Second Annual Bush School
Global Pandemic Policy Summit
Summary Report of Panel Discussions
October 24-25, 2016

The 2nd Annual Global Pandemic Conference managed by the Scowcroft Institute of International Affairs at the Bush School of Government brought together some of the brightest minds from academia, private industry, international organizations and NGOs, foundations, and governments to discuss the most pressing infectious disease issues of our day. The conference included presentations under the following four panel topics—Emerging Diseases in the New World; Emerging Diseases in the Middle East, North Africa, and Southern Europe; Emerging Diseases in the Pacific Rim; and New Challenges: Pandemic Risk—as well as a presentation from Ambassador Bonnie Jenkins and several roundtable discussion groups. The following information is a synthesized version of the main concepts that came out of the roundtable discussions.

Break Down Walls and Increase Collaboration

One of the major themes of the presentations and the roundtable discussions was the need for greater collaboration in both government and academia. There is a great deal of overlap of research areas within universities and those researchers should be working together to provide more comprehensive solutions to the pandemic challenge. Federal government agencies do not share information on bio-security threats, pandemic infectious disease research, and data collection, nor have systems been established for working together to prepare for and respond to pandemic disease. Participants in the panel discussions suggested that the White House should be the organizational center for managing a pandemic response because of the overlapping authorities and organizational conflicts within the federal government. One senior person within the White House should be designated the chief coordinator and decision-maker for federal pandemic responses. Participants also expressed the need for greater collaboration between World Health Organizations and OIE (World Organization for Animal Health). Lastly, numerous participants discussed the need to bring private industry, particularly pharmaceutical and bio-technology companies, into the conversation. Private industry can
serve to bridge some of the gaps left by academia and government, as well as serve as an additional funding source.

### Link Between Animal and Human Health

A major theme of the conference is the connection between animal and human health. In many developing countries, humans and animals live in close proximity and this is the catalyst for many emerging zoonotic disease pandemics. Participants discussed that to better address the issue of pandemics, there needs to be improved surveillance and diagnostics in wildlife and domesticated animal populations. The vulnerability of the agriculture sector in general was discussed. Worldwide, developing and developed country governments have limited capacity or interest in monitoring of diseases that would affect the agricultural system; this weakness could have a significant economic and food security impact even if the disease is not zoonotic. It is important to improve biosecurity on farms both inside and outside of the United States. In order to get appropriate focus and funding in this area it is vital to convey to funding sources that animal health has a significant impact on human health.

### Need for Proper Border Screening

With the recent international focus on the migration of Syrian and Middle Eastern refugees, as well as continuing discussion in the United States about the movement of people across the Mexican-American Border, many conference participants expressed the need for appropriate screening of people crossing international borders. As many as half of the people crossing the Mexican-American border into the United States are not from Latin America, but rather from Africa and Asia. While there are currently some screening requirements, there was a lack of confidence about whether they were sufficient. There was also some discussion about how to treat immigrants that do not pass screenings. If they require multiple treatments, do they need to be detained until the treatment is complete or should they be trusted to complete the treatment on their own? Additionally, many of the border screenings are very specific and are not able to detect all types of potential infectious diseases. One example used to explain this problem was the thermal detectors in airports used to look for influenza or SARS are not capable of detecting Zika because those infected do not typically run a fever. The United States government needs to establish a more robust system of border screening.

### Need for Improved Health Infrastructure

Another topic that was discussed at length was the lack of infrastructure in many of countries impacted by disease. This does not only apply to emerging diseases, but also to Neglected Tropical Diseases and vaccine-preventable diseases. Many developing countries do not have the hospitals, clinics, supplies, health systems or even appropriately trained healthcare professionals to deal with an outbreak of pandemic disease. Conference attendees expressed concern over this problem and believed that this was an area that needed increased funding and resource dedication. Total U.S. government foreign aid funding for global health, much of which is focused on infectious disease, ranges between $8-9 Billion per year under the 150 Account and is spent primarily by USAID and the Center for Disease Control. Much of this funding is reactive rather than proactive in that it
focuses on responding to well-known specific disease threats rather than creating the health infrastructure in poor countries to respond to future pandemics of emerging diseases.

**Reduce Time Delays in response to Pandemics**

Participants discussed that there was a need for better surveillance and early warning systems, better training of health care professionals to recognize and diagnosis disease, and the possible establishment of systems that could produce vaccines or therapeutics more quickly. There was suggestion that the establishment of a Global Pandemic Response Team may allow quicker response, but there is also need to establish the political will to fully implement preparedness elements prior to an outbreak. Participants discussed the need to establish surge capabilities within healthcare systems and the benefits of reviewing and changing the legal code to increase police powers where necessary during a public health crisis.

**Cultural Competency in Pandemic Response**

The idea of cultural competency was mentioned often in connection with effective response. The case of Ebola in West Africa was a great example of the issues that can arise when there isn’t proper understanding of a country’s cultural practices. Participants at the conference discussed that incorporating cultural anthropologists into response teams would likely improve the effectiveness of any pandemic response. The United States often sends the military to respond to public health disasters—even though this is not the traditional role of the military—but there might be more response success using non-traditional responders (like cultural anthropologists) and trying to communicate at a local and regional level rather than from an international perspective.

**Role of Universities**

On the second day of roundtable discussions, many groups talked about what the role of universities should be in this process. Separate from the research that they can do on various diseases and response, many participants believed that universities could serve an important role in educating their students and the general public about the risks and challenges of pandemic disease. This could bring the discussion of disease to a more “local” level and help reduce fear and increase preparedness. The role of universities in education and preparedness could be especially important in developing countries.

**Challenges with Funding**

The challenge of finding appropriate funding for pandemic disease preparedness and response was a continuous topic of discussion throughout the conference. Funding is often disease specific and focused on the last disease rather than trying to create systematic preparedness. The lack of funding for infectious disease also means that many diseases that do not impact North America or Western Europe are often ignored despite the impact they may have on other countries or continents. Aside from the humanitarian problem of ignoring these diseases, increased global travel also means that this neglected diseases may eventually reach developed countries and
those countries will be unprepared. Numerous participants also noted that the U.S. Department of Agriculture, Department of Homeland Security, and Department of Health and Human Services need increased funding in order to properly address issues of biosecurity.

AN AGENDA FOR MOVING FORWARD

- Universities should create a cross-departmental system that allows people with similar research interests to work together.
- A university-level working groups should be created that can meet periodically to update each other on on-going research relevant to pandemic disease. This group should be made up of individuals from the academic community working in areas of biology, psychology, political science, anthropology, veterinary medicine, and more. The goal of this working group is to identify collaborative projects and develop solutions to many of the gaps in infectious disease preparedness and response.
- The federal government should conduct an estimate of the cost to develop/establish all of the resources needed to respond quickly to pandemic disease. This includes the cost of developing rapid diagnostics, more intensive surveillance, vaccine development, and surge capacity for American hospitals.
- Establish state-level education and communication programs that help the public understand pandemic threats and how they can protect themselves. Already existing state disaster agencies could take on this responsibility, with the possible assistance of land-grant university extension offices.
- Develop strategies to facilitate data and information sharing between and across levels of government. There needs to be improved efficiency in sharing local public health data with the states and state public health data with the federal government. There is also a great need for improved data and information sharing between agencies at the federal level.
- Establish a singular, federal institute for human and animal health that focuses specifically on the threats to agriculture and zoonotic diseases. This would be most suited to reside within the USDA, but should be made up of human and animal medical professions as well as individuals how specialize in plant sciences.
- Develop infrastructure in developing countries to help them respond quickly when they have an outbreak and develop long-lasting infrastructure and surge capacity in the United States. Currently, billions of dollars are spend on reactive pandemic response. Instead of a reactive response system, a fund for proactive measures should be established with the federal government—in conjunction with the World Health Organization—to help build up capacity prior to an outbreak.
- Decentralize diagnostic labs in developing countries. There should be more satellite labs that have the ability to see and understand the local situation.