Speaker 1:

We will now advance three weeks to the fourth and final meeting of the Pandemic Emergency Board on December 18th, 2019.

Tom Inglesby:

Thank you for reconvening and let's get an update from Dr. Rivers.

Dr. Rivers:

In the last three weeks, case numbers have continued to grow exponentially. We now have an estimated 4.2 million cases and 240,000 deaths. Almost every country is now reporting cases. And those who aren't may simply not have the resources to conduct surveillance. We don't see any change in the rate of rapid spread and models estimate that we could have more than 12 million cases and close to a million deaths by mid-January. We're not sure how big this could get, but there's no end in sight. Financial markets are universally down by 15% or more on the year. Fear of a catastrophic pandemic and uncertainty about the capacity for governments to respond and remain viable are fueling investor uncertainty.

Tom Inglesby:

We have called this meeting today because of major strategic problems around communication that are happening globally, and here's a immediate debate that just happened on air today.

Chen Huang:

Alarming news emerging from social media companies today about the CAPS pandemic, Twitter and Facebook are reporting. They've identified and deleted a disturbing number of accounts dedicated to spreading this information about the outbreak. For more on this, we go to our correspondent: Catalina Parks.

Catalina Parks:

Chen, these accounts were created by several state-sponsored groups intending to sew political discord and some individuals are seemingly seeking to gain financial advantages. Violence against healthcare workers and minority populations has been increasing. A recent riot highlights the real danger in these posts. Countries are reacting in different ways as to how best to manage the overwhelming amounts of dis- and misinformation circulating over the Internet. In some cases, limited Internet shutdowns are being implemented to quell panic.

Chen Huang:

Thank you, Catalina. For more of this, we are joined by experts on crisis communications and social media: Kevin McAleese and Sarah Lee.

Kevin McAleese:

To me, it is clear countries need to make strong efforts to manage both mis- and disinformation. We know social media companies are working around the clock to combat these disinflation campaigns. The task of identifying every bad actor is immense. Experts agree that new disinformation campaigns are being generated every day. This is a huge problem that's going to keep us from ending the pandemic

and might even lead to the fall of governments, as we saw in the Arab spring. If the solution means controlling and reducing access to information, I think it's the right choice.

Sarah Lee:

I agree with Kevin, this is a big problem and doesn't even account for the massive amounts of misinformation being generated by legitimate users about the pandemic. But it's not just trolls who are spreading the fake news; it's often political leaders themselves. Who's to judge what's real or not? Would we trust every government to separate truth from lies?

Kevin McAleese:

I think this is more than just keeping the bad information out. It's also about making sure real public health information reaches the public. News is found from outlets other than social media. News organizations, public health groups, and companies need to help people take the right actions to protect themselves by promoting accurate, real information about the outbreak.

Tom Inglesby:

For more on this, we're going to get a briefing from our communications expert: Dr. Sell.

Dr. Sell:

Global health experts have highlighted that dis- and misinformation are wreaking havoc on the CAPS response. Health workers are under attack in a number of locations due to rumors that they are purposely spreading this disease, and response efforts in many places have had to be suspended because of concerns around violence.

Dr. Sell:

Pharmaceutical companies are being accused of introducing the CAPS virus so they can make money on drugs and vaccines and have seen public faith in their products plummet. Unrest, due to false rumors and divisive messaging, is rising and is exacerbating spread of the disease as levels of trust fall and people stop cooperating with response efforts. This is a massive problem, one that threatens governments and trusted institutions.

Dr. Sell:

Polls have shown that mis- and disinformation are ubiquitous: at least 90% of the public has been exposed to these messages. At the same time, misinformation messages come from a variety of sources, even government officials, and often governments are contradicting one another. We know that social media is now the primary way that many people get their news, so interruptions to these platforms could curb the spread of misinformation, but could also limit access to information from legitimate sources.

Dr. Sell:

Health ministries around the world are attempting to combat mis- and disinformation by amplifying public health messaging through social and traditional media, but they are being outpaced by false and misleading information. National governments are considering, or have already implemented, a range of interventions to combat misinformation. Some governments have taken control of national access to the Internet. Others are censoring websites and social media content and a small number have shut

down internet access completely to prevent the spread of misinformation. Penalties have been put in place for spreading harmful falsehoods, including arrests.

Dr. Sell:

Other countries have taken a more moderate approach and have focused on promoting fact-checking efforts and working with traditional media outlets. Yet, these approaches are limited in scope. Social media companies report that they're doing all they can to limit the use of their platforms for nefarious or misleading purposes. But this is a technically difficult problem and false misleading, or half true information, is difficult to sort without limiting potentially true messages. The bottom line is that members of the public no longer know who to trust. Both the misinformation and the measures to control it have led to a crisis of confidence.

Tom Inglesby:

Thank you, Dr. Sell. Here's the policy crisis for this meeting of the board: how can governments, international businesses, international organizations ensure that reliable information is getting to the public and prevent highly damaging and false information, to the extent that's possible, about the pandemic from spreading and causing deepening crisis around the world? How much control of information should there be and by whom? And how can false information be effectively challenged? And what if that false information is coming from companies or from governments? Your views are welcome.

Matthew Harrington:

I would start by pursuing where trust exists in the ecosystem. Jane, in a prior meeting, mentioned that there's considerable trust by employees of their employer. That's been borne out by our own trust barometer in the last several years where there is... It's extraordinary, the amount of trust given to the employer. And coupled with that, in times of crisis, as we're living, the role of the CEO and the trust given to the CEO for advocacy and for advancement of accurate information is considerable.

Matthew Harrington:

I would marry the business leadership of the employer with business leadership organizations, such as the BRT and like enterprises around the globe. But I also think we're at a moment where the social media platforms have to step forward and recognize the moment to assert that they're a technology platform and not a broadcaster is over. They in fact have to be a participant in broadcasting accurate information and partnering with the scientific and health communities to counterweight, if not flood the zone, of accurate information. Because to try to put the genie back in the bottle of the misinformation and disinformation is not impossible.

Tom Inglesby:

So flood? Flood [crosstalk 00:08:25] good information. Okay. Others? Yeah, Jane?

Jane Halton:

Yeah. Can I agree with that? And my fact, it did come from the Edelman Trust Index, you'll be pleased to know, but also borne out by the work I've done as a CEO in my time. Can I also add that I think there are real technology opportunities here? I personally do not believe they're trying to shut things down in terms of information, is either practical or desirable. We do have, I think, a couple of strategies that are

available to us. One of which is the flood strategy, second of which is relying and informing and equipping trusted sources of information with the facts, so they can then pass that on.

Jane Halton:

But we also need to actually think about a technological answer to this. There is work that's being done to actually create algorithms to sift through information on these social media platforms. I know that the Gates Foundation and others are funding organizations to work on things like this, in order that people can actually have more confidence in the sources that they will use in any event. So, I think both a detailed solution working with individuals, but then also thinking about technology is something we have to advance.

Tom Inglesby:

Hasti.

Hasti Taghi:

Looping back into the Trust Barometer, last year in Dallas it was released that trust in traditional media sources has grown, while trust in social media sources has gone down, specifically after the last elections, in the United States. I think one of the ways that we need to approach this is to make sure that we have the right representatives on traditional media networks in order to portray our side of the story and make sure that there isn't misinformation.

Hasti Taghi:

I agree with Jane that shutting down Internet is only going to cause extra panic and extra anxiety. In fact, the staff tells me places where Internet access has been shut down there's unrest growing, so we're not only dealing with this specific situation, but really people not trusting their governments at this point. And so I think we really need to make sure, one, from a news perspective that that information being is being disseminated correctly and that we have the right resources out there to provide this information.

Hasti Taghi:

I also think that there is a good point in trusting your employers. There are lots of communications channel, for example, during the Ebola crisis at Texas Children's Hospital, we had daily briefings with the CDC to tell us what the situation was. And because of the daily briefings, between the intranet internal global communications and town halls, we use those sources to be able to disseminate information and make sure that our employees knew exactly what was going on, coming straight from the source, whether it was from our CEO, or chief nursing officer, others within the hospital.

Tom Inglesby:

Okay. Tim, then Chris.

Eduardo Martinez:

Yeah I-

Tom Inglesby:

Oh sorry.

Eduardo Martinez:

No, I think a complimentary tactic too is to tap faith-based organizations and civil society and other institutions to recruit them also to basically, almost at a grassroots level, continue to basically have the integrity of the information.

Tim Evans:

I'll just pick up on the daily briefings, or twice daily briefings. During H1N1 WHO filled the parking lot in Geneva, the global press, and provided them daily updates on what was happening. I think that's a manifestation of flood, meaning you have to lead and lead regularly. I think in the terms of the content is what we know and point to where communications have actually been pretty good, I think we projected the exponential increase in this quite well, and therefore, there's some legitimacy to what's being communicated. And so be clear about what's being communicated that we know and that is right, but also be very clear about communicating what is absolutely wrong and being clear about that. And then, also being clear about uncertainty and that that's being managed, so I think in those three domains, very important not to deny, but to speak to them very clearly in the context of a daily briefing from... In this case, I can't imagine any other institution than WHO being the focal point.

Tom Inglesby:

Martin then Chris and then I'll come down this line.

Martin Knuchel:

Thank you. I fully agree that this is pure crisis communication and crisis communication today, also social media is part of it. And just to limit or even stop social media would create a huge damage. We should use it; we should get it on our side; we should work together with them and we should try to avoid this misinformation.

Martin Knuchel:

Another topic is, our industry, there are indications, meanwhile, that we are getting this social conspiracy theory topic, that we are part of this conspiracy theory, that we are supporting this, that wealthy countries will spread out perhaps to poor countries. And this is clearly thing of social media that could be directed via clear crisis communication and confirmed and regular updated information. I also agree with Matthew, companies, there's a responsibility that a CEO talks to the staff, that a CEO improves this information flow, and then you have a chance to get it channeled.

Tom Inglesby:

In this case, do you think governments are at the point where they need to require social media companies to operate in a certain way? I hear you saying social media companies should not be impaired, but do they need to operate under different conditions? I think Matt alluded to that as well.

Martin Knuchel:

Yes, I will say that there are specific conditions now and we have to find a way to cooperate and to have to find solutions for this, but not to hamper them.

Tom Inglesby:

Chris?

Christopher Elias:

I just want to build on Ed's comment about the importance of civil society in faith-based communities. I think in addition to employers, people trust their neighbors, trust their local community organizations. With 3 million cases in the Americas, you know that local communities around the countries have been responding, whether it's to manage daycare so people can stay in school or go to work. So, while the social media can provide better quality information, I think actually local community organizations can help individuals understand how to filter out some of the noise and to act on the good information that's there.

Christopher Elias:

I think that's an important lesson that we've learned recently, we're learning as we speak, in East Africa with the Ebola outbreak. If you don't have the community trust and engagement, you can't deliver even effective countermeasures, even when you have them. So, I think the importance of local community, perhaps married to and as a filter for helping to discern the truth from the misinformation on the technology platforms, is going to be an important part of this response.

Tom Inglesby:

All right, Steve, Brad, and then we'll go down the table here.

Stephen Redd:

Just two points. First is that we have to recognize that we are all susceptible to misinformation based on our beliefs and experience. I think with the social media platforms, there's an opportunity to understand who it is that susceptible in what form to misinformation, so I think there's an opportunity to collect data from that communication mechanism.

Stephen Redd:

The second thing is, with that ability, we can identify false information more quickly. We are actually receiving reports about people trying treatments that are purported to be effective, but are actually harmful. The quicker that's recognized and can be countered, the fewer people will fall susceptible to those things.

Tom Inglesby:

Thanks. Brad?

Brad Connett:

I don't want to be repetitive. I agree with almost everything that was said, but when we talk about our health, who do we typically trust? Our physician. We're not talking about that right now, so we need the physicians and the medical community really out there on the forefront talking about this. I remember I had access to local news in Atlanta when the patient was taken care of for Ebola that came back and physicians were on there nightly talking about, "Don't panic, it's okay. This isn't going to go spread," so I would add physicians to [crosstalk 00:16:38].

Tom Inglesby:

Okay. Yeah?

Adrian Thomas:

[crosstalk 00:16:39] some important news to share from our member companies. Rumors were actually spreading that the antivirals are causing gaps and so patients are not taking them anymore. This is particularly an area where we have government mistrust. On the other hand, it's interesting because we are doing clinical trials in new antiretrovirals, and in fact, in vaccines. And social media, including Facebook, is actually enhancing recruitment. People are going to it and they're actually seeking information on where they can participate in sign up. And so, I wonder that maybe we're in the mistake of reporting and counting all the fatalities and infections, and we're not sharing with people what are the wins? Who are the patient advocates that can say, "What worked for me... and maybe you should try that." I think we have an opportunity here.

Tom Inglesby:

Okay. George and then Avril.

George Gao:

Yeah. Oh, sorry. You go ahead.

Avril Haines:

No, no, no.

George Gao:

Yeah. By and long, we have more cases in China and also death cases reported. And also, my staff told me that before there's misinformation and there's some belief. People believe, "This is a manmade... some pharmaceutical company made the virus," so there's some violations of human... That is because of this misinformation.

George Gao:

As you know, from a CDC and I don't know that Steve believe, but Steve agree with me, when you are doing the field work and you like to do something called TOT: training of trainers. So we only need to train the health workers, in fact the healthcare workers, they are access to the places to the public, so make sure they got the right information. Sometimes the healthcare workers, they know something, but if they are not well-trained, they might give the wrong information. But also, they might say something, "Oh, I don't know. I don't know, that could hurt."

George Gao:

So when I remembered really that such a situation reminded me when I was... this is early on... when I was interviewed by radio, the national radio, I was asked by one of the audience to say, "Okay, we believe Ebola was manmade. It's transported from somewhere." I think this is very important we do the TOT, so make sure the healthcare workers have the right information.

Tom Inglesby:

Okay. Thank you.

Avril Haines:

I very much agree with that. I agree with a lot of what's been said, I just add to it maybe by saying that I think one of the things we want to do is work with telecommunication companies to actually ensure that everybody has access to the communications that we're interested in providing. Because that's going to be critical for dealing with, obviously, the explosion of the disease. And then another issue, I suppose, is just through that, if you have a trusted source, I believe in the idea that we shouldn't be trying to control communication, but rather flood the zone in a sense with a trusted source, that then is drawing influential community leaders, as well as health workers, as Brad noted and others, on these issues in order to try to amplify the message that's coming through.

Avril Haines:

I think Tim's absolutely right, I've certainly seen the value of communicating constantly on these issues so as to continue to deal with the vacuum that can be created in this circumstance. But then also, with the comments made about the fact that for all of the disinformation that will be put out, it's going to be important to actually have a response to those questions and to those concerns, as Stephen said. And I understand, from staff, that actually there are also intelligence sources identifying multiple foreign disinformation campaigns, and so on. But it's all a part of a larger piece, which is to say that every time there is something that comes out that is in fact false information that is starting to actually hamper our ability to address the pandemic, then we need to be able to respond quickly to it.

Tom Inglesby:

I have a number of comments here. People want to react to what Avril just said. I see a couple of fingers just went up. Matt and then Tim.

Matthew Harrington:

I think just to build a little bit on what Avril said is, I think as in previous conversations where we've talked about centralization around management of information or public health needs, there needs to be a centralized response around the communications approach that then is cascaded to informed advocates, represented in the NGO communities, the medical professionals, et cetera. It needs to be-

Tom Inglesby:

You mean centralized international?

Matthew Harrington:

Centralized on an international basis because I think there needs to be a central repository of data facts and key messages.

Tom Inglesby:

Tim, you're wanting to comment on that and then we'll go back to regular order here.

Tim Evans:

Yeah. I think one important thing is it there needs to be a sense of two-way communication, which is people on the front lines maybe finding out that actually the system's not working as it should. I think there should be a culture in the communications to feed back to authorities, places where the system is broken down, where supplies are too short, where there are no health workers, where hospitals are

dysfunctional, et cetera. And then, with some credible investigation process, which is that then values the client.

Tim Evans:

The second dimension of it, I think, that's really important is to get individual narratives on this. The fact is that most people will survive and that's probably not a widespread public perception. And so, people who have lived and survived and can say that they got good care, or that they were treated appropriately, will help build confidence in the system in a way that's perhaps the data doesn't do as effectively.

Tom Inglesby:

Hasti, Latoya, Sofia, and then Jane.

Hasti Taghi:

So I think a couple of things we have to consider are even before this began, the anti-vaccine movement was very strong and this is something specifically through social media that has spread. So as we do the research to come up with the right vaccines to help prevent the continuation of this, how do we get the right information out there? How do we communicate the right information to ensure that the public has trust in these vaccines that we're creating?

Hasti Taghi:

And secondly, news organizations in some countries are right now under a lot of pressure from their governments to provide politically favorable news. And so, we have to think about this isn't just the United States where we sometimes take the freedom of press for granted; there are countries where the news organizations are owned by the government. And how are they disseminating information and what do we need to be thinking about? How do we communicate with those governments to ensure that misinformation and disinformation is not being spread?

Tom Inglesby:

Next, Latoya.

Latoya Abbott:

That goes along with her. I've received information from my staff saying they're confused about the different authoritarian public health messages that are coming out from all the different sectors, the countries, the states and different cities. And they're concerned about the differences, what the World Health Organization is saying, versus what their government is saying and what the total consensus are. With that being said, looking at hotels from that perspective, we're in a bind and knowing how to proceed.

Tom Inglesby:

I see. Sofia?

Sofia Borges:

Thank you. The discussion is focusing on mis- and disinformation, but I think what's important to counter some of that is to actually put out information or good news stories of people who have actually

beat the disease, or best practices in other parts of the world that is delivering results and sharing that. But also, I agree on the point on having a centralized source of information and a world body that could garner the respect of everyone. I think the WHO, in this instance, might be that source of information. And again, using the UN networks on the ground. Many of these countries has a UN presence through its resident coordinator systems and I think, based on the Edelman Trust Barometer, the UN still enjoys a lot of trust around the world, so it's a good bet. Thank you.

Tom Inglesby:

Thank you. Jane?

Jane Halton:

I just want to [crosstalk 00:24:54] focus if I could for a second on why we communicate what the purpose of this communication is. There seem to be several elements to this conversation, one of which is to get the facts, however you define them out there. But let's be completely clear, we have known for many years that tobacco kills you if you consume it, it's a fact and it's a crap shoot whether you're going to be in the 50% proportion, who's going to die very young, but we know this as a fact. There are some things we know that are widely held, doesn't mean it always changes people's behavior.

Jane Halton:

So I think we should also focus in a conversation about communication, about what the purpose of that communication is and think about what we know about incentivizing the kind of behaviors we want to see. I agree with Tim completely; it needs to be two-way, so governments and people who are organizing service delivery, businesses who are trying to operate in this environment, they can do that optimally, but we should also think in a communication sense. It's not just about handing people a piece of knowledge. It's also about how we incentivize them to manage their behaviors, which in any communicable disease outbreak behavior of one sort will minimize your chance of getting a disease versus behavior of another sword, which may maximize that chance.

Tom Inglesby:

Thanks. Chris?

Christopher Elias:

Yeah. I just want to come back to the community. This judging from the statistics, we currently have 4 million survivors. We may in a month have 11 million survivors. Assuming this is like other respiratory pathogens, they're now immune and they live in the communities almost by definition that are affected, so can we turn the survivors into an effective community based source of accurate information? They're going to be the least likely to be wanting to spread false information. They're going to be motivated by having survived this outbreak and known loved ones who were also affected. I think they could become a very effective force for intervention at the community level.

Tom Inglesby:

Thanks. I'm going to return to Lavan. I just want to ask one other question to think about it as Lavan's commenting. We've talked a lot about misinformation and flooding good information. We've just started to talk a bit about disinformation and the strategy around that. Avril or others, after Lavan

comments, if you have any additional thoughts about the particular approaches to disinformation that may be distinguished from misinformation, it'd be good to hear about those. But Lavan?

Lavan Thiru:

Yeah. I've received a note to say that some bad actors are actually using social media to spread rumors about specific companies in order to profit from short selling. Along along the lines of what we've been talking about, this is going to cause companies to come up now to get some of the screen time as well, because they need to spread the correct information.

Lavan Thiru:

But one thing we haven't spoken about, and I'm wondering whether it's time to talk about this, is a step up from the part of the governments on enforcement actions against fake news. Some of us, this new regulations are come in place about how we deal with fake news. Maybe this is a time for us to showcase some cases where we are able to bring forward some bad actors and leave it before the courts to decide whether they have actually spread some fake news.

Tom Inglesby:

We have about three minutes left for this discussion. I just want to throw one more question out for your final thoughts on what if it is, as some people have raised, governments that are spreading misinformation, either inadvertently or to some political advantage? How do we work around that with international organizations or business? Are there particular things that people haven't mentioned already that are worth talking about? But does anyone want to talk about either that or disinformation, or other topics in the last couple of minutes?

Lavan Thiru:

Can I-

Tom Inglesby:

[crosstalk 00:28:35].

Lavan Thiru:

Oh sorry, go ahead.

Tom Inglesby:

No, please.

George Gao:

I want to touch a little bit about size. I want to follow Chris talk because there's a very good chance we have survivors. Because we have so many survivors, the epidemic already fall two month. We have all these multi technologies and the platforms and this is time to think about it, to try to isolate the human antibodies for this. Because this is a very serious pandemic, but we want also to see the future. That will help: science-based information. Thanks.

Tom Inglesby:

Thanks. Avril?

Avril Haines:

Sure. If you have a state-sponsored disinformation, there's obviously additional tools that you can bring to bear to try to address that situation, not the least of which is bringing together other countries to effectively take action against them for the kind of campaigns that they're propagating. But generally, I would say the line between disinformation and misinformation is not always an easy one to find and the reality is the greatest way to impact it, in my experience, is not to let it sit. In other words, find your trusted interlocutors that are capable of saying, "This is not acceptable. This is in fact the truth; here's the information." I think the community of survivors is one example, but there's a whole series: employers, trusted faith leaders, variety of health workers, and so on, can be part of that.

Avril Haines:

In addition, obviously you want to work with the private sector and those who are spreading information generally to see that they can bring things down that are in fact lies or false information that's being put forward as a way to minimize it. But having a source, a national source, an international source, other trusted sources and really guiding everybody towards that information, is one of the most effective ways to deal with a situation like that.

Tom Inglesby:

Great. Martin, Tim, [crosstalk 00:30:27].

Martin Knuchel:

If it comes back to misinformation on a level of government of countries, then we need, as Sofia mentioned, trustable international organizations: UN, WHO. They have to come together, to get together, to spread this trust and to work against this. We cannot hold governments from doing misinformation on their own, so I fully trust these organizations.

Tim Evans:

Tom, just to build on that, I think you're right. It's important that the UN and WHO remain very clear. But when they challenge governments directly, they often get into this issue of sovereignty, and so I think it's really important not to have that as the only response. I think it's really critical to think about soft power influence, which is other influentials who can call up the head of state, or powerful constituencies within those countries.

Tim Evans:

We've seen this in the context of mobilizing religious leaders in the context of polio or specific business leaders, where you can soften perhaps a very hard line from government through less, more stealth entry points, rather than trying to punish them through the international health regulations, or something like that.

Tom Inglesby:

Great. Adrian, I think last comment.

Adrian Thomas:

I think it's important to think about what atypical players in the private sector can we bring to bear in this? So, bringing multinational pharmaceutical companies to talk about why, who are selfish, interested about why their products are safe, could be seen as non-credible.

Adrian Thomas:

But if I think about [inaudible 00:32:05] the champion for TB in South Africa is Nando's chicken. And so I think, as we think about these large atypical players who have no credible vested interest in this issue, but have a strong voice that's economically differentiated for their governments as well in their country, they going to listen to them in some respect. I think it will be very important.

Tom Inglesby:

Okay. We're going to have to leave that conversation there. Thank you all for another very highly valuable discussion. We'll take what you've advised, bring it to the attention of leaders, and we deeply appreciate all you have done here in these meetings. This is concluded.

Speaker 1:

Right, so that concludes the exercise portion of the event. How did this pandemic turnout? Please watch this epilogue video and you can see the outcome.

Speaker 24:

The outcome of the CAPS pandemic in Event 201 was catastrophic: 65 million people died in the first 18 months. The outbreak was small at first and initially seemed controllable, but then it started spreading in densely crowded and impoverished neighborhoods of megacities. From that point on, the spread of the disease was explosive; within six months, cases were occurring in nearly every country.

Speaker 24:

At first, wealthy countries with advanced healthcare and public health systems were primarily able to limit the spread of the disease within their borders. As systems became overwhelmed, however, no countries were able to control its spread. The disease affected people of all socioeconomic status from the very poor to the extremely rich, from sanitation workers to CEOs and national leaders. The economic consequences were dramatic. The high death toll and even greater numbers of sick hurt productivity in many industries. Manufacturers were having trouble filling orders and countless companies in the service sector simply shut down.

Speaker 24:

The global economy was in a free fall; the GDP down 11%. Stock markets around the world plummeted between 20 and 40% and headed into a downward cycle of fear and low expectation. Businesses were not borrowing; banks were not lending. Everyone was just hoping to hunker down and weather the storm. While nearly all businesses were affected, certain sectors were especially hard hit: travel, finance, service, manufacturing, healthcare, and insurance among them, with some major companies going bankrupt.

Speaker 24:

There were seismic societal consequences as well. The world saw large scale protests and in some places riots. People were angry about the lack of access to healthcare and medicine, as well as government's

inability to protect them from the disease. This led to violent crackdowns in some countries and even martial law. Political upheaval became the rule across the globe; the public lost trust in their respective administrations. Several governments fell, while others were desperately striving to hold onto power. This spurred further crackdowns attempt to control media messaging originally aimed only at health-related misinformation became used increasingly to quash political dissent.

Speaker 24:

Economists say the economic turmoil caused by such a pandemic will last for years, perhaps a decade. The societal impacts, the loss of faith in government, the distrust of news, and the breakdown of social cohesion could last even longer. We have to ask, "Did this need to be so bad? Are there things we could have done in the five to 10 years leading up to the pandemic that would have lessened the catastrophic consequences?" We believe the answer is yes. So, are we as a global community now finally, ready to do the hard work needed to prepare for the next pandemic?