



## 7. Countries to establish highest level national coordination for pandemic preparedness and response

National responses in a significant number of countries failed to get ahead of the pandemic. Measures that were taken too late had all of the costs but none of the benefits of early containment, resulting in a negative feedback loop in which the economy was pitted against health.

Countries which successfully managed the disease took **whole-of-government and whole-of-society approaches, sought scientific guidance, engaged with community health workers and community leaders**, involved vulnerable and marginalized populations, also in conflict-affected countries, and worked closely with subnational governments. But where scientific advice was side-lined, and national approaches were characterized by denial, delay, and distrust, the result was uncoordinated and confused national efforts that were ineffective in curbing community transmission.

**Building resilient and equitable societies requires a serious shift in mindsets.** The extent to which the COVID-19 pandemic has exacerbated inequalities is an emphatic demonstration of the interconnectedness of social, economic, environmental and political factors in society. Health programmes and COVID-19 responses need to recognize and act upon gender, ethnic, and other inequalities. Both community and private-sector actors have been viewed as conduits for resources to supplement the core business of health systems, rather than as actors with a vital stake in pandemic outcomes and a right to a seat at the decision-making table.

Accomplishing a change of paradigm to a resilient, equitable and inclusive system for pandemic preparedness and response is **an inevitably political exercise** because it demands that respect for human rights and promotion of equality are brought to the foreground. Health and well-being require the intersectional nature of disadvantage and exclusion to be tackled.