Questions & Answers:
From Peoples Health Movement:

1. Solidarity and the global COVID-19 response

In many ways, the collective response to COVID-19 has been defined by failed leadership, hyper-nationalism, inequalities and obstacles to cooperation and global solidarity. Countries that did better than others, in the main are those that had strong public health systems, listened to science, considered human rights and supported people in terms of income and other social protection and welfare support.

a) How have these issues impacted low- and middle-income countries' response to the pandemic?

LMICs have suffered in many ways some of which are described below:

1. Huge setbacks to their social and economic well-being of peoples- due to disruption of trade jobs, incomes, homes- in a context where much of the workforce is unorganized, informal sector and social security coverage is a minimal.
2. High increase in indebtedness of LMICs to global financial institutions and within nations.
3. Disruption of all essential healthcare services, especially public health services that were re-purposed to manage covid 19 pandemic, exclusively leading to loss of life now and in the future and huge increase in impoverishment.
4. Huge, mostly unaccounted loss of lives due to the Covid-19 disease and a huge increase in morbidity and costs of healthcare- which also for the main part has gone unaccounted.
5. Major problems in access to essential medical technologies- especially PPEs, oxygen, equipment and vaccines.
6. Rise of authoritarianism, loss of civil liberties and the weakening of democratic institutions taking advantage of the lock-downs and restrictions of movements. Often the complementary action in terms of testing, tracking, quarantine, or in terms of improving hospital preparedness that justifies movement restrictions does not even take place adequately. One flagrant and extreme violation is the shutting down of major not for profit providing health care to Palestinian peoples and the illegal and arbitrary arrest and incarceration of a leading health activist- Ms Shatha Odeh, a global steering council member of Peoples Health Movement[1].

b) How have the global community and the international system dealt with these issues? What have been successful elements of the global response? What have been the biggest failures?

The global community and international system has largely ignored all aspects other than the concerns regarding the spread of the pandemic. The entire focus has been in documenting and reporting the presence and spread of disease in different regions, often with the focus being on measures to prevent it reaching its shores.

[1] https://phmovement.org/freeshathaodeh-sign-on-letter-urging-who-to-intervene-for-palestinian-activists-release/

The WHO had been active in alerting countries on the pandemic and in evolving and sharing guidelines and providing support with considerable promptness. However its efforts in the form of the ACT accelerator and the COVAX have failed to address the problem of high levels of inequity in access to essential medical supplies, especially to vaccines. PHM has extensively analysed and documented these concerns[2]. The fact that some nations have attained coverage of over 70% and stock-piled many times more vaccine doses than they need and considering the introduction of booster doses and vaccination to young children, when a continent like Africa has been able to achieve less than 3 % immunization coverage even in most vulnerable sections is illustrative of the high levels of global inequity in the response.

The WHO has not been funded adequately by member states. Moreover, the role of WHO has been undermined through multi-stakeholderism, an arrangement that allows for corporate and other to intervene in global decision making rather than governance through multi-lateralism[3].

There is almost no globally coordinated action on any of the other issues- social and economic setbacks, rise of indebtedness, problems of migrant workers and stateless people, disruption of essential health services, especially primary health care, increased risks faced by health workforce[4], and the rise of authoritarianism and the restrictions on civil liberties. The discourse on global health security has created a "them" (poorer classes/nations) and "us" (richer/more privileged nations) narrative that gets reflected in global decisions and actions.

2. Systemic inequity in the global health emergency ecosystem[5]

The COVID-19 pandemic has exposed longstanding systemic inequities in the global health emergency ecosystem and the broader international system.

a) What are some key structural elements of the ecosystem that contributes to these inequities ?
    a. Healthcare systems within nations are under-developed. Few nations have guaranteed the right to healthcare or have a universal health care system based on primary health care in place.
    b. The direction of health sector reforms in the last three decades has largely been towards privatization. And most of the benefits is to the commercial private sector in healthcare and health technologies. This is not necessarily what countries want or need. However this is the entire direction of health sector reform sometimes imposed by financial conditionality linked to loans, and sometimes by the power of the discourse created in favour of privatization.
    c. Many of the global health institutions that deal with the crisis are not constituted as democratic platforms. Many of them have serious issues of conflict of interests in their formation. The ACT accelerator and its four pillars

[2] https://phmovement.org/eact/eact-resources/
[3] https://www.tni.org/en/article/the-corporate-capture-of-global-governance-and-what-we-are-doing-about-it
[4] https://law.yale.edu/yls-today/news/political-economy-analysis-impact-covid-19-pandemic-health-workers
[5]Here we define the ecosystem as the institutions, leadership and governance structures, mechanisms, frameworks, policies, actors and stakeholders that contribute to global health emergency preparedness and response.

have limited role for WHO- and are driven by agencies which have corporate power on their board and or dominated by the G7. Democratising these institutions and freeing them of conflict of interests would certainly help.

d. Geo-political trade and economic factors also contribute. Many LMICs have a huge burden of debt. They lack the fiscal space to invest more in health care.
e. Development policies have also much bearing on health. And the development policies of LMICs are dictated by the nature of links they have with the global economy. Many countries are dependent on export of mass consumption goods for their survival- but the terms of trade are very adverse to the LMICs and the working and living conditions of workers in such industries are directly adverse to their health. The LMICs bear much of the burden of global pollution, and hazardous industries and the destruction of natural ecosystems due to the plunder and despoliation of natural resources. Disrupting these natural systems is what has lead to the emergence of new zoonotic diseases.
f.

b) What impact do these structural elements have on effective and equitable health emergency preparedness and response?

1. The better the living and working conditions of the majority of the people, the better the social security arrangements, the less the inequity before a pandemic- the more likely that such a society will be safe and resilient in the face of a crisis[6].
2. The greater the progress a nation has made towards universal health care, and the more robust its primary health care component- the better its emergency preparedness. This gets tested in times of local crisis- like an earthquake or flood- and gives us a sense of preparedness for a global crisis. Similarly the robustness and responsiveness of emergency services on a daily basis is a must before we reach a higher level of crisis preparedness. If contact tracing is well done on regular basis for a number of disease outbreaks, and if the primary health care workforce located near to home is in position, then the large scale test, track and quarantine strategies become more feasible. Any road-map that promises a short-cut- wherein the system is prepared for an emergency, but not doing well on the day to day is unlikely to be reliable when the crisis actually arrives.
3. Reducing global inequities is vital – within countries inequities are increasing and between countries. Wealth is increasing concentrated in the hands of a global elite who control trans-national corporations and work to undermine equity even while establishing philanthropic agencies designed to undo the harm they have done. A more equal world will be one better prepared to face pandemics[7].

3. Addressing these inequities and improving the global health emergency ecosystem

a) How should the global health emergency ecosystem be reformed to improve equity?
b) What are key measures that should be implemented to ensure future global responses to health emergencies are fairer, more equitable and more effective?
    a. Learning from this pandemic, the assessment of health systems strengthening required for health systems emergency preparedness should be reviewed and revised, with a commitment to help finance countries to close the gaps. One of

[6] Covid-19 pandemic and the social determinants of health. *BMJ* 2021;372:n129 doi: https://doi.org/10.1136/bmj.n129
[7] Political economy of covid-19: extractive, regressive, competitive. *BMJ* 2021;372:n73 doi: https://doi.org/10.1136/bmj.n73

the components of such preparedness is the ability to provide other essential health services without interruption. It is vital national health strategies are based on the development of strong Primary Health Care with a strong workforce including Community Health Workers. Privatisation and commercialisation of healthcare work to undermine equity and the push towards them in public policy needs to be dramatically reduced and reversed.

b. There has to be global emergency fund created for strengthening health care systems and for responding to pandemics in LMICs. The source of financing should be a cess, raised on the model of the WHO's assessed contributions from member states. . In addition innovative new mechanisms for taxation like the Tobin Tax and tax on international corporations, especially those who have seen a huge increase in profits and assets consequent to the pandemic.
c. Use WHO and don't undermine its authority by setting up parallel bodies
d. There has to be involvement of global and regional and national civil society organizations with a reputation of advocacy for health equity and health rights in the monitoring process, so that readiness at the community level and in areas of high vulnerability is sufficiently monitored and supported. Involvement of civil society is also important in the global health emergency monitoring institutions.
e. The "health security" agenda has to be re-defined as a global health solidarity agenda with policies and actions to reflect that.
f. Nations should be assisted to develop data systems for public health surveillance that meet international standards set for data reliability and data fidelity
g. There should be clear provision of waiver of TRIPS conditionality for all technologies that are required for pandemic response-including vaccines which should come into effect on the declaration of a Public Health Emergency of International Concern.
h. Through transfer of technologies and hand-holding, regional and domestic manufacturing capacity that can quickly go to scale must be built up in all regions and many more countries.
i. There has to be a cancellation of debt of least developing countries and either a re-scheduling or a part cancellation of debt of other developing nations. On trade also many restrictive laws and rules that come in the way of generating employment within the nation should be withheld.

The above list is not exhaustive- but indicative of the possibilities..