

# Aspen Dialogues: The Impact of the Pandemic on the Future of Work and Public Health Systems

## Webinar Report

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### About the Webinar

The webinar was organized by **Aspen Institute Romania (AIR)** under the aegis of the **Aspen Dialogues Series** and the [Aspen Healthcare & Quality of Life Program](#), in partnership with **Aspen Institute Italia**. Its goal was to assess the impact of the pandemic on healthcare systems and the relationship between medical developments and the gradual relaxation of restrictions, with an emphasis on relaunching economic activities as well as mitigating the societal and cultural impact of the pandemic. The webinar contributed to the debate about the post-pandemic world and society by pooling the resources and considerable expertise in the field of healthcare of the international Aspen network. The event focused on best practices, lessons learned and potential recommendations on how to exit the global health crisis safely, while at the same time creating the proper conditions for the restart of economic activities.

The panelists below took part in the debate, which was followed by an exchange of ideas with over 100 members of the wider Aspen community:

- **Prof. Univ. Dr. Alexandru Rafila** – Director, Aspen Healthcare & Quality of Life Program, AIR / Member of the Executive Committee of WHO
- **Dr. Diana Loreta Păun** – Presidential Advisor, Presidential Administration
- **Prof. Giovanni Rezza** – Director, Department of Infectious Diseases, Istituto Superiore di Sanità
- **Ing. Fabrizio Landi** – Fondazione Toscana Life Sciences / Member, Confindustria Toscana regional organization for healthcare companies

Moderator: **Alexandra Gătej** – Acting President and Vice-President, AIR

### About Aspen Institute Romania Healthcare & Quality of Life Program

Aspen Institute Romania Healthcare & Quality of Life Program was created to broaden the scope of the debate on health policy, support sustainable reforms in the health sector and develop a program community involving all relevant stakeholders (officials and decision-makers, national and European healthcare sector specialists, medical technology and pharma representatives, as well as non-governmental actors from the sector). It provides a neutral and balanced venue, not just for discussing, but also for acting on critical issues affecting the Romanian and regional healthcare systems.

## Key Take-aways, Lessons Learned and Policy Recommendations

The panelists identified and described **three phases of the pandemic**, based on the type of medical support available to public health authorities:

- **Phase I** is the stage where public health authorities are **unprepared for the pandemic**, lack diagnosis solutions to identify cases and fail to implement social separation measures.
- **Phase II**, in which we are now, implies the **existence of diagnostic tools which give an ability to identify cases and the extent of infections**. Authorities are also implementing social separation measures which are dramatically reducing the infection rate.
- **Phase III** is the phase where social separation becomes less important because, in addition to diagnosis tools, there will be **effective medicines** as treatment as well as **prevention in the form of a vaccine**.

Speakers further discussed **lessons learned** so far from the pandemic, bearing in mind the experience of the Italian case and the input of Romanian authorities and experts. They emphasized a **gradual relaxation** of the current restrictions. Key take-aways include:

- A hospital-centric approach is not effective against the pandemic, because clusters of high infection rates are formed in hospitals. Instead, a **territory-based approach** is preferred: authorities must identify areas where infections are concentrated and focus on treating patients there, while imposing strict social separation measures. A strong territorial presence and widespread testing of close contacts of infected persons reduces the number of people attending hospital.
- **Social separation has proved effective and highly necessary**, both in the case of Italy and Romania. In Italy, the virus was only discovered after it had already been present for 3 to 4 weeks. Thus, social distancing measures were applied too late with dire consequences.
- **Restrictions can be relaxed but only gradually and in a controlled manner**, particularly when it comes to workspaces and social life. It is too risky to lift all restrictions at once, so this will have to be done in steps.
- **Continuous monitoring** of the situation is required during each relaxation measure. A poorly managed transition can threaten gains achieved with overwhelming efforts.
- Decision-makers and the public need to realize that, if infections rise again after any of the implemented relaxation measures, society must return to strict social separation. A return to stricter measures can be done on a territorial basis, if some geographical areas show an increased number of infections again.

Special attention was paid to the **future relaxation measures in Romania**, to be put in place starting May 15<sup>th</sup>. Authorities in Romania are working on a calendar of measures, and the National Public Health Institute is working on protocols for how to carry out each type of activity. However, people must be prepared for a reversal of the measures in case the relaxation

backfires. **Restrictions will be eased gradually** in order to give authorities time to assess their effects, in line with the WHO guidelines of 2 weeks between each measure is implemented. The optimal **order of lifting restrictions** should be:

1. The gradual resumption of **economic activities**.
2. The resumption of **commercial activities**.
3. The resumption of **social activities**.
4. Reopening of **schools and universities**.
5. Allowing **mass gatherings**, with a gradual increase in the number participants.

Discussions also focused on the **future of work** in the context of the pandemic and on **and how to create the proper conditions to relaunch economic activities safely**. It was underlined that the authorities should give guidance to businesses on how to get back to work safely, minimize risks and avoid the spread of the infection. **The importance of extensive guidelines or manuals for workplaces was emphasized**. For companies to apply preventive measures, such guidelines should include information on the virus and symptoms, how it is spread and how it survives on various surfaces. They should also give guidance for cleaning and disinfections. Furthermore, there must be recommendations on what to do in case one worker is tested positive with the virus. Companies will also need someone in charge of implementing and enforcing the new rules. It is important to make sure these guidelines are implemented and to measure their impact.

In terms of best practices for companies, the WHO recommends **preventive measures** such as physical distancing, and providing hand-washing facilities and necessary equipment for strict hygiene conditions, such as face masks and gloves, as well as adequate ventilation. When it comes to spacing rules, it is unlikely open spaces will disappear. However, it is important to decrease the number of people present in the same room, for instance by organizing work in shifts, and to ensure a one-meter distance between workers. An **epidemiological triage** could also provide a critical preventive measure, for instance by ensuring thermal monitoring or questionnaires on symptoms.

To ensure economic activities are relaunched safely, the importance of **innovative technologies** which are already starting to be implemented was emphasized. **Teleworking** will be encouraged as it will mitigate risks by reducing the number of people at work and using public transport.

Discussions also focused on **the impact of the pandemic on public health systems and on future requirements for the Romanian health system**. A common challenge for every country in the world will be to reevaluate their healthcare system from scratch after the crisis, in order to consolidate their capacity for prevention and response in emergency situations or pandemics. For Romania, it is imperative to **increase the financing of the healthcare system** for its response to the pandemic, both from national and external sources such as EU emergency funds. At the start of the pandemic, the pressure on the Romanian health system was enormous due to the lack of medicines and equipment, which were procured in record time. An area which can be

improved is early detection systems, for which sufficient financial and human resources need to be allocated.

Another key challenge will be **access to healthcare and medical services**, both because patients fear infection and medical staff are at risk to infection from asymptomatic patients. Due to this, **telemedicine** will have to develop as a natural response to the pandemic. It is a very important tool in ensuring the separation between patients and doctors and shifting the focus away from hospital-centered activity. Speakers noted the importance of investing in **digital technologies capable of supporting the healthcare system**, especially by providing safe and remote care and sharing reliable information. Thus, the digitalization of the Romanian healthcare system was identified as a possible lesson learned following the crisis, especially having in mind the country's potential in the field.

The Questions and Answers session further debated topics raised by participants at the webinar. When it comes to public health policies envisioned to strengthen the resilience of the Romanian healthcare system, **non-Covid 19-related priorities** were also emphasized. For instance, it remains crucial to vaccinate high-risk group patients for other infectious diseases, including influenza during the cold season. The **strategic importance of R&D in the field of medicines must be encouraged as a national priority**. Problems need to be solved in the implementation of legislation, for instance in the case of clinical studies, which could allow access for Romanian patients to medicines that could provide solutions for their chronic or infectious diseases. The **R&D sector** could also benefit from a more comprehensive program to mobilize medical universities. Discussions also touched upon the **use of serology tests in the future**. While of limited use in diagnosing infected persons, because antibodies appear about 7 days after the clinical manifestations, serology tests can be useful as they have been used by several countries in seroepidemiological surveys to analyze the spread of the virus in certain populations or areas.