

Session 1: Diplomacy and human rights-based response

The pandemic has demonstrated the imperative of strengthening national health systems and ensuring universal health coverage for everyone, everywhere. By late 2021, the world's vaccine supply was no longer constrained but the necessary infrastructure and logistics supporting countries' ability to deliver needed vaccines and medicines was not lagging behind. All stakeholders – governments, civil society, manufacturers, and others – have a collective responsibility to ensure equitable access to vaccines, medication and treatments. We need to strengthen the delivery infrastructure and build the necessary infrastructure and logistic supply chain to make equal accessibility to vaccines and medicines possible.

Session 2: Health systems strengthening

Faced with an unprecedented health security crisis on top of the challenges of an ageing population and increasing burden of chronic diseases, our health systems need to both strengthen their resilience to future shocks and meet increased demand for healthcare, while staying sustainable over time. Whilst we need to keep investing in our health systems, there are opportunities to make healthcare spending more efficient. Smart healthcare spending will allow us to improve health outcomes while not increasing overall costs, or even create savings in the long-term that can be reinvested for better health. This is different from the short-term budget cuts that take place at this point in time, which lead to worse health both at population and patient level. In order to start a discussion on how smart spending can improve health systems' resilience, responsiveness and readiness, we developed five recommendations

- 1. Measure outcomes and publish data**

As achieving optimal patient or population level health outcomes is a core objective of smarter spending, health system decision-makers need reliable and granular data on outcomes in order to assess the true efficiency of spending. Today, health outcomes data is scattered available and difficult to compare due to different data collection standards and methodologies. Measuring standardised outcomes that matter to patients is an essential tool towards better assessment of real efficiency and healthcare value. Publishing these data in a transparent way, following the model of countries like Sweden, can inform service providers on the preferred service design. It can also empower patients by allowing comparisons to be made over time, and between providers and services, therefore contributing to more informed decisions. Improve care coordination, including through integrated health data and digital health. Addressing roadblocks in the patient journey and removing duplicative interventions can reduce unwarranted costs and potentially improve health outcomes. Integrated and focus on appropriate care has the potential to increase the continuity of care and reduce unnecessary waiting times, support patients' empowerment and foster health systems sustainability and resilience. For some diseases and conditions, especially the most complex ones, the implementation of standardised patient pathways can help improve this care coordination. Digital health services and Electronic Health Records (EHRs) are also crucial tools to strengthen care coordination and service integration, as well as to improve empowerment and self-management through patient access to their own health data.

2. Promote efficiency through smart pharmaceutical spending

Substantial savings can be made by promoting competition for off-patent medicines. Member States should exchange good practices on the best ways to achieve an effective and competitive off-patent market and how to attain rational use of medicines, including better adherence to treatment and avoiding inappropriate polypharmacy, through digital tools.

Savings made should be reinvested to improve access to innovative medicines, which have an important role in further improving lives of patients and reducing unnecessary healthcare spending in other parts of the health/social care systems and in create labour savings in healthcare.

3. Strengthen prevention, early detection and intervention, including health literacy

Prevention and health promotion measures, as well as actions for early disease detection and intervention (secondary prevention) should be strengthened in order to limit avoidable mortality and morbidity and reduce unnecessary costs for the health system. Improving health literacy by integrating it into health policies and targets will contribute to better health outcomes and more efficient health resource use.

4. Move to payment models that reward outcomes over volumes

Traditional payment models used in healthcare can sometimes create incentives for overconsumption of care or inappropriate interventions, or in other cases result in rationing of services, inefficient waiting times and risk selection of patients. Moving to payment models that focus on outcomes would address one of the central problems that healthcare systems face today: not incentivising what actually matters; better health for patients. Instead of paying for hospital beds, visits to doctors, tests, or pills, healthcare systems should reward better health outcomes for patients and longer lives. Tying incentives and payments to outcomes is not just appropriate for some medicines and therapy areas, but for healthcare services in general. This may require extra monitoring and collection of data, but will result in a deeper understanding of how to better allocate limited resources and provide incentives for care coordination and service integration.

5. Integrate budgets across the care cycle

Outcomes-based payment models that take into account the full clinical pathway can facilitate the integration of care, as different services are incentivised to work together to achieve the best result for the patients. This would help overcome today's fragmented healthcare budgets where there are poor incentives for investments that would realise long-term savings in another part of the system. Removing budget silos between different parts of the healthcare system can enable more efficient resource allocation, focusing on achieving the best value for the patients. This will also allow healthcare systems to become more flexible and able to adjust to external shocks and future health threats.

Session 3: Pandemic prevention, preparedness and response

We would like to share 10 insights as hard-learned lessons to date and as urgent strategies to end this pandemic and be better prepared to the next one:

a. Health security starts with pathogen surveillance and sharing

Investments in global health security, especially improved and expanded pathogen and disease surveillance, will not achieve the ultimate goal of protecting people worldwide if immediate and unfettered access to pathogens and their genetic information is constrained.

b. Partnerships accelerate R&D and manufacturing

Effective voluntary partnerships spanning the globe accelerated research and development and manufacturing for COVID-19 vaccines and therapeutics. More than 330 partnerships – public private, private-private, private-academic, and others – bolstered manufacturing capacity, facilitated technology and knowledge transfer, and drove historically rapid R&D.

c. Advance market commitments support manufacturing scale-up for global pandemic response

Advance market commitments for COVID-19 vaccines and therapeutics – prior to stringent regulatory authorizations – allowed for vital supplemental investments in production capacity and voluntary technology transfer. Even amid the shifting uncertainties of the pandemic – evolving variants, changing epidemiology, and fluctuating geographic hotspots – those commitments sustained at risk but indispensable investments.

d. Innovation is essential for preparedness and response, as is early involvement of the business community

More than two decades of investment powering tenacious research and development – even in the face of costly failures – laid the groundwork for the record-shattering development timelines for the mRNA and viral vector vaccines now in use to mitigate COVID-19 disease. Global legal frameworks supporting innovation were essential to that continuous pursuit of safe and effective vaccines and need to be maintained.

e. Global upstream supply chains disruptions put production and distribution at risk

The lack of multiple, globally sourced components delayed pharmaceutical distribution throughout the pandemic. Shortages of raw materials and intermediate products made worse by trade restrictions and competition for and among vendors resulted in inefficient allocation of available supply, leaving most developers less capable of rapidly testing, manufacturing, and delivering COVID-19 vaccines and therapeutics. Proposed investments to expand manufacturing capacity must also build capacity for sufficient and rapid supply of critical commodities and raw materials.

f. An established procurement mechanism for low-income countries is vital

COVAX was not sufficiently funded or organized quickly enough to secure advance purchase agreements for doses on a par with high income country purchasers. When a pandemic is declared, sufficient, dedicated, and sustainable financing must be available immediately to procure goods for countries with limited or no capacity to finance their own pandemic purchases. Technical assistance must also be quickly provided to speed response implementation.

g. Regulatory agility and convergence guard safety and speed to access

COVID-19 vaccines and therapeutics were developed in record time thanks in no small part to the extraordinary degree of collaboration between industry and national and regional regulatory authorities. The collaborative consultations – between industry and regulators as well as among regulators – saved lives by managing speed, efficacy, and safety. If COVID-19 regulatory agilities lapse, however – for pandemic-potential vaccines and medicines and for other life-threatening diseases – the promise of scientific advancements and technology to speed development, production, and access to vaccines and therapeutics will not be realized.

h. Vaccine nationalism imperils everyone

The first obligation of any government is to ensure the safety of its people. But narrow understandings of that duty have led to the rise of "vaccine nationalism." Policies like export restrictions and vaccine hoarding, regardless of global public health need, have intensified and likely prolonged the COVID-19 pandemic. Refining the concept of "national health security" in a global context will be essential before the next pandemic.

i. Delivery infrastructure must be strengthened

By late 2021, the world's vaccine supply was no longer constrained. Yet too many people in lower-income countries still lack access to COVID-19 vaccines and

treatments. The pandemic has once again demonstrated the imperative of strengthening national health systems and ensuring universal health coverage for everyone, everywhere. All stakeholders – governments, civil society, manufacturers, and others – have a collective responsibility to ensure equitable access to vaccines and treatment starting now, in this pandemic, and to build the necessary infrastructure supporting countries' ability to deliver needed vaccines and medicines ahead of the next one. Strong national resilient health systems and global health security are two sides of the same coin.

j. Vaccine confidence is critical for success

Ending the pandemic demands that public confidence in COVID-19 vaccines and the systems that deliver them be high and sustained. Vaccines won't work if people won't take them. Concerted, cross sector action to build public trust is critical now and will need to be maintained long after the pandemic has ended. Strong pharmacovigilance and no-fault-compensation systems contribute to improved confidence.

Session 4: Products and supply chains

The supply chain of pharmaceuticals is set in the international arena. The following is needed to improve local research and production medicines and vaccines:

- Guarantee long-term commitment from the government
- Dare to be competitive
- Invest in production facilities
- Make production flexible and efficient
- Introduce smart logistics
- Conduct targeted acquisition
- Make the sector attractive to work in/for

Several ideas can be found in our brochures 'Nederland als medicijnhub' and 'Boston aan de Noordzee' links: [190507_VIG_BASISTRAMIEN_MEDICIJNMONITOR \(netdna-ssl.com\)](#) and [Boston-by-the-North-Sea.pdf.pdf \(netdna-ssl.com\)](#).

Session 5: One health & multisectoral approach

One Health is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. Internationally companies in essence support the UN Sustainability and development goals. On local level >50% of our members have signed the Green Deal and have pledged to work on issues like medicines residues in surface water, reduction of spillage, reduction of packages and paper. To bring this further we recommend to establish a Dutch platform in which public private partners can tackle global health challenges with common goals, strategic priorities and leading principles. How can we use the Dutch expertise and innovations on for instance water management, but also the Coalition Sustainable Pharmacy and the AMR coalition we have founded 3 years ago to position the Netherlands as a valuable partner to tackle global health and environmental challenges.