



Winning the war against COVID-19: A new phase – with Francesca Colombo

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Intro [00:00:03] Welcome to OECD Podcasts, where policy meets people.

Kate Lancaster [00:00:09] With the COVID-19 pandemic sweeping the world, it feels like life has been turned upside down. Countless workplaces, schools, public spaces have been shuttered in a race to contain the virus, causing enormous challenges for the world economy. Our health systems and care workers continue to face intense pressure. After these first long months, what lessons can be drawn? I'm Kate Lancaster, and you're listening to OECD Podcasts. Today, I'm joined – virtually, of course - by Francesca Colombo, Head of the Health Policy Division at the OECD, to explore these questions and more. Francesca, welcome. It's wonderful to speak to you.

Francesca Colombo [00:00:51] Thank you.

Kate Lancaster [00:00:52] Let's start right in. After several long months battling the corona virus, and now some countries announcing a loosening of restriction measures, I'd like to ask - and I'm sure this is a question we all want to know - where are we in this pandemic? Is this the end of the beginning? The beginning of the end? What do you think?

Francesca Colombo [00:01:10] It's a question that everybody's clearly asking. There is a lot that we don't know, but a lot that we start to know about this virus. For example, we know that it's very infectious, about twice as infectious as seasonal flu. We know that it's many times more deadly than the seasonal flu, although it's not as deadly as the SARS or as the Ebola, for example, and we know that there are many cases which are asymptomatic. There were a sufficient number of people that became ill, critically ill, required intensive care, hospital care and very quickly overwhelmed hospital services and health care services, and that's where countries implemented lockdown measures or containment measures. Those measures were effective to reduce the rate of contagion and bring us to a situation in which they can be gradually eased and lifted in a number of countries. And you can understand that there is a very strong social and economic imperative, of course, to ease those restrictions. And so is it the beginning of the end? Is this the end of the beginning? I think it's the beginning of a new phase in which we need to learn how to live with this virus. This virus will not disappear - it will continue circulating. We will be able, hopefully, to reduce the spread so that we don't overwhelm hospital and health care systems. But until we have a vaccine, until we have a prophylaxis, we will need to live with this with this virus. And so we need to learn about living with some form of containment measures, perhaps more social distances than we were used to. Perhaps more personal hygiene and protective measures than we were used to.

Kate Lancaster [00:03:04] Well, you mention our health systems, and it's true that this crisis has really put health systems to the test. Not all countries have been hit to the same extent, but a lot of health systems are under pressure. And what policy lessons are emerging? What can we learn from these first tough months and use as the fight against COVID-19 goes on?

Francesca Colombo [00:03:24] It's quite clear that many countries were taken by surprise, that some countries were hit earlier than others, which means that others had the opportunity to learn from what was what was happening. If you take Korea, which seems to have had quite good and rapid response, they were quite traumatised, I would say, from the previous SARS epidemics at the early 2000s. And so they were much more prepared for these kinds of epidemics. There are other factors, things about the

population structure. Italy has a very old population and we know that elderly people are more vulnerable and fragile to this virus. There are then issues related to the characteristics of health systems, and I'm not hiding that there are differences across countries in terms of capacity - critical care capacity, intensive care units, beds, but also the workforce, because you don't just need to have hospital beds. You need to have the workforce behind operating those critical care units. There've been differences in between countries to very quickly test for infections. We take also the case of nursing homes for elderly people that were really quite affected. There are differences, again, across countries in terms of caring personnel and in terms of infection control protocols. Wanting perhaps to be on the positive side, because I think we need to be positive, there have been lots and lots of very innovative and very interesting reactions in countries. Think about tele-medicine, for example, or the use of more digital solutions to facilitate care in the more remote regions. Those are all innovations that have been accelerated by the current crisis and that probably will remain even when we are out of this crisis.

Kate Lancaster [00:05:18] Can you tell us a little bit more about the ways you think health systems can continue to innovate and adapt as we enter this new normal that you've described, this period of living with the virus?

Francesca Colombo [00:05:29] Well, I think it would have to do with ability to be better prepared. Definitely, while we all knew that there could be epidemics of this sort at some point, this kind of crisis has revealed that there have been some problems and weaknesses in countries in terms of being prepared for an epidemic. I think we need, beyond the capacity, also to think about the agility of health systems, to respond and to react very quickly, because that's what was needed in this current crisis. The ability to mobilise workforces, for example, really to, in a way, create almost a reserve army and reserve capacity that can be quickly mobilised in a situation of crisis.

Kate Lancaster [00:06:17] In my neighbourhood every evening, people come out at 8:00 p.m. to clap for essential frontline workers, for health care workers. But we all know that applause is not enough, so what would you say are the main structural challenges when it comes to staff levels, working conditions, carers' training and skills?

Francesca Colombo [00:06:35] Well, first of all, I need to say that, obviously, we need to pay a very, very high tribute to the care workers because they're working insane hours. They are risking their lives, their health, their physical and their mental health to really protect our lives. And it's also important to cite the health workforce is very feminized; 50 percent of the doctors are women, but amongst the nurses, for example, in a number of countries, up to 90 percent are women. And for long term care workers, the personal carers and the nurses, again, 90 percent of them being women. And so I think the causes that have however shown that there were a number of structural problems in the current personnel in the hospital sectors, in the long term care sectors that will need to be addressed. And they were very, very severely hit. If we take the long term care sectors, about 50 percent of the deaths were happening there and they were not prioritised for receiving personal care equipment or even for testing.

Kate Lancaster [00:07:45] For long term care, you mean nursing homes, rehabilitation centres, places like that?

Francesca Colombo [00:07:52] Nursing homes or even personal care workers and nurses that really assist disabled and elderly people. They were not the first immediate priority for receiving personal protective equipment or also for testing. And even if you take in the hospitals, for personal protective equipment, there have been issues. But I think they are issues which pre-existed the current crisis. And so I think we need to be a little bit more attentive to the working conditions, wanting to look again at the work environment of hospitals, of nursing homes, wanting to ensure much stronger support and coordination with the primary care professionals and support in order to improve their safety and the working conditions.

Kate Lancaster [00:08:38] Well, it's going to be a long haul and any lessons we can learn as we go along are vital. In that context, looking forward, down the road, we all know that there's a race on to find effective treatments and to find a vaccine. Where are we on this? What policies will be needed to make sure that the treatments and vaccine are available for all, in every country?

Francesca Colombo [00:09:01] We see a lot of movement in terms of trying to generate new funding for the research, for new treatments and new vaccines, and that's fantastic. So quite a lot of money for funding, but a few things to remember first; it takes a long time to develop a vaccine. In normal circumstances, we're talking about up to six or seven years to really having a vaccine which is tested in clinical trials and then, obviously, you know, to be approved and distributed. Here we're talking about tremendous efforts also in terms of running things in parallel, many different trials, many different clinical trials, in parallel, to try to accelerate that to have a vaccine in something like 18 months, and that is going to be a major achievement. It's only the beginning in a way. This means that while we rush to provide more funding for the research, we need also to think of other issues; we need to have a better understanding and projections of what would be the global demands for vaccine; we need to start incentivising also the completion of all these research projects; we need also to think about the manufacturing capacity. Can we give incentives for companies to start now with manufacturing capacity, even without knowing which one of the vaccine candidates will be successful in the end? And how about also trying to work on pricing and also in procurement measurement measures so that we make sure that we will be able to distribute the vaccines where they're mostly needed and avoiding bidding wars across countries, for example. So quite a lot of things that do require international cooperation that go beyond the very, very obviously important initial steps of funding research.

Kate Lancaster [00:11:02] In the meantime, what kind of approaches can countries take to minimise risks as they ease lockdown measures?

Francesca Colombo [00:11:08] It will take time to have a vaccine or prophylaxis. Well, we need to do things which are non-medical interventions. And so there are not many, the weapons that we have at our disposal, but they're very, very critical. We need to do them robustly and we need to do them, well, I mean, I mentioned already the importance of hygiene, protection, respiratory protections, such as masks, or disinfection measures. All the countries are implementing those. But there is also an important role for measures to ensure that the virus does not just make it from one person to another, and that's where the role of testing, tracking and tracing, is particularly important. So this has to do really with the ability to very quickly detect when there are new cases, but also then investigate, find out all of the contacts of those cases and test them to ensure that they didn't get infected, and if they were, isolate all of those that were infected. We need to reduce the time between infections and other possible infections.

Kate Lancaster [00:12:18] We've heard a lot in the press about technology being used to help for this; apps or devices that could make this faster, that people could share their information.

Francesca Colombo [00:12:30] Yes, it's one possibility. I don't think you should consider it as a magic bullet. There are some challenges with it. For example, to be effective, you need to have some 60 percent of the cases to be on those applications, and so you need to have a very large scaling up of these applications. There are also some false positives or negatives that can happen. There are issues about battery life, and there can be also privacy concerns about what's going to happen with the data that might be collected through those tracking tools. And so there are a number of things that need to be addressed to make sure that they can function. But fundamentally, they need to be accompanied by the more also traditional, you know, job of public health professionals that really go and investigate, you know, all the contacts that individuals have had, in order to identify really all the infected cases. There are challenges, and these are challenging, also in protective equipment and supports. There are challenges in terms of scaling up the production and distribution of the tests. There are a number of challenges. However, we should bear in mind the costs of all these measures. Those measures that we have at our disposal right now are really very, very small relative to the cost of the next lock down. So the economic and social costs of a lock down, we're talking about really immense consequences for the economies, individual lives and social interactions as well. And so even if measures might have some challenges, we do need to try to implement them as they're scaled up. And yes, that may cost a little bit, but those costs really pale relative to the cost of a further lock down.

Kate Lancaster [00:14:23] Thank you very much, Francesca. It's been a pleasure speaking with you today. I wish you all the best, and I hope we see each other again in person soon. If you want to find out more about the issues we've been discussing today, go to www.oecd.org/coronavirus.

Outro [00:14:45] To listen to other podcasts, find us on iTunes, Spotify, Google podcasts and SoundCloud.com/OECD.