EQUITY
IN PANDEMIC PREPAREDNESS
Equity during a pandemic has two key dimensions

First, it requires that patients and communities receive timely and equitable access to medical products and countermeasures and medical attention depending on health needs and expected public health impact.

The COVID-19 pandemic underscored that medical countermeasures such as vaccines, medicines and tests are generally first secured by the wealthiest or largest buyers, who are often those with the ability to produce. Even high and upper-middle-income countries may face issues of access. Low, and middle-income countries tend to be left behind, but so are disadvantaged and discriminated communities within all countries. These gaps allow for repeated waves of infection as the virus mutates in different contexts.

Successful control of disease spread requires trust and cooperation by communities which more easily achieved when disease-control measures are based on equity, including addressing the social determinants of health and structural inequalities.

Second—and just as important—equity requires preventing the worsening of pre-existing inequities that pandemics exacerbate, and which can jeopardize social recovery after the crisis. Indeed, the COVID-19 pandemic led to massive social and economic disruptions. It demonstrated, again, that while a pandemic is primarily a health crisis, its ramifications extend beyond health to impact many sectors such as tourism, transportation, trade, and education among others, as well as large parts of the informal sector who can no longer sustain their livelihoods. A pandemic also disproportionally increases vulnerabilities among many already disadvantaged groups, including women and children.

In addition, public health and social measures aimed at reducing transmission lead to significant social and health impacts, including increased mental health conditions, domestic violence, and educational underperformance.

The ongoing technological revolution generates new risks that are likely to increase the equity gap. Lack of health and digital literacy may result in more exposure to infodemics, mis- and disinformation through social media, eventually leading to inadequate health-seeking behaviors, mistrust in public health measures during the crisis and long-lasting social distrust, thereby hampering social recovery post-crisis.
Monitor the multiple facets of equity. Equity cannot be achieved by applying a one size fits all approach: this requires co-producing sustainable responses to specific needs and exposures, ensuring transparency and fairness in the allocation of resources, and specific equity indicators and reliable data on equity gaps across sectors should be identified and included as part of any preparedness monitoring efforts. Sustained monitoring of progress is also essential for successful future pandemic responses and improved prevention and preparedness.

Build resilient and equitable primary and community health care systems as the first line of defense and early warning against a pathogen. Ensuring equitable geographic distribution of quality health care facilities, services and resources, and reducing economic and social barriers to access will allow for a rapid scale-up of quality health services to meet the increased demand during pandemics and serve all patients including those with greater needs.

Establish new global, regional, and national frameworks for equity and enhance access to medical countermeasures such as vaccines, medicine, and tests through more sustainable and effective engagement of all stakeholders including the private sector and civil society. In addition to the pharmaceutical sector, numerous other sectors that are also involved in- and impacted by epidemics and pandemics can contribute significantly to preparedness and response. Progress will be achieved with more inclusivity, specific financing based on new sources, including domestic and private ones and protocols that can be enforced when needed.

Adopt an inclusive approach in preparedness law, regulations, and plans. Communities, vulnerable groups and civil society are essential actors to fight pandemics. Their representation in governance bodies and PPPR processes and other forms of participatory and inclusive practice would provide effective and realistic assessments of needs and vulnerabilities and improve prevention, preparedness, and response to pandemics. Some groups will be particularly at risk of exposure to a new disease because their living conditions make them prone to higher transmission. Indigenous communities, marginalized communities, refugees, forcibly displaced groups, health care workers, home care givers, economically disadvantaged people, institutionalized populations are amongst those particularly at high risk.

Ensure more and better financing for pandemic preparedness, prevention, and response. This involves optimizing investments to bridge the equity gap and ensuring a steady, predictable flow of resources for preparedness and prevention. Given the pressing needs and global risks involved, reforming the global financial system should incorporate effective mechanisms for financing pandemic prevention, preparedness, and response, especially for countries with limited resources or capacity. This financing should be structured in closer collaboration with governments and the private sector.

Mitigate the economic and social impacts resulting from pandemic prevention and response efforts by ensuring robust community engagement, empowerment, and social protection mechanisms. It is crucial to foster greater adherence to disease-control measures and enhance social justice through meaningful, two-way communication with communities and ongoing co-design of effective solutions. In this context, the One Health approach, which seeks to sustainably balance and optimize the health of people, animals, and ecosystems, must incorporate an equity component. Indeed, we can improve the detection of novel infectious threats and compliance with early containment measures by considering and addressing the specific vulnerabilities of communities. This approach will also allow us to reduce the equity gap and reduce further transmission.
GPMB Report 2023 heatmap assessment

For its 2023 report, GPMB assessed the status of 30 indicators of global pandemic preparedness capacity from the GPMB Monitoring Framework, including 12 related directly to equity. According to the assessment, no preparedness capacity was complete.

About GPMB

The Global Preparedness Monitoring Board (GPMB) is an independent monitoring and accountability body to ensure preparedness for global health crises. Co-convened by the Director-General of the World Health Organization and the President of the World Bank, the GPMB is comprised of globally recognized leaders and experts from a wide range of sectors, including health, animal health, environment, human rights, economics, law, gender, and development. It is tasked with providing an independent and comprehensive appraisal for policy makers and the world about progress towards increased preparedness and response capacity for disease outbreaks and other emergencies with health consequences. In short, the work of the GPMB is to chart a roadmap for a safer world. In 2023, GPMB released its Monitoring Framework for Preparedness, designed as a single, authoritative framework that could guide the Board’s assessments.

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