COMMISSION SPÉCIALE CHARGÉE D'EXAMINER LA GESTION DE L'ÉPIDÉMIE DE COVID-19 PAR LA BELGIQUE

du

LUNDI 16 NOVEMBRE 2020

Après-midi

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BIJZONDERE COMMISSIE BELAST MET HET ONDERZOEK NAAR DE AANPAK VAN DE COVID-19-EPIDEMIE DOOR BELGIË

van

MAANDAG 16 NOVEMBER 2020

Namiddag

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De openbare commissievergadering wordt geopend om 14.03 uur en voorgezeten door de heer Robby De Caluwé.
La réunion publique de commission est ouverte à 14 h 03 et présidée par M. Robby De Caluwé.

De **voorzitter**: Good afternoon, mister Horton.

We are starting the live stream.

Collega's, we hebben mekaar nog maar vorige week vrijdag gezien, maar we hebben een bijkomende vergadering georganiseerd omdat wij de heer Horton van *The Lancet* bereid hebben gevonden om ons een toelichting te geven. Wij hebben hem op voorhand de vragen van de verschillende fracties bezorgd en hij heeft zijn presentatie daarop gebaseerd. De bedoeling is dat hij gedurende ongeveer 30 minuten een inleiding geeft op basis van de ingediende vragen, waarna ik het woord geef aan de commissieleden.

Mister Horton, thank you for your presence today. You can start your presentation.

Richard Horton: Thank you very much for inviting me to join you. I will try and touch on some of the major themes in the questions sent. I will try to answer five questions this afternoon.

What is the current situation we are in? What are the lessons so far? What could we have done better? What is de end game? What must governments do now?

The answers to some of these questions may sound pessimistic, but I am actually quite optimistic about the future. The reason why I am optimistic is history. After the past pandemics, society has changed. The old society has been erased, giving birth to a new society. Out of tragedy come new beginnings and opportunities. Governments change. Lessons are learned, even if those are bitter lessons. The public is also changed. Health becomes more important. Those who usually sit at the margins of our society, unheard, unseen, now become the center of the political stage.
The 1918 influenza pandemic accelerated the pace of political and social change. In many countries, it made the path for political consensus around universal health coverage and indeed, set the path for a global regeneration, despite World War II. It set the conditions and the opportunity for the creation of the World Health Organization.
The current situation is already known, with around 54 million cases, 1.3 million deaths, half a million cases every day. The major front of the moment is in the Americas, both North and Latin America, but Europe is not far behind. We are not facing a merely health crisis. It is much more complex than that. That is why it is proving so hard to get a grab on it. We are also facing an economic and a political crisis in many of our countries. The economic costs are spectacularly huge. Unfortunately, those economic costs are driving a deepening of existing inequalities. This is disproportionally hitting the poorest and most vulnerable in our society, especially children and women. Children are socially isolated. Women face the shadow pandemic of rising levels of domestic, intimate partner violence, under lockdowns.
The conclusion that I would draw is that our societies have not yet faced up to the scale of the transformation they are facing. The political language is often defeating the virus, using war metaphors. But this is not a war. This virus will not be defeated or eliminated any time soon. Instead, we have to renegotiate our relationship with this virus, to estate a peaceful co-existence. How we do that is a source of political dispute. There seems to be two opposing arguments. With zero covid, we try and push down the prevalence of this coronavirus as low as possible, while the strategy advocated in the Great Barrington Declaration

wants to return to some semblance of normal life, protecting the economy, protecting liberties and shielding those who are most vulnerable.
Currently, there is often political division and conflict around these two extreme views.

What are the lessons so far?

The first lesson for me is that society is very brutal, perhaps more brutal than we have once thought. We are surrounded by our glass, steel, concrete buildings. Society is felt pretty stable. This situation has revealed who is really vulnerable in our society. These are older citizens, those living with chronic disease, a minority of ethnic communities, the poor and of course our key workers, without who our societies really would have stopped. I had the relative luxury to be able to work from home, but if you work on the frontlines of healthcare, in schools, in food, in transport, you don't have that luxury.
A second lesson is that COVID-19 is not a pandemic. This might sound paradoxical. We are not just dealing with an epidemic of a virus. What we are actually facing is the synthesis of epidemics. It is an epidemic of a virus, but that epidemic is interacting with another epidemic, an epidemic of non-communicable diseases. Those are chronic diseases, like heart disease, hypertension, diabetes, and obesity. That is important because that interaction is taking place on a background of inequality. The virus exploits, accentuates and exacerbates this inequality. COVID-19 is not a pandemic, but what is called a syndemic.
That is an important distinction, because the long-term solution for this predicament we are in, will not come from addressing the virus alone. The long-term solution will require us to address the prevalence of chronic disease in our society, which creates the substrate of vulnerability when the virus hits, and tackling directly inequality in our society.
A third lesson learnt is that science has been critical. I have of course a conflict of interest, which I acknowledge. From the very beginning, on January the 24th, of the scientific community describing COVID-19, the scientific community has never worked in greater unity, co-operation. This spirit, I have never experienced despite my thirteen years at *The Lancet*, even compared with the aids pandemic. We have learned a lot, but there is a lot more to learn. It is now very important that the governments understand the contribution the scientific community has made and that despite the economic crashes that all governments will face, they do as much as they possibly can to protect the science, which has worked so effectively in the service of our societies.

What could we have done better?

We clearly have to confess that most countries were not well prepared. We know the needs we must have in order to protect ourselves against a pandemic.
A strong public health system and a strong health system are needed. It means people, surveillance systems, a distributed network of laboratories for testing, enough bed capacity to deal with surges of infection, strong communities and effective science policy-making. Every country has had a different response to this syndemic. Often you will find weaknesses in one or more of those elements of preparedness. It is worse that our countries did not take seriously the signal coming out of China in January. They did not take seriously the declaration of a public health emergency of international concern. To this day I still do not understand why that was the case.
If scientific advises to governments had read the five papers we published in the last week of January they would have been left in no doubt that we were facing a global pandemic of an entirely new virus, with no treatment, no vaccine, that was tipping hundreds of thousands of people into hospitals, into intensive care, where they would develop multi-organ failure with high levels of mortality. That was enough information for us to prepare better, and yet in many countries, yours and mine, we saw delay, prevarication and exceptionalism so that it took until the early weeks of March that we really took this threat seriously.
What else could we have done better? Global co-ordination could have been done better. The World Health Organization has come under much criticism with allegations of collusions with the Chinese government. I don't accept that at all. The evidence is not available. The World Health Organization moved in fact fast to declare a public health emergency of international concern. I believe we owe them a better gratitude for that. We have never moved faster. Having declared that public health emergency on January the 30th, what did they then do? I am afraid they abandoned their 194 member states to perceiving 194 separate strategies. There was no global co-ordination. A global emergency requires a global response. The only agency that could have co-ordinated a global response was the World Health Organization. It is incredible to me that it will take until the 3rd or 4th of December for the United Nations to convoke the countries together to discuss their experiences and share their lessons learnt. This is almost a year into this crisis.
It is true that this is hindsight. But, with hindsight, the World Health Organization clearly, shortly after declaring a public health emergency, should have convened member states to try and organize lessons learnt and a co-ordinated response.
We have also underestimated the importance of communication. In the area of public health,

communication is often the last thought. We first get all the technical pieces together and then we think about how we are going to communicate those pieces. That has been a huge mistake. In an era of a dramatically changed media landscape with social media, preprints and the infodemic, the importance of clear government leadership, with plenty of messages is absolutely essential for us to understand. There have been good examples of clear leadership, clear messaging, like Scotland and New-Zealand, but there have been bad examples too, countries with absent leadership, U-turns, confusion and where breaches of the rules could have been set out and people being allowed to get away with those breaches. That places the issue of public trust. I am going to talk later on about this.

What is the end game?

Just a few minutes ago, Moderna released its results about the mRNA vaccine, a vaccine similar to the BioNtech vaccine. This shows 95% efficacy in terms of protectiveness. There are now three vaccines that look to be successful. There is a lot more information we need to know about those trials, their interim results. We need to see the full data and the full safety data. Overall, there are eleven vaccines in phase 3 clinical trials. We are in a very advantageous position because those vaccines represent different categories of vaccine. Moderna and Pfizer stand for the mRNA vaccines. The AstraZeneca and Johnson & Johnson vaccines are based on an adenovirus vector. Novavax is a protein-based vaccine. Then there are several more traditional inactivated virus vaccines.

There is a good spread of possibilities. It is always difficult to predict, but my conclusion, looking at the science, is that we will have several vaccines that will be available for manufacture, procurement and distribution in the first quarter of next year. That is a good timing, not for this winter, but it means that we then have the summer months and the early autumn to scale up the billions of doses of those vaccins that we need and to device a strategy for how we are going to allocate those vaccines fairly to vulnerable populations. When we come into the winter of 2021, in the Northern hemisphere of course, we should be in a good place. We are clearly not in such a good place coming into the winter of 2020.

There are several issues. The first, and probably most important for all governments today is that we are seeing a rising anti-vaccination movement. This is really threatening the confidence that the public is going to have in vaccine science. The governments need to be working right now to prepare the public for a vaccine. That means directly addressing, not ignoring, the anti-vaccination propaganda. It is important to understand the way the anti-vaccination movement affects people. There are three groups of people. There is a group pro-vaccine and a very small group of people who are anti-vaccine. There is also a group in the middle, which in different settings can be quite large. Those are the undecided. The widely published network theory states that there is great entanglement of the anti-vaccine movement and the undecided. That means that the undecided members of our communities are extremely vulnerable to the arguments of the anti-vaccine movement. The pro-vaccine community is not as entangled as the anti-vaccine movement is with the undecided.

They tend to sit on the periphery. Those who have done modelling of the dynamics of the anti-vaccination movement predict that, without direct action of governments and others, anti-vaccination arguments will win out over the next decade. This is a clear and present danger to building up community immunity using a vaccine.

A second issue is the unpleasant truth that the vaccine is not going to be a magic bullet. No vaccine is 100% safe, 100% effective and will be given to 100% of people in the population. We still need to be humble about the fact that over the coming year, many of the behavioural changes that we have come to now regard as a normal part of our lives, such as respiratory hygiene, physical distancing, avoiding mass gatherings, wearing masks, are going to have to continue to be part of the normal day to day living. Nobody wants to hear this message, but it is nevertheless true as we roll the vaccines out.

My conclusion is that, as of now, there is not exactly an end game. The virus is with us and it is likely that it is going to be endemic. The plan has to be to keep community transition as low as possible, to keep the prevalence of the virus as low as possible, to keep R below one. A vaccine is going to help, but until then we are walking a very delicate line between lockdowns and living.

What must governments do now?

Firstly, they have to manage this pandemic as a syndemic. It is not just about the virus. It is about the inequalities in our society and the general health of our population. Secondly, build strong public health capacities. You are in the middle of your lockdown at the moment, and so are we. We come out December the 2nd. You come maybe out around December the 13th. We can't go on with this endless cycling of lockdown and release for the rest of 2020 and 2021 until we got the vaccine widely distributed in the autumn of next year.

I will propose five actions for you to consider.

The number one action is absolute priority: rebuild trust with your public. You in Belgium and we in the United Kingdom share many of the same

challenges. We need to rebuild trust with political leadership that is honest, authentic, that demonstrates humility and compassion. You and I need to have a strategy with a communicator in chief, a trusted public servant who is regularly communicating to the public. It is really important that we really do what we can to demonstrate political unity. That is not easy in our democracies. When our politicians are publicly divided, the public sees that. They see that this is just another political dogfight. So they don't listen to the public health messages because the context of those public health messages is this political division.
The number two action is achieving a whole of society response. This is not only something governments can do. Governments don't have the solution to this, neither the scientist neither do health workers. The whole of society response means that we have to bring together businesses, schools, universities, retail, hospitality, entertainment, faith organizations and sports clubs. Every part of our society has a role to play. We are trying to emphasise a culture of mutuality. We are looking after one another. We had that in the first lockdown and we sort of lost it as this year is going on. We have to rediscover that sense of looking after one another.
The third priority action is that community is key. Local communities need to be empowered to manage their community and their response. That means that community organizations need to be mobilised, there has to be a good local communication and a good local support. We will find a path out of this crisis through the communities we live in. In the communities we can rebuild trust. In the communities we can have the whole of society response. In the communities we look after one another, our neighbours and our neighbourhoods.

The fourth priority is finding a way to invest in local public health teams. I know it is a difficult economic time. Those teams are public health workers, primary care, or general practice, pharmacists, nurses, teams that can investigate outbreaks and that can mobilise test, trace and self-isolate policies. The goal is to suppress local outbreaks. If we can succeed in suppressing local outbreaks, we will not need to have lockdowns. We had to use lockdowns because it is the only thing we can do when we have lost control of the outbreak.

We don't want to do that, so we need to have local teams of public health workers linked in with our primary care systems that can immediately investigate a cluster, test, trace, isolate and suppress.

A fifth action is that we need to give the public hope. The way to give the public hope is going to be through political leadership. Our political leaders can articulate a plan for national revival and national regeneration, economically, socially and culturally. The public needs a vision of a fairer and more just society. That is an opportunity. Do you remember the lesson I gave after the 1918 pandemic? This is an opportunity we can seize, but is has to be actively seized.
I began optimistically and I want to end optimistically. I have edited *The Lancet* for 25 years and I have never seen the level of solidarity and unity of purpose that I have seen from the international medical and scientific communities. It has been inspiring to observe. COVID-19 has challenged us all, but it has also revealed the best of us. It is not our destiny and it is not our faith. It is actually an opportunity to rewrite a very different future for our families, for our friends, for our communities and, perhaps most importantly, for the generations still to come.

De **voorzitter**: Mister Horton, thank you very much for your introduction.

Collega's, ik geef u nu het woord. Er is vertaling van het Nederlands en het Frans naar het Engels. Dus iedereen kan in zijn moedertaal spreken. De heer Horton heeft aangegeven dat hij tijd heeft tot ongeveer 17.00 uur.

Kathleen Depoorter (N-VA): Mijnheer de voorzitter, mijnheer Horton, uw toelichting was nogal globaal. Wij hadden eerder een wetenschappelijke analyse verwacht dan een mondiaal-politieke, maar alle insteken zijn uiteraard welkom. Mijn vragen gaan eerder over de wetenschappelijke functie van The Lancet als *medical journal.*

Wat is uw mening over de samenwerking tussen de verschillende wetenschappelijke *journals* in het kader van COVID-19? U sprak over de hele goede mondiale samenwerking. Ik veronderstel dat het dan ging over zowel de openbare instellingen als de universiteiten. Was die er ook tussen de verschillende wetenschappelijke *journals?*

Is het juist dat het de eerste keer is dat er zo massaal in *open access* wordt gewerkt? Welke voordelen heeft het snel publiceren in *open access?* Is dat volgens u voor herhaling vatbaar? Heeft het nadelen? Zijn sommige studies volgens u te snel gepubliceerd?

Is er zicht op het aantal raadplegingen van de studies die werden gepubliceerd in het kader van COVID? Werden die dan vooral door wetenschappelijke instellingen geraadpleegd of door het grote publiek of door overheden? Als het grote publiek die raadpleegde, denkt u dat een

duiding wenselijk is of niet? Dergelijke wetenschappelijke artikels zijn immers niet altijd evident voor interpretatie.

Is er afgesproken wanneer de periode van openbaar publiceren zal aflopen?

Wanneer er studies in *open access* worden geplaatst, heeft dat dan enige invloed op de financiering ervan? Hoe wordt dit opgelost?

Er was vrij veel commotie rond de studie over chloroquine. Kunt u hiervan de tijdslijn weergeven? Wat is er fout gelopen? Hoe komt het dat er daarover een snelle communicatie is gebeurd?

Bij aanvang van de crisis waren er studies met tegenstrijdige conclusies, wat eigenlijk normaal is aangezien alles immers nieuw was. Die tegenstrijdige conclusies zijn op zich geen vreemd gegeven in een wetenschappelijke omgeving, maar ze hebben bij de beleidsvoerders wel voor verwarring gezorgd. Kunt u zeggen vanaf wanneer er volgens u consensus bestond over het gebruik van de mondmaskers? Vanaf wanneer was er een duidelijk zicht op de pre- en asymptomatische transmissie van het virus?

U had het over Schotland en Nieuw-Zeeland. Zijn er studies die de aanpak van de verschillende landen vergelijken, bijvoorbeeld op het vlak van type medicatie, organisatie, infrastructuur en de gevolgen daarvan op de efficiëntie van de bestrijding van het virus?

Richard Horton: You run your parliamentary committees very different from the way we do. Normally we ask one question at a time, but this is fine. I have all your questions here. So I can basically work through them and answer them one by one.

De **voorzitter**: If it is okay for you, I just ask all the members to ask their questions.

Barbara Creemers (Ecolo-Groen): Mijnheer de voorzitter, voor Ecolo-Groen zal alleen ik het woord voeren, aangezien collega Hennuy bij het van thuis uit werken problemen heeft met haar verbinding.

Mijnheer Horton, bedankt voor uw uiteenzetting. Ik vond het heel verhelderend om eens de visie vanuit een internationale blik te vernemen, aangezien wij een en ander nogal vaak vanuit onze eigen wereld beschouwen, met in België ook een moeilijke structuur. Daarom dank ik u voor uw inzicht.

Ik heb nog enkele vragen over wat u vandaag hebt verteld.

Daarnet zei u dat Nieuw-Zeeland en Schotland voor u voorbeelden zijn van landen en overheden die goed gecommuniceerd hebben. Hebt u er een zicht op of de antivaccinatiebeweging en de boodschappen van *antivaxers* in die landen minder invloed hebben op de groep twijfelaars? Er is een groep voor, een groep tegen en in het midden een grote groep twijfelaars. Klopt het dat positieve, verbindende communicatie ervoor zorgt dat de antivaccinatiebeweging minder vat krijgt op de groep twijfelaars? Klopt het eveneens dat het vertrouwen in de politiek in die landen groter is? U noemde namelijk twee grote uitdagingen: ten eerste, ervoor zorgen dat de *antivaxers* minder grip krijgen op de groep twijfelaars, en ten tweede, het herstel van het vertrouwen in de politiek. Kunnen Nieuw-Zeeland en Schotland gelden als voorbeelden?

U gaf in uw toelichting aan dat u optimistisch bent, dat er nog nooit zoveel wetenschappelijke consensus is geweest en dat er ook veel goede voorbeelden zijn van samenwerking tussen wetenschap en politiek. Durft u ook hoopvol te zijn omtrent de volgende crisis die op ons afkomt, namelijk de klimaatcrisis en de biodiversiteitcrisis? Heeft datgene wat ons nu overkomt volgens u een positief effect op de verstandhouding tussen politiek en wetenschap met het oog op de volgende crisis, namelijk de klimaat- en biodiversiteitcrisis?

U noemt het onbegrijpelijk dat de landen de signalen uit China niet serieus genomen hebben, aangezien eind januari duidelijk was wat er op ons afkwam. Echter, uit de hoorzittingen die wij hier houden, blijkt dat de harde cijfers uit China altijd veel lager lagen in verhouding tot de grootte, de impact of de ernst van de aldaar genomen maatregelen. In China liep iedereen met een mondmasker op straat en werden er massaal lockdowns afgekondigd, terwijl er geringe aantallen gerapporteerd werden in vergelijking met wat wij hier tegenwoordig gewoon zijn. Ik stel mij daarom vragen bij de helderheid van de communicatie vanuit China. Kloppen die cijfers effectief?

Er was immers een heel grote discrepantie tussen de maatregelen die zij troffen, zoals het afsluiten van hele wijken, en het kleine aantal besmettingen en het kleine aantal doden dat wij in januari 2020 in China zagen.

Hoe zit dat voor u? Wij hadden sneller moeten reageren. Dat weten wij nu allemaal. Hadden wij echter de juiste cijfers? Begrijpt u waarom hier zo traag in actie is geschoten?

Wanneer wij nu hoorzittingen van januari 2020 herbekijken, dan hebt u overschot van gelijk. Wij hebben ook heel vaak aan de alarmbel getrokken.

Begrijpt u waarom zij dat niet hebben gedaan? Wat kunnen wij daaruit leren voor een volgende keer? Hoe duidelijk en helder moet de communicatie zijn vooraleer iedereen in actie schiet?

Ik heb straks wellicht nog honderdduizend vragen, maar ik zal het voorlopig hierbij laten.

Laurence Hennuy (Ecolo-Groen): Monsieur Horton, qu'attendez-vous de la réunion des Nations Unies de début décembre en ce qui concerne les décisions et le point de vue mondial sur la crise?

Patrick Prévot (PS): Monsieur le président, monsieur Horton, je vous remercie pour cet exposé. On aurait peut-être pu s'attendre à quelque chose de beaucoup plus scientifique. Mais je sais que toute une série de questions vous sont parvenues et je ne doute pas que vous pourrez également répondre à celles-ci par la suite. C'est peut-être un peu moins interactif qu'en Angleterre, mais je vous remercie en tout cas de vous plier à la procédure belge qui veut que le parlementaire belge pose d'abord toutes ses questions et qu'ensuite, l'orateur y répond.

On l'a déjà évoqué tout à l'heure, mais estimez-vous que les informations, qui relataient les premiers cas survenus en Chine de ce qu'on appelait à l'époque une "pneumonie", ont été communiquées en temps utile? Plus clairement, estimez-vous que la réaction de l'OMS ainsi que les recommandations qu'elle a pu transmettre au cours des premiers mois de la crise étaient suffisantes et adéquates? Voilà pour ce qui est du volet relatif au rôle de l'OMS!

Avec l'expérience qui est la vôtre et avec la vue transversale et européenne que vous avez, j'aurais aussi voulu savoir comment vous jugez la situation de la Belgique en comparaison avec les autres pays à l'échelle européenne mais également mondiale – vous avez parlé de l'Écosse et de la Nouvelle-Zélande – notamment par rapport aux mesures qui ont pu être prises au cours de la crise. Comment expliquez-vous la situation difficile – il ne faut pas se cacher – de la Belgique en comparaison avec certains autres pays européens? Des études comparatives ont-elles été menées concernant l'implémentation du *testing* et du *tracing* au sein des pays de l'Union européenne? Quels en sont les résultats? Quels pays ont-ils réussi à mettre une stratégie véritablement efficace en place dans ce domaine? Car, là aussi, on a vu que la Belgique a eu, à tout le moins, quelques difficultés.

J'aurais également voulu connaître votre opinion, votre avis personnel sur les pays qui ont tablé sur ce qu'on appelle "l'immunité collective".

Enfin, j'en viens à ma dernière question afin de laisser la possibilité à mes collègues de vous interroger et de maintenir cet échange. Quelle a été l'évolution des connaissances liées au traitement de la COVID-19? Plus particulièrement, comment expliquer l'intérêt tardif pour la cortisone, qui a été mise en lumière assez tardivement, alors qu'il s'agit d'une molécule déjà très connue? Là aussi, j'aurais souhaité avoir votre avis d'expert. Je vous remercie d'ores et déjà de vos réponses.

Barbara Pas (VB): Mijnheer de voorzitter, mijnheer Horton, ik wil u namens onze fractie bedanken voor uw tijd en heldere blik van buitenaf die zeker nuttig en verhelderend was.

Ik zal uiteraard de vragen van de andere leden, die ik ook op mijn lijstje had staan, niet herhalen. Ik zou er nog enkele aan willen toevoegen.

Waarop ik zeker de nadruk wil leggen – het werd ook al door een ander lid aangehaald - is de mate waarin de informatie uit China betrouwbaar was. Het bewuste lid heeft dat echter al voldoende toegelicht.

Mijnheer Horton, de twee toevoegingen die ik zou willen doen, omdat u toch een vergelijking kan maken tussen de verschillende landen en wij voortdurend met de Belgische situatie bezig zijn, zijn de volgende.

Hebt u een verklaring of wat ziet u als mogelijke verklaringen voor het feit dat België het zo slecht heeft gedaan?

Wij hadden in de eerste golf het hoogste aantal dodelijke slachtoffers in verhouding tot het aantal inwoners. Ook in de tweede golf scoorden wij het slechtst in Europa op het vlak van het aantal besmettingen en het aantal ziekenhuisopnames.

Ziet u daarvoor bepaalde oorzaken, zoals misschien het belang van de communicatie die u ook hebt aangehaald tijdens uw uiteenzetting?

Ten slotte, de WHO verklaarde dat het coronavirus totaal onbekend was, tot in december 2019 de eerste melding uit Huwan kwam. Ondertussen is er echter een studie van een Italiaans kankerinstituut, waar gezonde vrijwilligers hebben deelgenomen aan een onderzoek voor longkanker. Uit de bloedafnames van die vrijwilligers, die zijn afgenomen tussen september 2019 en maart 2020, zou echter blijken dat heel wat deelnemers antistoffen tegen het coronavirus in hun bloed zouden hebben.

Mijnheer Horton, klopt dat onderzoek? Bent u daarvan op de hoogte? Wat is uw visie daarop?

Het zou immers betekenen dat het virus al langer circuleerde, namelijk al sinds september 2019, terwijl het pas officieel bekend is geworden in december 2019 en hier de alarmbellen pas zijn afgegaan in februari-maart 2020.

Daarover had ik dus graag nog enige verduidelijking gekregen.

Nathalie Gilson (MR): Au nom du groupe MR, du groupe libéral francophone, je voudrais remercier M. Horton pour toutes ses explications. Je voulais lui demander s'il pense qu'il y a eu des difficultés rencontrées par une revue comme *The Lancet* pour poursuivre son activité de manière sérieuse et rigoureuse. On a vu effectivement le problème qu'il y a eu avec l'étude concernant l'hydroxychloroquine; le fait qu'il n'est pas certain qu'il y ait eu la méthode habituelle du *peer review*, et que c'est peut-être cela qui a pu causer les difficultés, et le fait que la revue *The Lancet* n'a pas identifié tout de suite que la société américaine à l'origine des données sur lesquelles s'est basée cette étude n'était finalement pas fiable.

Désormais, peut-il nous confirmer que, oui, c'est une exigence d'avoir ce *peer review* et qu'il est effectué dans tous les cas? Autrement, il est clair que du point de vue du citoyen, du point de vue du politique aussi, il y a un manque de confiance qui peut avoir été créé de par cet événement. Du coup, comment rétablir cette confiance et comment assurer que, désormais, toutes les précautions sont prises pour que le *peer review* se fasse et pour que les études soient fiables? Évidemment, on peut aussi dire que reconnaître son erreur, c'est positif. Dans ce sens-là, cela peut aussi aboutir à rétablir la confiance. Mais je voulais savoir désormais quelle est la manière de travailler pour une revue, *The Lancet* ou pour vos autres collègues.

Ma deuxième question, c'est de savoir s'il y avait une collaboration avec d'autres revues, si vous échangiez des bonnes pratiques, si vous travaillez ensemble. On voit que, au niveau européen, ce qui vient d'être lancé par l'Europe est assez extraordinaire. M. De Cuyper, de l'AFMPS nous l'a encore confirmé vendredi. Le fait qu'il y ait un *joint procurement* sur les vaccins, et cette collaboration européenne, c'est vraiment extraordinaire Je voudrais savoir si, au niveau scientifique aussi, de votre côté, vous avez des informations et que vous pourriez faire des propositions d'amélioration si c'est le cas.

Ma troisième question porte sur le niveau international. Quel est votre avis sur la coordination internationale et en particulier, sur l'OMS au début de cette crise?

Ma quatrième question porte sur les statistiques et les indicateurs. Chaque jour, les autorités communiquent et transmettent les statistiques relatives au nombre de cas, d'hospitalisations, de personnes guéries et de décès. Encore récemment, je m'entretenais avec une scientifique italienne qui m'interrogeait sur la mauvaise position de la Belgique dans les statistiques, affichant le nombre de cas le plus élevé. D'un autre côté, lorsque je comparais avec elle le nombre de tests effectués quotidiennement en Belgique et en Italie, le nombre de tests correspondant en Italie aurait dû être six fois plus élevé. En Belgique, nous réalisons donc six fois plus de tests qu'en Italie, proportionnellement à la population.

Ainsi, le nombre de cas positifs doit donc être rapporté au nombre de tests effectués, de manière à pouvoir faire des comparaisons entre pays européens. Que pensez-vous de l'indicateur que constitue le taux de surmortalité? La comparaison entre le nombre de décès en 2020 et le nombre de décès en 2019 permet-elle, selon vous, une comparaison plus fiable des pays entre eux? Quel est à votre avis le meilleur moyen de comparaison entre les différents pays?

Considérez-vous que les pays européens sont aujourd'hui mieux préparés pour faire face à cette deuxième vague? On sait que, tant qu'aucun vaccin ne sera disponible, on risque même de devoir affronter une troisième vague. Pensez-vous que nous avons tiré les enseignements de la crise engendrée par la première vague?

En tant que revue scientifique, vous êtes actif dans la communication, même si celle-ci est destinée à un public scientifique. Toutefois, je pense que tout un chacun s'intéresse désormais aux publications scientifiques. Pensez-vous que certains aspects doivent être améliorés sur le plan de la communication?

Pour l'instant, on est dans une communication 'plutôt institutionnelle'. Et je me demande dans quelle mesure il n'est pas temps de passer à une communication qui transite par des professionnels de la communication. Cette semaine, le gouvernement allemand a sorti un spot publicitaire pour sensibiliser les gens au geste barrière qui consiste simplement à rester chez soi. C'est un spot publicitaire réalisé par des professionnels. On y voit des personnes âgées qui parlent et qui étaient, en fait, jeunes en 2020 et qui disent: "Nous avons connu une guerre, nous en avons été les héros. Quel a été notre acte d'héroïsme? Rester

sur notre sofa, rester à la maison, ne rien faire, ne pas sortir. C'était très dur, mais nous l'avons fait." Merci pour vos réponses.

Nawal Farih (CD&V): Mijnheer Horton, ik beperk mij tot vragen die nog niet gesteld werden. Ik wil wel nog even inpikken op een vraag van mijn collega over de wetenschappelijke adviezen voor beleidsmakers die werden geformuleerd. Wij hebben daar heel vaak te maken gehad met tegenstrijdige adviezen. Wat zijn uw bedenkingen daarover? Ook *The Lancet* is daar op bepaald moment in een moeilijk parket terechtgekomen. Als men zegt dat de beleidsmakers te traag hebben gereageerd, hoe moeten wij dat dan doen en hoe kunnen wij dat goed in evenwicht brengen, om ervoor te zorgen dat zowel wetenschap als beleidsmakers steeds optimaal volgen?

Voorts heb ik een vraag over de antiglobalisten. Er wordt wel eens gezegd dat men de bron alleen maar kon aanpakken in China. Kunt u ons iets meer uitleg geven over de reden waarom er dan zo vaak wordt verwezen naar Europa, dat te traag heeft gereageerd? Ondanks dat China heel veel ervaring had met de SARS-epidemie, lijkt het mij dat het ook te traag heeft gereageerd, waardoor het virus zich alsmaar sneller heeft verspreid op mondiaal vlak. Graag had ik uw inzichten daarover gekregen.

U haalde in uw boek aan dat Duitsland zeer goed scoorde in de bestrijding van het virus. Een van de redenen die u aanhaalde, is de federale structuur. België is ook een federaal gestructureerd land. In België wordt er echter net verwezen naar de federale structuren als een obstakel voor efficiënt beleid. Waar ligt volgens u het verschil tussen België en Duitsland? Kunt u uw visie daarover formuleren?

Erg belangrijk lijken mij persoonlijk de indicatoren die gebruikt zijn bij het communiceren naar burgers en op wereldniveau. Elk land heeft op eigen manier indicatoren vastgesteld en het virus beschreven aan de hand van cijfers naar de burgers. Sommige landen deden dat aan de hand van het dodenaantal, andere via het totale aantal ziekenhuisopnames of het aantal nieuwe besmettingen. Is dan door wetenschappers de alarmbel niet geluid om ter zake internationaal af te stemmen? Zelfs vandaag kunnen wij immers de crisis niet optimaal evalueren, omdat elk land eigen indicatoren heeft gebruikt.

Daardoor is het zeer moeilijk om in te schatten welk land goed heeft geregeerd of de juiste beslissingen heeft genomen.

U hebt in een van uw stukken ook gesproken over de misinformatie en complottheorieën. Daarbij sprak u over de zogenaamde *infodemic*, een overflow aan informatie die soms correct en soms incorrect is en die ervoor zorgt dat er niet altijd even goed kon worden gereageerd op de crisis. Hoe diepgaand, naar uw opinie, moet de transparantie van beleidsmakers ten aanzien van de burgers zijn? Hebben de burgers het recht om alle exacte cijfers te kennen? Hoe ruim moeten wij daarin gaan? Gelet op de *infodemic*, die u beschrijft, waar ligt volgens u de grens in het delen met informatie met burgers door beleidsmakers?

Wat u zegt over de ongelijke verdeling van leed, vind ik ook heel interessant. U hebt gewezen op kinderen en vrouwen, die heel erg zijn aangeslagen zijn in de crisis. Kunt u voorbeelden geven van landen in Europa waar u ziet dat minderbedeelden wel goed bereikt werden? Wij hebben namelijk gemerkt dat heel wat doelgroepen in ons land niet altijd even goed bereikt werden, enerzijds vanwege de taal, anderzijds vanwege de media gebruikt om burgers te informeren. Kunt u in dat verband good practices met ons delen? Daar ben ik wel heel erg nieuwsgierig naar.

Toen België uit de lockdown is gegaan, was u daar best kritisch voor. U hebt ook beschreven dat men pas uit lockdown zou moeten gaan, indien de tracing en isolatie van het virus perfect verlopen en indien er een vaccin voorhanden is om de mensen goed te beschermen. Kunt u ons in detail uw argumentatie tegen de Belgische exitstrategie meedelen? Op welke manier hadden wij ons beter kunnen organiseren opdat de tweede golf niet zo hard zou hebben aangeslagen, zoals wij vandaag meemaken?

Mijn fractie heeft nog heel wat andere vragen ingediend, waarvan ik hoop dat ze schriftelijk beantwoord worden, als daartoe de mogelijkheid bestaat. Ik dank u alvast voor uw tijd en voor de antwoorden die u ons zult bezorgen.

Sofie Merckx (PVDA-PTB): Monsieur le président, je remercie M. Horton pour sa disponibilité et la vision qu'il nous partage, que nous vivons aussi de manière très lourde. Il ne s'agit pas seulement d'une crise de la santé mais aussi d'une crise économique et sociale qui affecte fortement les ménages de notre pays.

Monsieur Horton, dans l'un de vos articles, vous évoquez l'arrogance de l'Occident responsable de dizaines de milliers de morts. À cause de cela, en février, lors des premiers avertissements, nos États, surtout en Europe occidentale, n'ont pas réagi. Pourriez-vous rendre cette remarque plus concrète, car s'entendre dire que nous sommes

responsables de dizaines de milliers de morts de la part d'un rédacteur en chef que vous êtes, est une accusation très lourde? Dès lors, j'aimerais que vous explicitiez votre propos.

Vous vous dites optimiste par rapport au fait que les vaccins sont en développement et à la collaboration entre tous les scientifiques du monde entier. Comment vous positionnez-vous par rapport aux lois de propriété intellectuelle pour vaincre cette pandémie par le vaccin?

Je m'explique. Nous avons connu la pandémie du HIV. Les traitements étaient très chers. Il y a eu une lutte internationale pour agir contre les brevets utilisés pour faire du profit. Aujourd'hui, même si les prix annoncés sont moindres que ceux des traitements contre le HIV, il y a malgré tout des différences de prix très importantes entre les différents vaccins annoncés. Oxford a annoncé environ 3 euros avec AstraZeneca. Le prix de Pfizer tourne plutôt autour de 30 euros. Le rapport est de l'ordre de 1/10.

Le deuxième fait est que suite à l'annonce de Pfizer, la semaine passée, qui provenait de la firme, si j'ai bien compris, et non d'une publication scientifique, nous avons vu les actions monter en bourse. En même temps, nous avons vu l'Europe déjà signer un contrat avec Pfizer. On a vu aussi que le CEO de Pfizer avait revendu ses actions le lendemain et s'était enrichi. Comment vous positionnez-vous par rapport au fait que ces contrats ne sont pas transparents aujourd'hui, et par rapport au fait que l'Europe signe sur la base d'un communiqué de presse de la firme et pas d'une publication scientifique? Ne pensez-vous pas que cela contribue aussi à la méfiance que la population peut avoir vis-à-vis de la campagne de vaccination? Je pense qu'il y a là un lien. Le citoyen est aujourd'hui en demande de transparence.

Comment voyez-vous les choses, pour que le monde entier ait vraiment accès au vaccin? La loi sur les brevets fonctionne-t-elle bien, selon vous, ou peut-elle être un frein?

À ma troisième question, vous avez répondu que vous étiez optimiste parce que le vaccin arrive. En même temps, vous dites que tant qu'il n'est pas là, ou qu'il est partiellement là, nous allons rester dans ce semi-confinement, ou ce déconfinement par moment, avec le respect des gestes barrières et la vie avec le masque. Je ne sais pas si vous avez vu les reportages réalisés en Chine dernièrement. On y voit les jeunes danser dans les discothèques à Wuhan, où la vie a repris. Ils ont apparemment réussi à vaincre ce virus sans ce vaccin.

Si je vous comprends bien, vous nous dites que nous ne serons pas capables de faire ce que la Chine fait. Certes, la première vague nous a surpris. Et la deuxième aussi. Tout le monde en a parlé et elle nous a surpris. Elle a frappé fort. On a connu des situations presque identiques à celles rencontrées en Lombardie. On a dû arrêter de tester toutes les personnes à haut risque, par exemple. Aujourd'hui, elles ne sont plus testées en Belgique. Le système de *testing* s'est vraiment effondré.

Votre discours m'étonne quelque peu. Et donc ma question est très claire: ne sommes-nous pas capables en Europe de faire ce que la Chine et des pays moins développés en Asie du Sud ont fait?

Ma question suivante concerne vos recommandations. Vous en avez donné cinq. Dans la troisième et la quatrième, vous parlez beaucoup de l'importance des communautés locales, qui doivent s'organiser; vous dites aussi que sur le plan local, nous devons investir dans des équipes de santé publique qui vont voir où le virus se propage, où il y a des clusters. Je pense au porte-à-porte, par exemple, aller parler aux personnes atteintes.

Il faut savoir qu'en Belgique, ce n'est pas du tout organisé comme cela. Les communautés locales ne sont pas du tout en lien avec le système de *tracing*, qui est uniquement fait de manière "supra". Il y a trois niveaux (Bruxelles, Wallonie et Flandre), pour faire le *tracing*. Mais un bourgmestre, par exemple, n'est pas informé de l'endroit où il y a des clusters dans sa communauté. Je pense à des salles de sport; rien n'est prévu à cet égard. Je souhaiterais que vous nous détailliez cet aspect, pour que nous puissions, à notre niveau, plaider pour cette approche qui n'est pas du tout d'application dans notre pays.

Karin Jiroflée (sp.a): Mijnheer Horton, ik wil u namens onze fractie heel erg bedanken, want ik vond het een zeer gesmaakte uiteenzetting. Ik wil u vooral bedanken voor uw optimisme in deze.

Ik heb een paar vragen voor u, mijnheer Horton.

U zei dat het virus al een paar maanden vooraleer iedereen in actie kwam aan het circuleren was, wellicht al vanaf het begin van het najaar in 2019.

We hoorden vanmorgen ook artsen zeggen dat ze maanden voor deze problematiek wellicht al patiënten met COVID-19 hebben gezien. Dat zou betekenen dat het nieuwe virus zich reeds gedurende lange tijd onder de radar heeft verspreid.

Vermits niet uit te sluiten is dat binnen x aantal jaar nog eens hetzelfde gebeurt met een ander virus,

op welke manier kunnen wij ons hierop beter voorbereiden? Hoe kunnen wij dergelijke zaken sneller detecteren?

Een tweede aspect is de ramp die is gebeurd in onze woon-zorgcentra in België alsook in een aantal andere landen in Europa. Dat roept veel vragen op over de kwaliteit van de zorg. Dat roept ook vragen op over enerzijds de manier waarop we het evenwicht zoeken tussen het beschermen van bewoners tegen een virus en anderzijds het waarborgen van het recht van die mensen om hun verwanten, hun kinderen en kleinkinderen te zien en het recht om zich te verplaatsen in de plaats van weg te kwijnen in een kamer alleen.

Hebt u er een idee van op welke manier we een dergelijk evenwicht zouden kunnen vinden? Waar zou dat moeten liggen?

U hebt ook gesproken over de Wereldgezondheidsorganisatie maar u hebt het niet gehad over ECDC, de Europese organisatie. Hebt u daar een even uitgesproken mening over als over de Wereldgezondheidsorganisatie?

Ziektepreventie en contacttracing zijn door de meeste Europese landen opgezet als een eerste buffer tegen de ziekte. Het zijn die zaken waarop de meeste landen prioritair hebben ingezet, maar elk land is dat op zichzelf blijven doen en dat is vandaag nog steeds zo. Zijn er geen middelen om tot een betere, globale Europese aanpak te komen?

Ik dank u alvast voor de antwoorden en voor uw tijd die u hieraan besteedt.

De **voorzitter**: Mevrouw Fonck en mevrouw Rohonyi zijn niet aanwezig. Ik zal het woord nemen namens de Open Vld-fractie.

Robby De Caluwé (Open Vld): Ik wil u uiteraard bedanken namens onze fractie voor uw heel interessante toelichting, mijnheer Horton. Het is verfrissend, want ik heb u vooral heel veel vooruit zien kijken. Dat is toch ook wel iets dat we in deze crisis naar mijn gevoel soms veel te weinig zien. Heel veel vragen werden al door collega's gesteld.

Heel interessant in uw uiteenzetting waren de langetermijngevolgen van de coronacrisis. We zien ook in België in de discussies over investeringen in de gezondheidszorg dat er een veel groter draagvlak is in dit Parlement en in andere parlementen in ons land om daarin meer te investeren. Dat is ooit anders geweest. Het probleem blijft wel dat er te weinig verpleegkundig personeel afstudeert, daar zullen we nog werk aan hebben.

Ik vind het heel mooi om te zien dat er een economische transformatie bezig is die in een stroomversnelling komt, bijvoorbeeld op het vlak van digitalisering. De wijze waarop wij deze commissievergadering houden op dit moment, via digitale vergadering, was een jaar geleden wellicht niet mogelijk geweest. Vandaag kan dat wel. Die evolutie zien we ook in andere landen, waar er ook een transformatie gebeurt op het vlak van digitalisering en dergelijke. Ook op andere beleidsdomeinen groeit er een groter draagvlak om bepaalde dingen harder of sneller aan te pakken. Vooral, zijn er dan ook regionale verschillen? Alvast bedankt voor uw antwoorden.

Ik geef u heel graag het woord terug om te proberen op de vele bijkomende vragen toch nog te antwoorden.

Richard Horton: Thank you very much. That's a lot of questions. Let me go through them as you set them out in the document you sent me, for which I would like to thank you. That was very helpful.
Let us begin with the global situation. We have seen warnings about zoonotic pandemics over the last forty years. They have been increasing in frequency. Although that has been known in the scientific infections disease communities, that message has not diffused out into the political or policy making communities sufficiently.
I think we discussed this when I last met with you, from a European perspective we looked at the threat of a pandemic through the lens of influenza. We didn't look at the pandemic through the lens of a zoonosis. I think that we in Europe really need to think very hard about zoonotic diseases. This may not be relevant within our own borders. But from a global perspective, they are extremely relevant.
So, it's the zoonotic disease that is the problem. Of course, certainly in my country, we did have pandemic preparedness planning for influenza. The conclusions of those planning scenarios were that we were not prepared. We didn't do enough to respond to those scenarios, and because we were only thinking about influenza, we were woefully unprepared for SARS-COVID-2. Compare this with our Asian friends; they only really think about the threat of zoonotic disease like SARS in 2002. They have embraced much more than we have the importance of wearing masks and hand and respiratory hygiene. The very difficult, what ended up as being political, debates about mask wearing or no mask wearing, are debates that we just don't see in China or Japan or South-Korea.
They have become normalized in society.

One of your questions was: to what extent, do you believe, is there a breaking point where politicians no longer dare to cut down health care? Yes, the

public health system is a first point of defence. But I think we need to rethink what we mean by a health system. This is an issue of national security. This isn't an issue of a health threat. This is a national security threat. I say that because we've seen our economies crash. This is a direct jeopardy to our civilisation, as we understand it. So by any standard, this is a security issue.

So I think we need to reframe health as a dimension of security and approach health through that security lens. Now, not everybody likes that formulation. They say that if we start to approach health through the lens of security, we're in danger of undermining human rights and liberties that we fought for for many centuries.

What is manifestly obvious is that it is about the failures in global health security. They have led to this virus overrunning the world. The solution to global health security is to be able to guarantee citizens individual health security. Individual health security can only be guaranteed by having a robust and resilient universal health care system and public health system.

So this should not be about health competing with education, housing, or transportation budgets in the way that our parliaments often do. We need to adopt a different view of health, especially since we are in the context of a rising rate of zoonotic diseases. This is not a stable situation, it is unstable.

So, let's reformulate our frame for health. Now, in theory we have the international health regulations, which, in their revised form of 2005, should guarantee global health security. But, the international health regulations are extremely weak. There is no enforcement, there is no accountability of countries; there is no mechanism whereby countries can be effectively monitored and held accountable for acting or not acting on international health regulations.

So, I think that the members of the European Union could reflect upon the question of how we could create a mechanism to monitor compliance with the international health regulations. The difficulty from the European Union's perspective is that health is not a core function of the EU. It's derogated back to the member states. One issue for the European Union is to reflect a little bit on its positioning of health across member states. Because, clearly, abandoning health to individual countries did not serve Europe well. I will say something more about that a bit later.

You've asked about the global handling of the pandemic. I think I've talked about some of the lessons. I'd be happy to talk some more about lessons we've learned from the handling of the first wave. I think there are five lessons that I would particularly draw attention to.

First, we need to have better systems for monitoring the spread of infection. We were very slow to get testing systems up. Different countries have different reasons for this. Germany did well because they have almost two hundred laboratories distributed across the country. So, they were able to set up a very effective test and trace system. Testing and tracing are important, but not effective if you don't follow it through to self-isolation. Many countries, and mine certainly, scaled up testing massively, but because of a catastrophic loss of public trust, very few people are self-isolating when they get a positive test.

Part of that knowledge and of that surveillance function is getting a real time R-value and making sure that we minimise the timelike for the R-value. Again, that took some time to get going, because the testing systems were not in place.

One of the lessons is that building up public health laboratory capacity across your country, like mine, is really important, so that we can have a much faster response to any new threat.

The second lesson learned is about community engagement. We must make sure that this is not just a top-down government messaging system, but we are messaging within communities. Communities are mobilised. Community organizations are mobilised. Businesses, faith organizations, and so on, they are all mobilised. This is a whole of society response.

The third lesson is about the public health capacity.

The fourth lesson is the health system capacity; having enough bed capacity. That is another advantage that Germany had. In fact, before the pandemic, Germany was criticized for having too much health capacity, too many hospital beds. The German health system has been criticized for being inefficient. Well, there's another way of looking at inefficiency. Inefficiency is also resilience.

I do not want to get into a debate about political philosophy here, but for forty years, we've been following a model of political economy that has really put an emphasis on the market and efficiency. In good times, the market can be a very effective way of allocating scarce resources. But the problem with it is that it does not build resilience into the system. So, when there is a shock like a pandemic, then the system is just not set up to be able to absorb that shock. It is not resilient. Germany's system was resilient. That is one reason why they performed better than other countries.

So I do think that we have to rethink some of our assumptions about our political economy.

The final lesson from the first wave is about border control. The World Health Organization has a particular view about travel advisories and borders.

They don't like border controls. I can understand why, because it stops the flow of aid. That could actually have negative consequences. But there is no question that countries that reacted quickly to border controls, were able to get a better hold on the outbreak at the early stages. Taiwan did that, New Zealand did that. I'm afraid some of our countries didn't do that so well. So we were constantly reseeding the infection.
Those are some of the lessons.
Coming to China and the initial cases, the question that was put to me was: what was there referred to as pneumonia? Was that information reported promptly enough?
Let me underline that we published five papers in that last week of January. The first paper was about forty patients, the second about ninety. They very clearly described the illness. Anybody reading those papers, would have been frightened by the severity of the disease that was being described. So, why didn't your scientific advisers read those papers, and come to you as politicians and raise a red flag?
This is really what I don't understand. As we do, you have some excellent virologists. You have excellent respiratory care specialists. You have excellent epidemiologists, and infectious disease specialists. If they read those papers in the last week of January 2020, why were they not more worried about what was the threat?
Gabriel Leung from the university of Hong Kong, on January 31st, the day after the public health emergency was declared, published a paper in *The Lancet* explicitly talking about a global pandemic.
In those early papers, there were clear warnings in the discussions sections of those papers, talking about the need to mobilise personal protective equipment. There was absolutely no excuse for your country or mine not to be mobilising PPE in the first weeks of February. Since testing was also identified as critical, there was absolutely no excuse for our countries not mobilising laboratory capacity for testing. We know what the SARS-COVID-2 genome was by the middle of January. This information was there. Your experts could have read it, as ours could.
So, why wasn't the connection between your scientists and your politicians working, so that your government had the information at their fingertips to be able to have moved faster? I'm sorry to say, but the question is wrong. It was not initially referred to as a pneumonia. Read those papers. It was not a pneumonia. This was multi-organ failure. It started off with a pneumonia, and quickly went on to cardiac involvement, liver involvement, renal failure, thromboembolic disease. These patients were super sick, which is why they ended up on intensive care. This was not a pneumonia, and it was very clear if you read those papers. Plus, may I say, your country, like mine, has an embassy in Beijing. Why wasn't your government mobilising your embassy? When the public health emergency was declared, you would think that your political leaders would pick up the phone to your embassy in Beijing and say: "What the hell is going on?" Even before that. The IHO emergency committee had met twice before the public health emergency was declared, i.e. by the middle of January. Why weren't you asking your embassy in Beijing to get intelligence on what was taking place in Wuhan? Why wasn't my government asking the same question?
Seriously, there were so many failures in this early phase. This is an example of state failure on an epic scale, for you and for me. This isn't hindsight. Because, in black and white, those papers described exactly what the scale of the challenge was, and exactly what has evolved over the last ten or eleven months.
You asked a question about the World Health Organisation. Was it sufficient and appropriate? I've already answered that in my opening statement.

According to my previous statements I've said that the virus was probably already active since the summer of 2019, but we only heard the first warnings in December. Could the alarm have been raised earlier? I think we need to be careful about this. There is a lot we don't know. There is an independent panel, lead by Helen Clarke and others, that was established by the WHO and that needs to find out the exact details of the timeline.
The truth is that we do not fully know exactly how many people, before 1st December, which is when the index patient was documented in Wuhan as having this unusual multi-system disease, might have had COVID-19.

We don't know how much the virus was circulating before that time. It is very difficult to do anti-body testing on old samples to be a hundred percent sure, because there is a lot of cross-reactivity. There are four other corona viruses, not talking about SARS-CoV-1 or MERS, that make up roughly 20 % of the common colds. Those corona viruses may well cross-react. In one study published recently, there was up to 35 % cross-reactivity. You might well have evidence of prior infection, but it might not be prior infection from SARS-CoV-2. It might be prior infection from other corona viruses.

So, these questions are very important, but we cannot fully answer them yet. You have asked me questions about the difference between pandemic and syndemic. I've answered those. I've explained why a biomedical approach to COVID-19 will be insufficient. We have to take into account the inequalities and the chronic health of our

population.

I think I have set out already what are the best practices for combating COVID-19, exiting lockdown and the lessons learned.

Was there a tendency to play down the epidemiological situation? Were western countries arrogant in believing their health services could manage? Well, we are in the realm of speculation there. I don't know. I think we can hypothesise. I've already said that we saw the threat of a pandemic through the lens of influenza. I think that in our European countries we do have strong and effective health systems. There might well have been a prejudice that China did not have such a strong and effective health system and that it would be easily overwhelmed. We wouldn't be as overwhelmed as they seemed to be.

But, I've been visiting China for the past decade and anybody who's visited a modern Chinese hospital knows that many of their hospitals are technologically far more advanced than our hospitals. I can only speak for my country. So, I think a little bit of European humility might be in order here. So, I think there are hypotheses we can have, but they remain in the realm of speculation.

Is it fair to make a comparison between a prepared country like China and western countries? Well, the question is, compared to a prepared country like China, why weren't we prepared? Why weren't we thinking? We knew about SARS in 2002. We'd known about Ebola. We'd known about MERS. These are all zoonoses. Again, you've got some fantastic scientific experts. Were they thinking about zoonotic diseases? What were they advising governments about zoonotic diseases? In my little world of medicine and public health, we've been talking about zoonotic diseases for twenty years. The danger in zoonotic diseases is that the next pandemic is likely to come from a zoonotic disease. So, something broke down in the communication between my world and your world. Our worlds are supposed to connect through some science policy-making regime. We have our scientific advisors group on emergencies, SAGE, and a whole host of other committees. But something broke down there. I know it sounds extreme, but that is why I have called it the biggest science policy failure in a generation, because there was nothing new in this. We knew that this was going to happen at some point. But somehow we didn't convey that to you, policy-makers and politicians. At least we didn't do it effectively.

Do I think we will learn from this? Oh yes. We will definitely learn from this.

The question about the ECDC is an interesting one. I've already talked about the WHO, so I will not say anything more about that. But ECDC is interesting. I say this respectfully, because I want the ECDC to be successful, but I think that COVID-19 has revealed the limitations of the ECDC. It's not a truly independent organization that can be an authority to a source of advice. It will give options. But, since it does not have a powerful role, it can be sidelined or even ignored. It has no mandate to lead on coordination across European countries. So it is kind of out there, but it has got a limited budget, a restricted mandate, not a huge number of staff to mobilise when there is a public health crisis. So I think that ECDC is in an existential moment right now. European countries are going to have to decide what they want to do with it. Because, currently, the ECDC is invisible. It is sad to say that COVID-19 revealed that.

Let me move on to the next section: Europe and country specific measures. You've asked me about the Belgian response. That is a very difficult thing. I'm British and you're asking me to make a comment about Belgium. I'm not sure that I should do that, to be honest. You are inevitably better positioned. I can only make some observations as an outsider who has shown an interest in your country's response, and I do this with humility.

You, like us, were too slow to respond. You, like us, had a problem with care homes. You, like us, have had a trust deficit. We had an election in December 2018, and a new government, which was elected with one mandate, to get Brexit done. The day after the public health emergency of international concern was declared, Prime Minister Boris Johnson gave a speech talking about the fact that he succeeded in delivering his mandate and that he got Brexit done.

Ignoring the fact that there was this wave of pandemic about to hit Britain. So, we had a political context. You got your own political context. I think that political context is important to understand why there might have been a difficulty to focus on the public health threat. Trying to figure out how your government was going to come together and form new leadership, was a very tough challenge. In some ways, it is not surprising that it was hard to focus on the threat of coronavirus. But it does mean that the way your political system works needs some reflection. Your current number of deaths is over 14,000. Yes, it's a harsh thing to say, and I don't mean this personally, but it is a system failure. The system failed. Your system failed. Our system failed. Most of those 14,000 deaths, I would argue, were preventable. Because, if you got your PPE and your testing in place, you built a resilient health system, you'd acted more decisively to keep the prevalence of the virus low. Then, many thousands of those people would not have died.

It's the same in my country. It's all of our faults. It's my failure too. If I was so wise about zoonoses, why wasn't I writing articles about it over the last five years? We did publish, but I didn't go on the streets and knock on the door of the Prime Minister to say

that he could do something. So, we are all complacent.

You had a political context. Certainly over the course of the last ten months, the way the country has responded has eroded trust. This has made it very difficult for messages coming from the government to be taken seriously. There's been very poor coordination between regions in your federal structures, I understand.

The way your country is organised, between Flanders, Wallonia and Brussels, how do you coordinate that? How do you harmonise decision making across it? This is where there seems to have been a failure. This is not just politics. People died as a result of that.

That's something to reflect upon.

So I don't think I should probably say anymore about Belgium, as these are just observations and I'm not well qualified to make them.
Which country did best in Europe? I think it's a little bit premature to say, because we are all going through the second wave. As I said to you in my statement, we're not actually going to a position of stability until the end of the summer of next year. So, we go through are second wave, let's say we suppress it again. Then I've given you four or five priority actions we need to take to avoid another lockdown. Well, I hope that those are not needed. But it's quite possible that in January or February, we might have a third wave. Germany is going through a difficult time at the moment as well.
So, which of the European countries did best? I think the jury's out, because this is still going. I think Germany did do well. Although we're not fully clear about why, we can identify some issues. Chancellor Angela Merkel is a scientist and she understood faster than some of her peers the threat that was coming. She enjoys a higher degree of trust, I believe, than some of our political leaders. They did act a little earlier. It doesn't seem like much. They went into lockdown on 13th March. We were 23rd March. You went into lockdown on 18th March.
Ten days doesn't seem like much, but the epidemic at that point was doubling every two to three days. So, ten days could have been five doubling times. So, that was actually a huge delay.
When I said the federal structure worked better for them, what I mean by that is that they have a much better distribution and laboratory capacity. They have over 200 laboratories across the State.
You remember what I said about local governance. They were able to use the local governance mechanism. They have the local political leadership to tailor their responses much more precisely to their particular local situations.
They also have the Robert Koch Institute, separate from governance, that is giving advice to the government. It's a highly respected public health institute. There is no question that it performed spectacularly well.
I don't know enough about Belgium, but unfortunately, in my country, Public Health England is a body that it's not a part of the government but connected to the government. It didn't perform well. That had partly to do with leadership and partly with being overcentralized whereas the Robert Koch Institute had better leadership and was able to mobilize laboratory capacity across the country for testing. They did do testing to separate.
There was also a question about the demographic statistics of the infections. In the first wave, that was different: maybe more young people were infected, who were not so much at risk.
So far anyway, Germany has performed very well.
Am I answering the questions the way you want me to? I'm just working through the list you sent me and trying to respond. If you fail your questions, just jump in and tell me, give me a course correction.

De **voorzitter**: Mister Horton, in my opinion you are answering the questions very well. You can continue.

Richard Horton: That is very kind of you.
Have there been comparative studies concerning testing and tracing in European countries? No. As far as I am aware there have not been comparative studies yet.
Have you heard of countries that just rely on herd immunity? I prefer the term 'community immunity', just because 'herd' sounds rather agricultural. The big case here is Sweden.
Again, it's very premature to make a final judgement. If you look at the mortality rate in Sweden, it is actually pretty close to the UK's. Your mortality rate is 125 per 100,000. You are now topping that rather horrible lead table. Last time I checked, we were about 70. I think Sweden was a little bit less than that.
Actually, the Swedish approach has not been successful. Germany is way below that. When people talk about Sweden, they say: "People in Sweden were able to keep their liberties, keep bars, restaurants and shops open. Haven't they done well? Why can't we pursue that?" Well, they haven't done any better than we have done. You could say that at least they've kept their economy open. There are differences in the Swedish situation that make these comparisons difficult. There's a higher proportion of people who live alone, in single accommodation. The population density is different. I think we have to be careful about drawing conclusions too quickly. Sweden is not Nirvana by any means. Those who hold Sweden up as an example of an alternative

strategy and bring up the Great Barrington Declaration point again, I think that is a mistake.

I don't want to say what went wrong in Belgium but I think there are some aspects. You mobilised communication at times.

Here's an example of breakdown in trust. We had Dominic Cummings going to Durham. Until then, we were all in it together. The moment he went to Durham, we were no longer in it together. It was one rule for one, one rule for another. I wonder whether 1st June was a turning point for you, when Prince Joachim went for a party in Spain. That was the moment when people thought that there is one rule for one, one rule for another. In March, King Philip addressed the nation. I don't know whether that was well received in Belgium. Having public leaders speak to the people is important. I'm not only talking about politicians, but well-respected public figures who command trust. I saw that he spoke to the nation on 16th March. I remember thinking what would happen if the Queen spoke to our country. She did, at one point, trying to really mobilise that sense of national spirit, which we desperately need and currently don't have.

I've talked about Germany. There is a lot about Belgium, here. I can't quite understand why you want my views on this. You will call me an arrogant British exceptionalist if I start pronouncing about your country, and I don't want to be that person.

Let me talk a little bit about research, journals and publications, hydroxychloroquine, open access, etc. I'll start with open access, cooperation between journals. We did that before, with the Ebola outbreak in 2014. Then we came together and said we would make all of our publications open access. We would encourage authors to post their work as pre-prints. Normally we prefer for them to slip their paper to us and keep it confidential until it is eventually published. However, in the case of Ebola and COVID-19, we asked them to get their findings out onto a pre-print server as quickly as possible, so that the world and the scientific community has access to that information. After that, we will put it through peer review. So it is not the first time, and I think it's going to be a standard response now, when there's an international health emergency, journals do work together to make sure information is freely available. We've had a coronavirus resource hub since early February and we've published several thousands of pieces on COVID-19. Last time I looked, we had roughly 57 million full text downloads from that site.

So, as a source of information, it's been massively used. It wouldn't have been, if it had been behind a pay wall. Open access has been a very important contributor to disseminating information, not just to the professional community, but also to the public. I think that is one of the interesting things that we've found. Normally we're a rather dry, arid medical journal that is read only by scientists and doctors. But suddenly we found that members of the public, particularly in social media, were reading us and criticising us. That was an unusual place for us to be.

There are disadvantages to putting that volume of information out there so quickly. We saw that on some pre-print servers, papers were being published which had to be withdrawn. There were several papers alleging some sort of bio-weapon facility in Wuhan, claiming that the genome of SARS-CoV-2 had been genetically manipulated. That came out as a pre-print and was reasonably widely reported and certainly fed the conspiracy theories about what took place in Wuhan. That pre-print was eventually taken down.

On balance, I think that the pre-print idea has worked. I do worry about pharmaceutical companies putting out press releases saying that their vaccine is 95 % effective, and you've picked up on this.

We've learned one lesson about understanding misinformation. One of the chief arguments of the anti-vaccination movement is that vaccines are just a big plot by big pharma to exploit a situation and make a vast amount of revenue, and that COVID-19 isn't anywhere near as serious as it is claimed to be.

When you have Pfizer putting out a press release, or Moderna or whoever it is, the public sees that. The anti-vaccination movement sees that, and uses it as an instrument to undermine confidence in vaccine science. There's a delicate balance here. I can understand the urgency, so, if you're going to have to announce results early, I think it should be the scientists who make that announcement, not a pharmaceutical company.

They're saying that the chief executive of Pfizer coming out with a statement like this is a great moment for science and humanity. Well, it might be. But it is also a great moment for his bonus and his PNL. The public isn't stupid. It would be better if the principal investigator of the trial had given that press release and make that statement, rather than the CEO, if the main goal is to build public confidence, which it should be.

When will the period of open access publication end? All these papers we published on COVID-19 will remain free forever.

How will that impact your funding? That question is above my pay grade. So, I'll avoid that.

Let us deal with hydroxychloroquine. This was an outright example of scientific misconduct. As far as we can tell, the Surgisphere database doesn't exist. Two papers, one published in the *New England Journal of Medicine*, the other in *The Lancet*, in the middle of a pandemic, both used the Surgisphere database.

One of you made, forgive me, some incorrect statements about T*he Lancet*, suggesting that we

do not peer-review papers. We do peer-review papers. We've done so for decades. All the time I've been there, we've peer-reviewed papers. Every single research paper we publish is peer-reviewed by a minimum of three expert reviewers and a statistician, and usually re-reviewed. We take peer-review very seriously.

We peer-review with experts and then every single paper is edited by a team of technical editors at the Lancet's offices. Those technical editors literally re-write every single sentence in the paper to make it more accurate, to check the meaning, to make sure the understanding is correct. They check the details of the data as they are in the paper.

There is one point to understand about peer-review. It is not about us sending a team of experts into the laboratory of the researcher or in this case into the Surgisphere database asking to see the real data. We don't do that. That is not peer-review. Maybe this is a misunderstanding about what peer-review is.

Let's say there's a clinical trial. Peer-review is simply about reading the document that summarises the results of that clinical trial. Then, that document is interrogated, questions are asked and the authors respond. Then we see whether we're satisfied with their responses. We do not go and check the raw data of the clinical trial, or in this case, the Surgisphere database.

What was extraordinary in this particular case, was that the author, the CEO of Surgisphere, hadn't even shown the data to the other authors on the paper. So the other authors on the paper, and particularly the first one, Mandeep Mehra from the Brigham, had not seen the raw data himself. That was a major failure in the research team.
The failure for us was that we didn't ask about that. In the future we need to make sure that more than one person who's an author, can verify the data. We've changed our rules on this. In this case, the only person who claimed that the data were true and accurate was the person who, as it seems, fabricated the data. The other authors hadn't checked.
We now require that more than one author has verified the data. They actually have to sign a document saying that they have verified the data. Now we are making this a much bigger deal.
I actually regret that we have to do this, but in the peer-review process, we now ask our peer-reviewers the direct question: is there any reason to be concerned about the integrity of this study?
We're forcing our reviewers now to think whether they should be suspicious. The entire system of research publication depends upon trust. I have to trust you as an author. You have to trust me as an editor. I am not looking at your raw data. I am not walking around your institution. I trust you to tell me the truth. Most of the time that system works well. But you can see that it is open to abuse. Science and medicine are not different from any other sector of society, why should they be? There are bad people in society who commit crimes. Well, there are bad people in science and medicine who commit crimes. In this particular case, unfortunately, that is what happened, in the middle of a pandemic.
I would submit to you that when something goes wrong, the test of the system is whether it can correct that error quickly. Both the *New England Journal of Medicine* and *The Lancet* retracted that paper, a matter of weeks after it was published, when it became clear that, after we instituted an inquiry when questions were raised, the person responsible for the Surgisphere database would not allow an independent investigation of it, we pulled the plug on the paper.
I would say that this is an example of a system working well. An error has taken place, the system self-corrects.
One of you asked a question whether the journals work together on best practices. Yes, we do. There's something called the international committee of medical journal editors. That international committee has approximately ten members, including the editors of *New England Journal of Medicine*, *The Lancet*, the *Journal of the American Medical Association*, *BMJ*, *Annals of Internal Medicine*, a German medical journal, a representative from India, the *National Library of Medicine of the United States*, etc. We've got a pretty strong group. We meet once a year for a couple of days to review journal policies and try and learn lessons from particular episodes we've been through.
From this particular hydroxychloroquine episode, I am sure that we will try to learn lessons. So, we do work together.
Let me move on to aerosols and facemasks. You mentioned a real saga about facemasks in Belgium, which became the symbol of failure in the first months. It's the same for us. I think there's been a misunderstanding about facemasks. This is why it is so difficult in the middle of a pandemic. In the early stages of our understanding of the pandemic, we thought that the risk of transmission was through droplets from the nose and mouth that, with gravity, would fall onto surfaces. So, if we touched those surfaces and touched our faces, that would be how we got infected.
But it became clear, as the year has gone on, that if you sample air in certain environments, you can discover SARS-CoV-2 literally hanging in the air in micro droplets. This is work that was done in Wuhan. These droplets are super tiny, less than one micrometer in some cases, between 1 and 5

micrometers in other cases. They don't fall to the ground. Gravity has no effect on them. They are literally just hanging in the air. If you are in a crowded space and somebody is infected, if this person breathes out, these droplets are not going to fall. There was a paper published in June 2020 in Science magazine or Nature, that described that hospital in Wuhan where they had measured SARS-CoV-2 in these tiny particles.

In February and March 2020 we didn't think masks were important, because we didn't think aerosol transmission was important. We didn't know. We didn't have any evidence. We could not definitively say that wearing a mask would be beneficial. By June, we were pretty sure that aerosol transmission was real and that we needed to be recommending mask wearing.

From a messaging point of view, you can see that this is very difficult. We had our prime minister giving daily press conferences during lockdown, and there was not a message about masking. As the year went on, there was. So the public regards this as a U-turn. That is not fair, actually. I have many reasons to be critical of my government, but it is actually not fair to say that that was a U-turn. It's a change in knowledge. We didn't know at the time that SARS-CoV-2 was transmitted through an aerosol.

Similarly, asymptomatic infection. In January we asked the question about what proportion of cases were asymptomatic. But we didn't know the answer to that. In the early stages in March, we were very concerned that maybe children were potential super spreaders.

We didn't appreciate then that actually many very young children were completely asymptomatic and were not a major source of spreading the infection. This also played in testing. In the early stages, our governments were recommending testing people who were symptomatic and not asymptomatic, because we didn't appreciate that asymptomatic transmission was actually important. We do appreciate that now, but it took time to build up that evidence.

This is the reality of managing a pandemic. In your questions to me you talked about the confusion it caused to policy-makers, and I absolutely accept that it was confusing. My plea back to you would be to say that this was science in real time. We were learning as we were doing. There were contradictory opinions, but there were good reasons for those contradictory opinions. So these questions about the knowledge about the mode of infection and how it evolves are linked.

What about the knowledge of treatment of COVID-19 and how it evolved? The latest calculations from the Institute for Health Metrics and Evaluation of the University of Washington in Seattle estimate that the mortality of those with COVID-19 is about 30 % less today than it was back in March-April. The reason for that is that we are better at treating people who are sick from COVID-19. That is not because we have a magic bullet and a drug. We don't, at the moment. But collectively we've improved our knowledge about what we do, in particular, when patients are admitted to ICU. For example, prone positioning. We've understood the importance of prone positioning and are now better at doing it. In the early stages of the pandemic, we were very aggressive on intensive care in ways that might not have been helpful.

Now we are treating patients with COVID-19 much more typically as if they had an acute respiratory distress syndrome with multi-organ involvement, but as a more standard type of disease. So we're not really treating it as something different from other ARDS (acute respiratory distress syndrome) conditions.

So, the issue about cortisone or dexamethasone was the recovery trial in the United Kingdom.

In the early stages of the pandemic, we published several pieces arguing for and against the use of steroids. People were very vehement, and felt strongly about the view that we should or we shouldn't. But the recovery trial has shown that dexamethasone reduces mortality for those on a ventilated … and is a very powerful treatment. That has made a very big difference.

The difficulty with treatments is the virus. I will not go into the molecular biology of SARS-CoV-2, but I do want to underline that this is a very clever virus, if you can have a clever virus.

The usual anti-viral drugs work by interfering with the replication of the virus in the human cell. The drug will go in and imitate a molecule in the RNA of the virus. It will imitate it and block it.

Coronaviruses are super clever, because they have a proof-reader. Coronaviruses have a proof-reading function. They have a complex that literally jumps along the replication of the RNA, and when it spots something that should not be there, it pulls it out. This is unique. That is why coronaviruses are so frightening, and why it is difficult to design drugs to target them.

That said, there is a lot of research going on to try and find new targets. We're not going to have anything quickly. It is quite possible that within a few years, we will. Hopefully the vaccine will be widely deployed by then.

You asked about facemasks in China. We knew all about that from SARS in 2002.

Let's go on to talk about herd immunity.

Could you confirm or deny that the number of reinfected patients is low?

I can neither confirm nor deny that the number of newly re-infected patients is low. That question is a different question. What you are really asking me is whether this virus will become endemic in our society, like the flu. I cannot answer that with a hundred percent confidence. I think it's likely that

the virus will become endemic in our society, but it will depend upon a number of factors. It will depend upon our immunity to this virus. If you get infected, how long will you be immune? If you will be immune a matter of months, then the virus will come back again and again. If the immunity lasts years, then it can't and thus will not become endemic.
So, it is really important to know how long we are immune. We are eleven months into this pandemic, so nobody can answer this question. But it is a crucial question.
It's worrying that there has been a small portion of re-infections reported. Somebody in Nevada, in the United States, was infected on 18th April and infected again with a different strain of coronavirus in June. That person did not have immunity for very long. That is a bit frightening. The honest answer is that we do not know it to population level. It depends upon seasonality. Is it a seasonal virus? Will it come back every winter, like flu does? Well, we need to go through a couple of winters to find out. Will we have good interventions? We're going to have a vaccine, so I think we will. What will the interactions be with other viruses, like influenza?
If you have an influenza epidemic at the same time as a coronavirus epidemic, would that be a good thing or a bad thing? It could be a catastrophe. But it could also be positive. If I get influenza and that boosts my immune system, so my immune system is primed, and then coronavirus comes along, then maybe I'm ready for it, as I've been prepared for it. My immune system is activated to attack coronavirus.
These four areas, immunity, seasonality, interventions and interactions with other viruses, are all going to determine whether SARS-CoV-2 becomes endemic or not. At the moment, it is too soon to be a hundred percent certain.

Do you believe that herd immunity can offer a solution until there is a vaccine? No, I do not, because we already know from testing surveys that despite the virus infecting our communities, we've still got less than 10 % of people who have got immunity, in most countries, from most data I have seen.
Until we get up to 50, 60 and 70 % immunity, we are not going to have herd immunity. So, we're a long way off. Herd immunity is not a way to protect our populations.

Do you send information directly to governments? We don't. But we think that researchers and those who submit work to us do.
Let's move to the language of policy makers.
Do you think it is justifiable to use language to dramatically change the behaviour of people? Do you think there are other ways? Which country has had the best … on communication?
As I said in my opening remarks, it is very important to take communication seriously and to have a communicator in chief. Take Scotland, for example. The prime minister of Scotland, Nicola Sturgeon, has fronted a daily press conference for the entirety of the pandemic.
She's owned it. She's led it. She's been accountable for it. She stood in front of the people to communicate to them. It hasn't all gone right, but she has been up there, speaking to the public as communicator in chief. That has worked very well.
During the first lockdown in England, we had a different minister every night, reading his/her lines to the public, and there was no clarity whatsoever, no consistency at all.
Jacinda Ardern, the prime minister of New Zealand, was an absolutely brilliant communicator. She both formally and informally was able to maintain public trust by showing short videos of her in her daily life under lockdown and what she was doing. She was showing that she was an ordinary citizen, just as other New Zealanders. She's the prime minister, so not entirely an ordinary citizen, but she was showing solidarity with her people.
There have been some very good examples. As I said in my opening comments, it's about honesty, authenticity, humility and compassion. These are the qualities that need to be shown, along with real consistency. The science will change, so the messages might change. By consistency I mean, it's the same person who is up there giving the messages. That's how they build public trust.
I don't know about this, but you say to me that there has been a lot of criticism about communication. What's your opinion about Belgium's communication? Forgive me, but I am not qualified to answer that question. I've tried to give you some broad outlines.
Should there be better international harmonisation? A hundred percent. I voted against Brexit. I think of myself as a European citizen.
I want Europe to work. But Europe didn't show the best of itself during this pandemic, I think. Just like the WHO didn't coordinate countries at a global level, I didn’t see the European Union coordinate countries at a European level. Partly, that is because health is devolved to member states, so Europe does not have the authority to act on health. I understand that. But this is an emergency, and I wonder whether more could have been done to coordinate across the European Union.
There is very interesting evidence, actually, on coordinated action across the European Union, i.e. countries literally working together to synchronize their lockdowns. So, if Belgium goes into lockdown, they go into lockdown at the same time as France, Germany, Italy, … We do it together. We set the same thresholds for an exit strategy. We have the same length of time. We literally coordinate everything. One strategy for going into lockdown for European countries.

There have been computer simulations run on that. There was a paper, published in Science in July 2020. If we had a coordinated European response to a surge of infection, that would have had a much bigger impact in diminishing community transmission than any country acting alone. They calculated that there would have been half as many lockdowns going forward, if countries worked together.

So, there's a real advantage in country cooperation. I know that politically, this is a huge challenge. Could you imagine President Macron, Chancellor Merkel and Prime Minister Sanchez all doing exactly the same thing? I know this is a political challenge, but this is an emergency.

Coordination is absolutely key.

I've talked about the infodemic and conspiracy theories, and what we should do about that. The very important thing to say about misinformation is how important distrust is. If I don't trust you, and you don’t trust me, even if one of us is telling the truth, we're not ever going to believe each other. That is why I keep emphasizing the importance of trust. Without trust, there will be permanent political polarisation. So, we have to find ways of building trust.

It's difficult for two reasons. We all have a conformity bias. In other words, we all tend to conform to our own groups. Let's say I'm a member of the Labour party in the UK, the natural cognitive bias is to conform to the views of the Labour party. It would be quite hard for me to stand up to the views of the Labour party, because I want to conform. There's a tendency in all human beings to want to conform to the dominant view.

So, if my little network is an anti-vaccination network, it's quite hard for me to say that I actually do believe a vaccine is safe and that we should be having it. But it is quite hard for me to do that.

The second reason why misinformation is difficult to deal with is because we do have propagandists in our society. There's a fantastic book, published last year, called "The misinformation age" by Cailin O'Connor and James Weatherall, which sets out all these issues of trust, conformity bias and propagandists, and comes to a rather depressing conclusion. Perhaps you and I might have thought that the market place of ideas works. Just put it out there. We will have a massive debate, and eventually truth will come out. Well, that is wrong. That is a mistake.

Truth does not come out. Truth never comes out in the way our media is constructed.

Because of our inherent characteristics of conformity bias and the propagandists around us. So, unless our governments intervene to defeat misinformation, you and I are going to lose the battle. (…) Misinformation will win, unless we intervene. The market place of ideas doesn't work. So, there is a big responsibility on you and on me to be advocates for vaccine science, to be advocates for vaccine safety and to make sure that corners aren't cut in getting a safe and effective vaccine.

The citizens have the right to transparency and the right to know the statistics. They do, but we have to be careful about how we communicate with the public. About two weeks ago, just before we went into lockdown again, we had our chief scientific adviser and chief medical officer standing next to Prime Minister Boris Johnson. They were giving a tour about the data. It was so funny. I know them very well. I know Patrick Vallance, who is our chief scientific adviser. He gave a PowerPoint presentation in a national broadcast, of about thirteen slides. It was just like a lecture one would give to medical students. At the end of every slide he would say "next slide, please". The slides showed complicated pictures with graphs and tables, one couldn't read the writing. It was great stuff, if you knew what he was talking about, but any member of the public would ask themselves the question: who is he talking to? Who is his audience?

The way they communicated was completely wrong. Not only that, some of the data in the slides was also wrong. This all came out in the media over the next week.

When Simon Stevens, the chief executive of the National Health Service stood next to Boris Johnson a week later, and was trying to explain the justification for the lockdown, he used one slide that a 10-year old could understand.

I'm not being patronising to the public here, but how we communicate is really important. There's a science of communication, and if we leave communication to our scientists, we've got demonstrable evidence that they don’t always do it well.

This is what I emphasized in my opening statement. We have to take communication seriously. It's not an add-on. It is absolutely foundational to what we're doing.

I'm coming to the last two pages. I am sure I've missed things, but let's see how we're doing.

If you've read my little book, you will know that one of the aspects of the first wave that was most distressing, was that I was getting direct messages on Twitter every day from health workers on the front line, who described their situation as lambs going into slaughter. It was a desperate situation actually. It was because we had not procured enough personal protective equipment for them.

Do we recognize what our health workers contributed? Not just our health workers. Also, our

teachers who kept schools open, people who were working in our food stores, people working on trains and buses, … This is why I emphasize that this pandemic has held a mirror up to our society. We've seen a different society than the one we saw before this pandemic. We've taken our key workers for granted for too long. All of us. They're often unseen, unheard, and we now need to put them at the centre of our political stage.

You are asking me questions about whether they should be getting pay rises. I'm not going to make a comment about pay rises, but I think there needs to be a redistribution of esteem and respect in our society, so that we respect our key workers more than we currently do. Of course, reward is a part of that.
I've already talked about exit strategies at quite some length, so I am not going to repeat myself. I've talked about five actions that we need to consider now as we come out of lockdown. I won't go into that again.
The R-number does need to be substantially less than one. We need to keep it less than one. I think I've addressed all the questions about track tracing, isolation and so on. So I am not going to repeat that.
You asked some additional questions which weren't on the list that you sent me. What are my expectations for the United Nations summit on 3rd and 4th December? My expectations are low, because we still have president Trump in place. He vetoed the WHO being a part of day 1. Doctor Tedros will be there on day 2. I think that, while we have president Trump in office, the US government is not going to be a constructive player in helping to coordinate or lead a global response. Like it or not, but we do need the United States to be a strong player within the multilateral community.
There's also been an agreement that there won't be a declaration coming out of the summit. So I think that this is going to be a very limited advance. But this is diplomacy. It takes time. It's good that there is a summit, but I have low expectations for what will come out of it.
I've talked about the use of a press release to release vaccine information. I've talked about ECDC.
I don't think the Chinese figures on the number of cases or the number of deaths are accurate. The reason for that is that they didn't have the testing capacity in the first phase to be sure. I think we should look at Chinese data with some scepticism as we should for several other countries i.e. Russia, Iran,…
I think we're coming to the end. I'm not sure that there are any other questions that I've missed out. So, this is probably a good place to stop. We've got fifteen minutes left, which you can use to interrogate me some more, where I haven't met your expectations. I'm sure I've missed things out. Thank you very much indeed. I really appreciate the time. Over to you.

De **voorzitter**: Thank you very much, mister Horton. I think that most questions have been answered. Let's leave that up to the members of Parliament to decide.

Mevrouw Farih had gevraagd naar eventueel schriftelijke antwoorden op de vragen. Indien alle vragen effectief zijn beantwoord, verschijnen ze in het verslag. Zodoende zullen ze dus ook schriftelijk beantwoord zijn.

Wij hebben nog een twintigtal minuten voor de laatste replieken van de leden. Ik geef dus heel graag het woord aan de fracties die nog het woord wensen te nemen. Wie wenst nog te repliceren?

Kathleen Depoorter (N-VA): Mijnheer de voorzitter, ik zal het kort houden.

Mijnheer Horton, ik dank u voor de antwoorden. Ze waren heel verhelderend, maar uiteraard ook tragisch.

State failure is iets wat wij niet graag horen, maar wat wij allen wel aanvoelen. Het is aan ons om daaraan iets te doen, teneinde volgende pandemieën op een betere manier voor te bereiden en echt met een plan voor dergelijke zaken naar voren te komen.

Het lichtpuntje was wel dat bijvoorbeeld Schotland het goed heeft gedaan. Schotland heeft een regionale regering, die heel dicht bij de burgers staat en dus ook zorg op maat kan geven. Wij moeten die weg verder uitgaan en voortwerken aan zorg op maat van onze patiënten.

Barbara Creemers (Ecolo-Groen): Mijnheer Horton, ik heb geen bijkomende vragen. Ik ben alleszins enorm dankbaar dat u drie uur aan ons hebt besteed. Ik kan me voorstellen dat als elk land van de Europese Unie dat vraagt, uw agenda goed gevuld is. Bedankt voor de helikopterblik, want dat hadden we zeker nodig op dit moment. Ik hoop dat we uw optimisme mogen delen dat er een betere wereld wacht na corona.

Hervé Rigot (PS): Avant toute chose, permettez-moi d'excuser mon collègue M. Prévot, qui était présent en début de séance mais qui a dû nous quitter pour une autre réunion. Merci pour le temps que vous nous avez consacré, c'est plus qu'un honneur que vous nous faites. Effectivement, si vous deviez vous partager entre tous les pays européens, ce serait sans aucun doute complexe.

Je vous remercie d'avoir apporté une réelle réponse à nos questions. Vos réponses montrent l'intérêt d'un regard extérieur et expert et d'une autre vision de cette terrible crise. J'espère que demain sera pour chacune et chacun d'entre nous synonyme de bouffée d'oxygène. Quoi qu'il en soit, vous nous avez aujourd'hui fait part de votre réalité et de votre analyse, qui ne sont pas toujours une bouffée d'oxygène car elles nous amènent également à nous reconsidérer et à nous remettre en question.

Tel est d'ailleurs le but de cette commission. Il faut pouvoir tirer les leçons du passé pour être meilleurs à l'avenir. Si nous appliquons plusieurs de vos remarques, réflexions et conseils pertinents, cela nous permettra d'être meilleurs et mieux préparés à cette fameuse nouvelle vague, si d'aventure nous devions y être confrontés. Vous aurez certainement contribué à ce que nous le soyons. Merci pour votre présence et votre travail. Bonne fin de journée.

Nawal Farih (CD&V): Mijnheer Horton, dank u voor uw tijd en uw toelichting. Wij zullen daarmee zeker met de commissie aan de slag kunnen gaan.

Sofie Merckx (PVDA-PTB): Monsieur le président, je remercie M. Horton pour le temps qu'il nous a accordé et pour sa vision non seulement scientifique mais aussi sociétale avec le recul nécessaire et avec un diagnostic précis sur certaines lacunes très importantes.

Karin Jiroflée (sp.a): Mijnheer Horton, ik wil u bedanken voor uw heel volledige en goede uitleg. Ik wil u vooral bedanken voor uw parler-vrai, waarmee ik het in grote mate eens ben.

Robby De Caluwé (Open Vld): Mijnheer Horton, ik wil u ook heel hartelijk bedanken voor uw wetenschappelijke inzichten. Het was heel interessant om het verhaal te horen van iemand uit het buitenland, want wij bekijken natuurlijk alles met de bril zoals wij het zelf hebben ervaren. U kunt dat wellicht op een objectievere manier doen. U hebt zich ook niet laten verleiden tot het beoordelen van wat wij wel of niet hebben gedaan. Uiteraard was ik ook een beetje geïnteresseerd om dat wel te horen, maar ik begrijp dat het voor u moeilijk is om dat te doen.

Ik dank u heel hartelijk voor de tijd die u met ons hebt doorgebracht en voor uw heel interessante insteek.

De **voorzitter**: Collega's, ik wil u allen bedanken om u aan het afgesproken tijdskader te hebben gehouden. Wij zijn erin geslaagd om vóór 17.00 uur af te ronden.

Een volgende commissievergadering met ongetwijfeld boeiende hoorzittingen vindt aanstaande vrijdag plaats. Ik kijk er alvast naar uit om jullie dan terug te zien.

Thank you very much, mister Horton.

La réunion publique de commission est levée à 16 h 49.
De openbare commissievergadering wordt gesloten om 16.49 uur.