# BMZ-BMG High Level Forum "Pandemics – No Time for Neglect"

Berlin, 28 September 2022

Parallel Panels (16:40 - 17:45), Session 1:
## Health System Strengthening: A Prerequisite for Pandemic Prevention

3 Key Takeaways from Breakout Group 6:
## Health Information Systems

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Our group – consisting of about a dozen participants from across several public agencies, national and transnational public health-focused civil society organizations, and academia – was asked to identify strength and weaknesses of health information systems experienced during the pandemic and make recommendations for improvements to advance pandemic preparedness. We were asked to summarize our discussion by specifying 3 main takeaways:

1) COVID has prompted **tremendous increases and improvements in health data gathering, health data standardization and sharing of these data**. These advances, however, have largely been ad hoc and took many months to bring about/make work. Preparedness for future pandemics would be greatly enhanced by maintaining this infrastructure (including for transnational standardization in order to have genuinely comparable data to be shared). A promising way to do so (with public health benefits in "normal" times, during which at least the basic infrastructure must be maintained to be usable in the next "crisis") is to focus on on "normal" disease and treatments patterns, rather than focus on looking for the exceptions (such as an Ebola outbreak) as such, as the exceptions are by definition rare, and looking exclusively for them can give the false impression that infrastructure maintenance is not paying off. We also recommend to normalize data sharing among health authorities and researchers (with highly secure systems and while keeping an eye on avoiding anti-competitive abuses or other unintended socio-economic or political pathologies), so as to make it unnecessary to reach agreements and establish routines in crisis times when the resulting delays may cost many lives.

2) COVID also exposed **great variance** across countries (and sometimes within) in how good, fine-grained, complete the health data are. Incentives and societal support can bring about improvements, but health authorities should also recognize that there will always be gaps in the data. Preparedness for future pandemics suggests developing in advance (and having ready) reliable algorithms, methods, systems for filling in missing data.

3) There is a natural tendency to **focus on aspects (and groups of people) about which data is readily available to the exclusion of aspects and people for which there is not**. This resulted during COVID in many places in a focus on readily measurable epidemiological effect of, e.g., school closures, while ignoring (initially) the educational, social, and highly gender-unequal economic consequences. Data is often much less available for marginal and vulnerable groups, such as the homeless, undocumented migrants, etc. As promising as advances in health information systems are, policymakers must not delude themselves into thinking that available data will offer a complete picture of society and should take active steps to ensure that technological advances do not exacerbate the marginalization of those groups.

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