

Solidarity, Equity and the Global COVID-19 Response

GPMB Roundtable: Background Paper

More than eighteen months into the COVID-19 pandemic, the global response has failed to deliver solidarity and equity, creating new inequities and deepening pre-existing ones. At the global level, nationalism and commercial interests have consistently trumped solidarity and coordination. The results are most visible in the glaring inequities in global distribution of vaccines and other commodities, as such as personal protective equipment (PPE) and diagnostics. Lack of global solidarity is also manifest in countries' varying compliance with commitments under the International Health Regulations (IHR). On top of this, the pandemic is exacerbating existing social and economic inequities within and across countries. In contrast, coordinated responses at the regional level have achieved greater success in promoting solidarity and equity.

Global Inequity in the COVID-19 Response

The COVID-19 response has thus far been characterized by a failure of global solidarity, with vaccine inequality as the most devastating example. The COVAX mechanism was designed to ensure at least a baseline level of equity in vaccine distribution. But even as their leaders proclaimed[#] the importance of global solidarity and declared[#] that COVID vaccines should be a global public good, high-income countries eschewed COVAX (or also went outside it), reserving over 50% of all pre-purchased doses for 14% of the world's population.¹ Countries with domestic vaccine manufacturing capacity instituted export restrictions or similar measures to ensure that their own orders were filled ahead of others. Many of the same countries have blocked or neglected efforts to share vaccine technology and scale up manufacturing capacity in the global South—even as they finance such efforts at home.

Insufficient and delayed funding, along with supply problems, have hampered COVAX's ability to deliver doses at the expected pace. Only 5 countries have pledged their fair share of contributions to the ACT Accelerator (ACT-A).² High-income countries have pledged to donate hundreds of millions of surplus doses, but these donations have been slow to materialize. For example, the EU has pledged to share at least 160 million doses by the end of 2021, but as of July, has shipped fewer than 4 million doses.³ Consequently, as of 18 August, 1 in 2 individuals in high-income countries have received at least one dose, compared to 1 in 52 individuals in low-income countries.⁴

This same pattern—lack of solidarity fueling unequal access—holds for other commodities too. For example, test rates in low- and lower-middle-income countries are “dramatically lower” than in high-income countries, yet ACT-A faces a 4-month funding gap of US \$2.4 billion to scale up testing in LMICs in response to the Delta variant.⁵ Similarly, there is a US \$1.7 billion funding gap for PPE coverage and US \$1.2 billion to address oxygen shortages.

Deepening Economic and Social Inequality

At the same time, the COVID-19 pandemic is deepening systemic social and economic inequalities within and across countries. While the world's billionaires have seen their wealth increase by a staggering US \$4 trillion (and counting) during the pandemic, the number of people living in poverty is estimated to have increased by 200 million to 500 million.⁶ Informal and low-wage workers are hardest hit by the pandemic, since they rely on daily wages/earnings generated activities that have been heavily curtailed by lockdown measures and are often excluded from social protection measures.⁷ COVID-19 is also exacerbating inequities caused by the digital divide within and across countries—people with reliable internet access that allows them to conduct business or attend school online have continued to do so, while those without have fallen behind.⁸ In 2020, children in low-income countries missed almost four months of school, compared with six weeks for children in high-income countries.⁹

In many ways, women and girls around the world have borne the brunt of the pandemic. Gender-based violence has intensified and unpaid care work has increased.¹⁰ Women have a 19% higher risk of unemployment due to COVID-19, and those who remain employed reported drops in their working time and pressure to leave the workforce.¹¹ Where school closures have forced girls out of school, they are less likely to return than their male peers.¹² Similarly, the pandemic has laid bare and intensified racial inequities. Racialized groups have suffered higher mortality rates due to a confluence of factors, including living and working conditions resulting in higher rates of exposure; higher rates of pre-existing health conditions; and lack of access to medical treatment.¹³

The longer the pandemic rages on, the more these harms will be felt, creating a vicious cycle in which lack of global solidarity and vaccine inequity fuels social and economic inequity.

Successes at the Regional Level

In tandem to, and in some cases accelerated by, the pandemic, many parts of the world have also turned inward looking with anti-democratic sentiments arising strongly in countries like the US, Hungary, and Myanmar—resulting in an environment of distrust of globalism and weakening the influence of multilateral organizations, most notably the World Health Organization. In absence of an effective coordinated international response, regional coordination has advanced, and middle power leadership has become more prominent¹⁴.

Regionally, politics and health leadership were successfully employed in the global response to Covid19. For example, as early as January 2020, the Africa Union's (AU) Africa Centre for Disease Control began coordinating testing efforts and establishing the ability to detect COVID-19 across 55 countries—many of them with weaker health systems. This effort launched enduring leadership throughout the response which included strong advocacy and eventual procurement of millions of Johnson and Johnson vaccine doses for their populations through the AU's COVID-19 Africa Vaccine Acquisition Task Team¹⁵. Additionally, throughout Africa, several regional economic communities leveraged their existing platforms to coordinate testing and tracking for cross-border trade and travel¹⁶. Meanwhile, the European Union—while criticized for slow action early in the response—has brought significant harmonization to its member states through a 'common EU response' approach to Covid-19. The bloc has leveraged existing instruments such as the Joint Procurement Agreement to coordinate vaccines and medicines acquisition¹⁷ and has developed fiscal policies, that integrate gender mainstreaming strategies, and state aid as a key part of the response to both its member states and non-member neighbor countries, such as Western Balkan states. Since the beginning of the pandemic, the European Centers for Disease Control has produced high quality scientific analyses that have provided data on differentiated risk exposure, unequal economic consequences, and vaccine uptake challenges across marginalised and vulnerable groups in its Member States¹⁸.

Conclusion

In conclusion, solidarity has largely been an unrealized goal in the COVID-19 pandemic global response—increased inwardness and nationalism has exacerbated both inter-and intra-country inequities. As the world looks towards the inevitable next pandemic, in addition to reforming international health laws and strengthening global governance of pandemic response, a realistic assessment of the current world order must consider how to positively exploit the weaknesses revealed in COVID-19. This should include a new focus on empowering and integrating multi-level leadership and coordination (e.g., regional, national, and subnational) in order to reduce the risk for fragmentation in future pandemic response.

- ¹ As of 15 November 2020. See: So, Anthony D. & Joshua Woo. "Reserving coronavirus disease 2019 vaccines for global access: cross sectional analysis." *BMJ* 2020; 371; m4750. <https://doi.org/10.1136/bmj.m4750>
- ² As of 23 July 2021. Fair share as calculated by the ACT-A Sovereign Ask Financing Framework. See: WHO. "Contributions of public donors as a share of their fair share against ACT-A 2020-21 funding need." Updated: 23 July 2021. https://www.who.int/docs/default-source/coronaviruse/20210723---act-a-commitment-tracker_vff.zip?sfvrsn=e276de86_1&download=true. (Accessed: 21 August 2021).
- ³ Guarascio, Francesco. "EU has shipped tiny percentage of planned COVID-19 shot donations." *Reuters*. 22 July 2021. <https://www.reuters.com/business/healthcare-pharmaceuticals/eu-has-shipped-tiny-percentage-planned-covid-19-shot-donations-document-2021-07-22/>. (Accessed: 21 August 2021).
- ⁴ UNDP. *Global Dashboard for Vaccine Equity*. Updated: 18 August 2021. <https://data.undp.org/vaccine-equity/accessibility/>. (Accessed: 21 August 2021).
- ⁵ Test rates exclude India. WHO. "Rapid ACT-Accelerator Delta Response (RADAR) Funding Case." 16 August 2021. [https://www.who.int/publications/m/item/rapid-act-accelerator-delta-response-\(radar\)-urgent-appeal](https://www.who.int/publications/m/item/rapid-act-accelerator-delta-response-(radar)-urgent-appeal). (Accessed: 21 August 2021).
- ⁶ Oxfam. *The Inequality Virus*. 25 January 2021. <https://oxfam.app.box.com/s/m7lab231vgjee3hti2qigu8qvc6o9wd1/file/764213341297>. (Accessed: 21 August 2020).
- ⁷ Danquah, Michael, Simone Schotte & Kunal Sen. "COVID-19 and employment Insights from the sub-Saharan African Experience." *UNU-WIDER Background Note*. July 2020. <https://doi.org/10.35188/UNU-WIDER/WBN/2020-7>. (Accessed: 21 August 2020); Ferreira, Francisco H. "Inequality in the Time of COVID-19." *International Monetary Fund*. Summer 2021. <https://www.imf.org/external/pubs/ft/fandd/2021/06/inequality-and-covid-19-ferreira.htm>. (Accessed: 20 August 2021); UNDP. "Impact of Vaccine Inequity on the Labour Market." <https://data.undp.org/vaccine-equity/impact-of-vaccine-inequity-on-the-labor-market/>. (Accessed: 21 August 2021).
- ⁸ UNCTAD. *The COVID-19 Crisis: Accentuating the Need to Bridge Digital Divides*. 6 April 2020. https://unctad.org/system/files/official-document/dtinf2020d1_en.pdf. (Accessed: 21 August 2020).
- ⁹ Oxfam, *The Inequality Virus*.
- ¹⁰ United Nations. "Policy Brief: The Impact of COVID-19 on Women." 9 April 2020. https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf. (Accessed: 21 August 2020); UN Women. *From Insights to Action: Gender Equality in the Wake of COVID-19*. September 2020. <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>. (Accessed: 21 August 2020).
- ¹¹ UN Women, *From Insights to Action: Gender Equality in the Wake of COVID-19*; Weber, Lauren & Vanessa Fuhrmans. "How the Coronavirus Crisis Threatens to Set Back Women's Careers." *Wall Street Journal*. 30 September 2020. <https://www.wsj.com/articles/how-the-coronavirus-crisis-threatens-to-set-back-womens-careers-11601438460>. (Accessed: 21 August 2020).
- ¹² Burzynska, Katarzyna & Gabriela Contreras. "Gendered effects of school closures during the COVID-19 pandemic." *Lancet* Burzynska K, Contreras G. Gendered effects of school closures during the COVID-19 pandemic. *Lancet*. 2020;395(10242):1968. [https://doi.org/10.1016/S0140-6736\(20\)31377-5](https://doi.org/10.1016/S0140-6736(20)31377-5). (Accessed: 21 August 2020).
- ¹³ Oxfam, *The Inequality Virus*.
- ¹⁴ Bollyky, Thomas J & Huang, Yanzhong. "The Multilateral Health System Failed to Stop the Coronavirus". *Foreign Policy*. 10 March 2020. <https://foreignpolicy.com/2020/03/10/the-multilateral-health-system-failed-to-stop-the-coronavirus/>. (Accessed: 31 August 2021).
- ¹⁵ ACDC. "The World Bank and the African Union's COVID-19 Africa Vaccine Acquisition Task Team (AVATT) agree to work together to deploy vaccines for 400million Africans". 14 June 2021. <https://africacdc.org/news-item/the-world-bank-and-the-african-unions-covid-19-africa-vaccine-acquisition-task-team-avatt-agree-to-work-together-to-deploy-vaccines-for-400million-africans/>
- ¹⁶ Erundu Ngozi A. "Together, African Countries Have Enough to Fight COVID-19". Chatham House. 28 May 2020. <https://www.chathamhouse.org/2020/05/together-african-countries-have-enough-fight-covid-19> (Accessed: 31 August 2021).
- ¹⁷ Kingsland, James. "EU slow and inefficient in early COVID-19 response, says report" <https://www.medicalnewstoday.com/articles/eu-slow-inefficient-and-hampered-by-bureaucracy-in-early-covid-19-response#A-lot-of-bureaucracy> *Medical News Today*. (Accessed: 31 August 2021).
- ¹⁸ European Centre for Disease Prevention and Control. *Reducing COVID 19 transmission and strengthening vaccine uptake among migrant populations in the EU/EEA*. 3 June 2021. <https://www.ecdc.europa.eu/en/publications-data/covid-19-migrants-reducing-transmission-and-strengthening-vaccine-uptake> (Accessed: 31 August 2021).