort of move this forward. So you’re going to have to be determined and patient as you move forward.

But what gives you the greatest hope and optimism now as you embark on this very ambitious, ambitious trail?

Dr. Dowell:

I think it was Hillary Carter last night who said we have to play the long game and I really appreciated that comment and agree with it.

This is important work. It’s going to take a while. There’ll be two steps forward, one step back occasionally. But I really do believe, and one of the reasons I was enthusiastic about taking on this responsibility, is that we can have a positive impact on pandemic preparedness and that’s a big deal, and so working on this and continuing to work on this is a great place to be.

I am optimistic and I do think we’ll get there, and I think despite the fact that many of us are sick and tired of thinking about pandemics at this point I do look back on that experience with SARS-1 and see the countries that lived through SARS-1 and how both at the professional public health level they were more prepared and at the societal level the societies were more prepared.
They knew we got to put our masks on now. And it’s going to be a while; we’ll get to take the masks off after a bit. But this is something we have to do for a bit and those societies that had lived through it once are much more ready to do it again.

So despite the fact that we’re all sick and tired of thinking about a pandemic I am optimistic that the experience of living through and surviving COVID will make us better prepared for the next one.

Dr. Morrison: Scott, thank you so much for your leadership on the Global Health Emergency Corps and your partnership with us and your support for our work over the years and we wish you all the best, and we’re certain that we’ll see you back here again to talk about this and whatever we can do here to be supportive we stand ready to do that.

I also want to thank my colleagues: Maclane Speer for pulling all the pieces together for today’s broadcast and also our production staff here, Dwayne Gladden and Alex Brunner, for their support in pulling this all together.

Thank you, and I hope we’ll see you again soon, Scott.

Dr. Dowell: Thanks, Steve.

(END.)