



Covid-19 futures

Implications for policy makers

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Summary

In May 2021, the Institute for Government and Wellcome Trust convened two private roundtables on medium- to long-term future scenarios for the Covid-19 pandemic. The discussions were to update scenarios identified in a similar exercise one year ago, and to go further in identifying policy responses.

At the first roundtable, a group of scientists from the UK, US, India and Australia discussed best- and worst-case scenarios, exploring different biological assumptions about how the virus would develop. At the second, a group of current and former policy makers discussed the implications of these future scenarios, focusing on key questions facing world leaders as they gather for the G7 conference on 11 June, as well as questions of domestic policy.*

This document identifies the most important insights from these roundtables.**

* The discussions were held under the Chatham House rule.

** A longer paper on this topic will be published by the Institute for Government in July.

Covid futures

- **Compared to scientists' forecasts a year ago, the past year has produced a mix of best- and worst-case outcomes.*** The arrival of effective vaccines within a year was within the best-case forecasted, however the level and – in particular – duration of protection offered remains unclear and doses have been limited by global supply chain issues. Other areas, like immunity and the development and effectiveness of antivirals, were within the middle case. The emergence of several variants associated with increased transmissibility and virulence was firmly in the worst case and had been considered very unlikely in May 2020.
- **We are in a dangerous and unpredictable second phase of the pandemic, characterised by rapid antigenic evolution.** This turbulent phase, driven by natural immunity and vaccination increasing selection pressure on the virus, is likely to last several years. Previous pandemics suggest at some point virus evolution will settle down, though the history of 1918–20 pandemic influenza shows continuing waves in the following decades. The situation in India is particularly concerning, with more transmissible strains causing large outbreaks (including in rural areas) in a country which avoided a large first wave, a pattern which could be repeated across the developing world.
- **The virus will not go away** – the best-case future scenario is to quickly reach a situation in which the virus is controlled through vaccination. In all future scenarios the virus becomes endemic, which will require further development of treatments and diagnostics to manage, but in the best case vaccination remains effective against variants and people receive regular boosters. Mortality is substantially reduced; infection outbreaks are managed locally; and further national lockdowns avoided.
- **The worst-case scenario is continuing antigenic evolution, large outbreaks and further lockdowns.** In this scenario there are waves of outbreaks across low- and middle-income countries, like that seen in India in 2021. Variants emerge that substantially reduce the effectiveness of vaccines and cause further outbreaks and lockdowns in countries with high vaccination rates. Mortality increases as countries struggle to contain further outbreaks, with public fatigue over restrictions and behavioural measures. Vaccine hesitancy is prevalent in some countries. It was noted that this worst case could be compounded by a bad influenza pandemic or other endemic infections due to the build-up of susceptibility through lockdowns.

* The first set of scenarios were published in SSRN in May 2020, see [COVID-19 futures: a framework for exploring medium and long-term impacts](#)

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- **The key controllable drivers between these outcomes will be vaccine distribution, global genomic surveillance and outbreak management.** Vaccination is the most important. There is strong evidence that vaccine sharing is the optimal strategy for preventing vaccine escape, but this has not been sufficiently recognised by policy makers. Genomic surveillance is critical, too, but capacity and sometimes political willingness in many countries remains poor – for example India is conducting only limited sequencing. Alongside this, the ability of countries to continue to implement distancing and hygiene measures, and to control outbreaks through border quarantine, testing and local restrictions will remain critical.

Policy implications

- **There is not going to be an easy exit from Covid-19.** There is a risk that, with the completion of vaccination programmes and the lifting of restrictions, higher-income countries see the crisis as nearing an end, international engagement drops off and Covid-19 becomes seen as a “poorer country disease”. But the reality is that it will remain a major threat for years to come, and the global threat will be much increased by large, prolonged outbreaks in those “poorer countries”.
- **There needs to be a massive increase in vaccine sharing.** COVAX – a worldwide vaccine programme directed by the World Health Organization and others – has distributed a tiny amount of vaccines (around 80 million doses) compared to what has been administered in rich countries (almost 300 million in the US alone). It is inevitable that democratic countries will look after their citizens first. But many countries have ordered six or seven doses per person. With constrained supply and ongoing uncertainty over variants and boosters, lower-income countries could repeatedly be put to the back of the queue. A patent waiver is not going to solve these problems in the short term. Wellcome and UNICEF UK have called for the G7 to commit to sharing one billion doses this year.
- **Leaders need to make the politics of global vaccination work.** There are strong self-interest arguments for vaccine sharing : variants emerging abroad could lead to domestic progress being lost and restrictions on freedoms being reimposed (with all the associated economic costs). These arguments need to be made. But it will still require brave political leadership to define an acceptable level of domestic vaccination and supply, and what surplus can be shared. Policy makers should also look at the support they could provide to help countries develop their own manufacturing capacity, and at other mechanisms like treating the sharing of vaccines or wider health support as overseas development assistance (ODA).
- **Vaccines alone won't be enough** – Covid-19 needs to be treated as a systemic global challenge. Vaccines will help but the pandemic (and future threats) will continue to be determined by population vulnerabilities, health care infrastructure and surveillance. The global response needs an integrated plan for building capability across all these areas, particularly in countries, cities and local areas

where there is high vulnerability. Underpinning this we need much stronger data infrastructure and sharing – current processes are too slow. Policy makers should frame investment in global health infrastructure as needed to protect against future threats as well as Covid. We are currently paying the price for years of under-investment. The UK's genomic sequencing capability, which has been critical for identifying variants, is an example of how such investments can pay off.

- **The international response remains too weak and fragmented.** While there have been important new initiatives like COVAX, broader international collaboration has been less strong than it was during Ebola in 2014. The new US administration has helped, but impetus is still lacking. The G7 is the key opportunity to change this. As well as working on vaccination and global health infrastructure, the multi-lateral machinery for tackling health threats needs to be strengthened. The World Health Organization is seen by many as in need of reform. There is also a case for creating new structures to monitor global health resilience, akin to those set up for financial resilience after the 2008 financial crisis.
- **Policy makers need to think about the 'new normal' and resilience.** At the domestic level, policy makers in countries that have made progress on vaccination will continue to face difficult questions including on border policies, ongoing public health restrictions and risks in different groups. It is unlikely, given economic and political pressure to reopen travel and trade, that most countries will be able to seal themselves off from outbreaks abroad. Even countries like Australia will eventually have to find a measured way to let the virus in and use vaccination as a primary tool of control. Policy makers will need to maintain public support and capacity to use tools, such as regional or local lockdowns, effectively. They need to start a conversation about what the public will accept in the longer term – in terms of levels of mortality, levels of risk and ongoing behavioural measures. As they look to address the lack of resilience to health threats that Covid has exposed, they will need to recognise that Covid has been clustered in areas of social deprivation. This raises difficult and long-term societal questions that will need to be grasped alongside immediate pandemic response measures.

Participants included:

Professor Devi Sridhar	Professor of Global Public Health, University of Edinburgh
Professor Edward C. Holmes	ARC Australian Laureate Fellow, Member of the Marie Bashir Institute for Infectious Diseases & Biosecurity, University of Sydney
Dame Una O'Brien	Former Permanent Secretary at the Department of Health
Dame Clare Moriarty	Former Permanent Secretary at Defra and DExEU
Sir Suma Chakrabarti	Former Permanent Secretary at DfID and the Ministry of Justice and incoming chair of the Overseas Development Institute. President of the European Bank for Reconstruction and Development from 2012 – 2020
Paul Kissack	Group Chief Executive, Joseph Rowntree Foundation
Jude Diggins	Director of Nursing, Policy and Public Affairs, Royal College of Nursing
Chris Hopson	Chief Executive, NHS Providers

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