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easy-to-understand health labelling and regulating unfounded food marketing claims.<sup>11,20–22</sup>

Health professionals are some of the most trusted members of our communities. Without including health systems, we cannot completely address the multiple food system crises facing humanity today. Transformation is urgent, and everyone's health depends on it.

LH declares his role in the UN Food Systems Summit as the Chair of Action Track 1: Ensuring Access to Safe Nutritious Food for All. We declare no other competing interests. The views expressed in this Comment are those of the authors and do not necessarily reflect the views or policies of the Food and Agriculture Organization of the United Nations.

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## A new strategy for health and sustainable development in the light of the COVID-19 pandemic



To build a post-pandemic future, in which everyone's health is protected and promoted, what can we learn from the events of the COVID-19 pandemic and previous crises? The Pan-European Commission on Health and Sustainable Development, established by the WHO Regional Office for Europe and comprising experts from a wide range of backgrounds and across the pan-European region, has now set out an ambitious agenda to achieve a healthy and secure future for all in its new report.<sup>1</sup>

Contagion characterised crises such as the 9/11 attacks in 2001, with the aftermaths of conflict and migration, the 2007 financial crisis, and the COVID-19 pandemic. An event in one country spread rapidly to others. Yet not everywhere was affected to the same extent. What mattered to more desirable outcomes was leadership, policies based on available evidence rather than ideology, and preparedness. We see this clearly in the COVID-19 pandemic. Did those

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in charge respond rapidly and decisively? Did they follow the science? Had they invested in the modern public health systems that past outbreaks of SARS, Ebola virus disease, and Zika virus disease had shown were so important?

Mark Carney, the former governor of the Bank of England, has identified three key elements of the G20 response to the 2007 financial crisis that helped avoid another one when the pandemic arose: a clear mission with political backing, having the right people around the decision-making table, and generating consensus to instil ownership.<sup>2</sup> This response to the 2007 financial crisis had to confront the “impossible trinity” of sovereignty, economic integration, and democracy.<sup>3</sup> So what does the global community now need as it looks towards post-pandemic recovery?

A clear understanding of the threat is needed. Like most emerging infectious diseases, including the continued challenge of antimicrobial resistance,<sup>4</sup> SARS-CoV-2 emerged at the interface between humans, animals, and the natural environment. The philosophy and approach of One Health, which sits at this interface, must become the focus of our attention.<sup>5</sup> This has implications for the way public health is organised at national level, where ministries of health are mostly totally separate from ministries of agriculture and environment. However, once SARS-CoV-2 jumped species it exploited the weaknesses in societies, impacting most on communities already disadvantaged. The pandemic has revealed new determinants of health,

such as digital exclusion. And it highlighted the value of the many essential workers who contribute so much. The danger of those engaged in corruption and cyberattacks has also been evident during this pandemic. So the primary step is to create a new and comprehensive model of the determinants of health for the 21st century and implement the concept of One Health at all levels of society.<sup>6</sup>

Rules are needed that all stakeholders will sign up to. The International Health Regulations have an important role, but the need for a new Pandemic Treaty is now widely accepted.<sup>7</sup> The positive experiences of previous treaties<sup>6</sup> on topics such as ozone depletion, climate change, and biodiversity point to the importance of involving civil society, including academia and non-governmental organisations, at all stages. A Pandemic Treaty will have to be truly global to be effective. Governments must be willing to permit WHO, the logical custodian of the treaty, to take whatever action it feels necessary to ensure compliance with the treaty’s provisions.

Commitments and actions are needed to heal the economic and social fractures that left our societies so susceptible to the negative impacts of the pandemic. This effort will involve gathering data to identify those who are at greatest risk during a crisis, to understand the reasons for their vulnerability, and to put in place mechanisms to protect and support them. And the way we record public spending, failing to recognise the value of investment in the future, needs to be changed to make it easier for governments to invest in health systems and public health.

A mechanism to identify future threats is needed. Our Commission has proposed a Pan-European Health Threats Council, informed by leading researchers from a wide range of disciplines, that would provide a mechanism to share intelligence, avoid risks where possible, and develop coordinated responses to any future crisis.

Resources need to be effectively mobilised when required. Our Commission has proposed a Global Health Board, bringing together health and finance ministers of the G20 and certain other countries, the International Monetary Fund and the World Bank, and WHO occupying a key position, would enable health and economic risks to be assessed together and release the necessary resources rapidly in a future

crisis. Currently, WHO can declare a Public Health Emergency of International Concern but can only act within the resources it has available. A Global Health Board could marshal the necessary resources for an effective global response. However, as with the Financial Stability Board created by the G20 after the financial crisis,<sup>2</sup> on which this idea draws, finance ministers would expect governments to minimise risks. Participating governments should no longer be able to underinvest in their public health infrastructure. The resilience of health systems should be tested, just like the resilience of banks, and any weaknesses addressed.<sup>8</sup>

But none of this will work if the COVID-19 pandemic is not controlled globally. And to do so we need to vaccinate the world. Vaccine equity will only be achieved if we recognise the importance of global public goods, in this case, the knowledge—currently constrained by rules on intellectual property and technology transfer—that would allow the necessary scale-up of COVID-19 vaccine production and the benefits of population immunity.<sup>9</sup>

Too often politicians have said “never again”. But memories fade. This time, we must learn the lessons of history. No country can do it alone. We need a multilateral rules-based system in which everyone recognises their interdependence on this small planet and acts accordingly.

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