



Wilton Park



Report

Learning key lessons on COVID: a UK/Netherlands discussion on health

Tuesday 22 February 2022 | WP2029V

In association with:



British Embassy
The Hague



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This virtual event, delivered by Wilton Park in conjunction with the British Embassy in the Hague, explored some of the past, present and future health challenges posed by COVID in Britain and the Netherlands. The discussion focussed on a range of areas including vaccines, variants and future pandemics, the role of scientific institutions, winter planning, bilateral and multilateral cooperation, and public trust. The virtual event represented the beginning of a series of bilateral conversations between British and Dutch counterparts and was directly followed by a discussion on education lessons from the pandemic held on the 24th of February 2022.

Although the current pandemic is by no means over, there is a growing confidence, particularly amongst European countries, that the severity of the virus is waning. This confidence is vested in widescale vaccination and booster campaigns, the emergence of milder COVID variants (which are having a decreased impact on death rates and hospitalisations) and a subsequent loosening of government restrictions. At the same time, the pandemic has highlighted and exacerbated many pre-existing tensions across economic, social and political grounds, while lesser-known challenges like long Covid and wider social impacts of the pandemic remain.

Given these developments, we are at an ideal moment to reflect on the health challenges posed by COVID and take stock of some of the positive and negative aspects of UK and Dutch health responses. Careful, evidenced-based strategizing alongside continual momentum building towards pandemic preparedness is an essential next step in the transition out of COVID.

Despite many political, economic, and social similarities between the UK and the Netherlands, each country has experienced different challenges from the pandemic. Understanding these similarities and differences by facilitating cross-border and cross-disciplinary lesson-learning provides an essential foundation to cope with the remaining challenges of COVID and respond to future health crises.

Executive Summary

1. As Europe begins to emerge from the worst stages of COVID, the UK and the Netherlands are at an ideal stage to collaborate to strengthen responses and preparedness to future variants and pandemics.
2. Despite a consensus that COVID's impact is waning, there are significant long-term challenges ahead and wider difficulties in predicting how current and emerging variants might impact health systems.
3. Building momentum towards future pandemic preparedness is crucial and needs to be at the forefront of public and private agendas. Governments need to increase and sustain public investment in global health bodies yet face serious political challenges as public interest turns to other events. The private sector can also play a greater role in strengthening health resilience and large pharmaceutical companies need to pay their fair share through taxation and direct investment to health bodies. Unlocking and aligning capital from the finance sector must also be prioritised.
4. While supply chains have largely stabilised (at least in relation to the pandemic) questions remain over whether they are robust enough to handle future health shocks and crises.
5. Assessing how to rebuild public trust and compliance is an essential next step in the transition out of COVID. Strategies need to be geared towards specific groups, as public trust is complex and fluid.
6. Besides the immediate health impacts of the pandemic, COVID also outlined and exacerbated core inequalities in both national and global contexts. Responding to widening inequality as well as the social effects of the pandemic is an essential aspect of our recovery as we transition out of COVID,

Recommendations

7. Enhancing cross-border cooperation in bilateral and multilateral spaces represents an integral element for future pandemic preparedness, and the tendency for countries to look inward needs to be tackled, as global pandemics are borderless.
8. The UK and the Netherlands share many similarities and can be considered global leaders in epidemiological research. Increasing collaboration between both countries is essential and the formation of a bilateral pandemic review board comprised of scientists and experts can play a key role in building momentum towards future pandemic preparedness.
9. On-going communication and collaboration between the scientific community and the policy space needs to be prioritised as European countries transition out of the pandemic. This requires maintained investment and will be challenged by political pressures to prioritise expenditure in other areas as the UK and the Netherlands experience milder levels of COVID.
10. Widescale cross-disciplinary consultation can enhance pandemic response strategies and future preparedness; besides typical virus research areas like epidemiology, social and behavioural sciences have offered crucial insights into a range of areas including vaccine uptake and wider compliance with public measures. Prioritising cross-disciplinary and cross-border research initiatives can better enable policy makers to make decisions at the right time.
11. Financiers can and ought to play a greater role in strengthening public health systems and institutions and pandemic preparedness can benefit from similar initiatives undertaken in the climate space. Mobilising private investments alongside public expenditure is critical to strengthening global responses to future pandemics.

“A pandemic is inclusive by nature and knows no borders”

“Covid can serve as a catalyst for health infrastructure spending”

12. To increase future vaccine uptake, politicians and scientists need to present clearer and more effective public messaging on the rare (but sometimes severe and deadly) side-effects of common vaccinations.
13. Tackling mistrust is a multifaceted challenge which needs a ‘two-pronged approach’ to respond to blatant disinformation and softer anxieties which can be more pernicious to wider society.

Vaccines and Variants

14. throughout the pandemic and played key roles in global epidemiology efforts. Both countries have led in areas of genomic sequencing which enabled a widescale understanding of the virus’ pathogenicity and infectivity establishing a crucial groundwork for the development of subsequent vaccines. Besides genomic sequencing, there has been ever improving real-time data linkage which has facilitated a rapid overview of test results, vaccine, mortality, and hospitalisation records.
15. COVID has not reached endemic status and we remain unable to clearly predict how the virus will develop over time. There are four potential future scenarios: (i) COVID poses a negligible threat to the population and is as potent as a common cold (ii) COVID converges with influenza (iii) continuous struggle scenario where COVID continually mutates requiring new vaccinations and boosters (iv) worst case scenario where the virus develops into a more deadly disease.
16. Despite the presence of milder COVID variants, there are significant zoonotic concerns about the virus’ development. For instance, in the Netherlands there were reported cases of Human-to-mink transfers of COVID which has the potential to cause severe variants and increase the risk of a ‘worst case scenario’.
17. Early responses to the pandemic were aided by pre-existing health bodies and research institutions. At the same time, we were not well enough prepared for a pandemic of this size and there is a pressing need to increase capacity in these areas. Maintaining investment in these platforms is a prerequisite for future pandemic preparedness, and there are dangers that other more immediate political crises will hinder capacity and momentum.
18. There are clear incentives for further investment in global health bodies and one positive outcome of the pandemic has been the wider development of vaccinology. This is particularly visible in the mRNA space and there is increased confidence that other diseases, besides COVID, can be combatted as a result. There is an urgent need for governments to increase public investment in global health bodies like the World Health Organisation (WHO) and the Coalition for Epidemic Preparedness Innovations (CEPI).
19. Future pandemic preparedness must involve enhancing the security of supplies and access to medical products. This can be done by strengthening partnerships within and outside the EU (for instance bilaterally between the UK and the Netherlands), ensuring that innovation production processes are as clean and sustainable as possible, coordinating ‘smart purchasing policy’ in relation to production and ensuring that individual countries have vaccine reserves in the run-up to winter months where health sectors are particularly strained.
20. Learning lessons from the pandemic must necessarily include a comparison between different countries. The Netherlands had half the deaths per capita compared with the UK, while Denmark had half the deaths per capita compared with the Netherlands. Understanding and communicating why some countries had lower excess death rates and hospitalisations is essential for tackling future variants and viruses.

“Reconnecting bilaterally is more important than ever post-Brexit”

21. Scientific research develops incrementally, and science alone cannot be considered a silver bullet to pandemic mitigation. Wider fears about antimicrobial resistance indicate some of the remaining health challenges separate to the current pandemic which require careful attention. Given the uncertainties ahead, establishing sustainable communication channels between scientists, policy makers and the public is essential. There needs to be a recognition that science cannot provide immediate answers.
22. We are still in the midst of the pandemic in terms of data collection. We have captured the immediate effects of the virus, but more complex questions over immunity and long COVID remain unknown.

Political obstacles

23. The pandemic highlighted the interconnectivity and fragility of supply chains, with the flow of core health resources like PPE and hospital equipment experiencing significant disruption at the onset of the pandemic. Britain’s exit from the European Union has led to close cooperation with Dutch counterparts; however, both countries are heavily reliant on one another for workers in technical and engineering spaces. While supply chains have largely stabilised (at least in relation to the pandemic) questions remain over whether they are robust enough to handle future health shocks and crises.
24. Travel restrictions led to significant disruption in supply chains and were rarely based on data. Widescale and expensive testing of travellers led to negligible benefits and failed to provide extensive overviews of infectivity and new variants in countries.
25. The pandemic highlighted the inherent tensions between global connectivity and national interest. Clinical research networks were greatly strained by national responses to the crisis which impacted the scope of data collection. Keeping these channels open through continual communication needs to be prioritised throughout health crises.
26. The UK and the Netherlands can hugely benefit from greater cooperation in regard to data sharing (which has been good), simplifying and strengthening supply chains, and facilitating shared lessons on increasing public trust. The UK and the Netherlands have significant structural differences. Chief among them are the levels of respective centralisation in each country with the UK able to disseminate advice, measures, and resources far more effectively than the Dutch. The pandemic highlighted the structural challenges of a highly decentralised Dutch system, outlining the need for alternative institutional responses during crises.
27. Both the UK and the Netherlands have similar libertarian strands which have compounded government attempts to limit the spread of Covid. Besides this, research shows that death rates from Covid were strongly correlated with proportionate levels of populism amongst governments. Introspective nationalism has the direct potential to exacerbate these issues so understanding the socio-political contexts of these challenges is crucial for providing effective messaging and encouraging compliance with regulations.
28. Despite the political turmoil experienced at the onset of the pandemic and early failures in test and trace systems, over 75% of COVID-related deaths in Britain occurred after September 2020. Ethnic and demographic factors can only explain 20-30% of excess deaths, while political factors such as *when* a government feels sufficient pressure to introduce restrictions have proven to carry significant outcomes. This highlights the importance of having accurate and effective channels between scientists and policy makers.

29. Short-termism provides a structural barrier to a long-term collective pandemic response. There are distinct challenges in politically justifying future pandemic expenditure especially with other competing issues, notably Russia's invasion of Ukraine, the rise in cost of living and climate change. Establishing non-governmental initiatives can help offset the excessive focus on short term results seen amongst elected officials.
30. Organisations like the Coalition for Epidemic Preparedness Innovations (CEPI) can mobilise global pressure to tackle emerging infectious diseases. However, these global coalitions will be hampered by wider supply chain problems as well as the presence of uncooperative states such as Russia and China.
31. Political obstacles hindering future pandemic preparedness can be offset by wider private sector engagement. Many large pharmaceutical companies have experienced profits throughout the pandemic, often playing direct roles in the development of COVID-related medications and vaccines. Ensuring that these actors play their fair share through taxation or private contributions to wider health bodies is essential in bolstering global pandemic preparedness. Catalysing and aligning pandemic-related financing can also play an important role in strengthening and building resilience across global health systems.

Public Trust

32. Despite the so-called 'rubbishing of expert' advice, public trust in science has largely grown throughout the pandemic. In both the UK and the Netherlands, there has been a consistent level of trust in high profile members of the scientific community, many of whom have been familiar faces on respective television screens. How can relatively strong trust in scientists be tallied with rising levels of disinformation and a burgeoning 'anti-vax' movement? Given the scientific reasons for restrictions and lockdown measures, why are we also experiencing growing levels of public resistance?
33. Public trust can be considered as a matrix that spans a range of interconnected institutions including scientific bodies and scientists, wider technical institutions and academia, political institutions and politicians, and wider media. Trust is thereby a highly complex and fluid phenomenon that can rapidly oscillate. During the immediate crisis, citizens in the UK and the Netherlands had high level of compliance with political measures and restrictions. However, strong public compliance has been replaced by growing scepticism and reluctance to adhere to government measures in both countries.
34. Trust in scientists is largely based on conceptions of competence, whereas trust in politicians is more complex and comprises of a broader mix of things like perceived authenticity, trustworthiness, and whether an individual is deemed to be caring or strict. One identified problem is the potential for scientific consensus to be spun in different directions depending on the political context; this helps explain delayed introductions of restrictions despite clear scientific advice.
35. Assessing how to rebuild public trust and compliance is an essential next step in the transition out of COVID. Strategies need to be geared towards different groups, as not all forms of resistance and doubts are same. For instance, strategies to combat conspiracy theories about vaccinations need to differ from strategies to tackle genuine anxieties about the individual risks and benefits of being vaccinated. There is often too much focus on the extreme levels of mistrust rather than softer, and often rational, scepticisms.
36. The key challenge lies in how to communicate levels of individual and public risk to citizens. The pandemic has led to an implicit acceptance of the inevitability of excess deaths which needs to be combated.

“Covid has served as a litmus test for pre-existing problems in society”

37. While public debate and free media is a crucial democratic generator of public trust, too much debate about science can be confusing and lead to mixed messaging. There need to be subtle ways to create consensus across different disciplines to establish clear and effective public messaging.

Wider social challenges

38. Besides the physical health challenges posed by COVID, multiple socio-economic considerations need to be addressed including mental health problems, ongoing care for vulnerable members of populations and rising national and global inequality.
39. Lockdown measures played a key role in stunting the growth factor of the virus; however, the socio-economic implications of isolation, disrupted routines and reduced economic activity are harder to gauge. While both UK and Dutch governments have largely lifted official restrictions, the potential occurrence of more potent variants will force countries to take difficult decisions on the trade-offs between increasing social isolation through lockdowns or allowing the virus to spread. Younger generations have paid a huge price throughout the pandemic, and the wider questions over their economic futures must be addressed.
40. Decisions to abandon restrictions have the potential to leave behind clinically vulnerable members of the population. Vaccinations have protected many people living with complex health needs, however not all vulnerable individuals are able to take the vaccine. The ending of restrictions must entail continued support for some members of society.
41. COVID outlined and exacerbated core inequalities in both national and global contexts. In many cases death rates mirrored social gradients of inequality, with poorer individuals and those from minority backgrounds suffering disproportionate impacts of the virus. Discussions also addressed the need to consider global trends outside of Europe where multiple diseases are present and vaccination rates are minimal. In those contexts, framings of the pandemic often resort to ‘silver bullet’ mindsets where vaccines are put forward as simple solutions to problems, which reflects the post-colonial architecture of global health systems and responses.

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