

Global Health Advocates' Statement on the COVID-19 outbreak

Global Health Advocates France (GHA) stands with the victims of COVID-19 and their families worldwide. During this difficult period, GHA's team is working full time from home and adapting its advocacy efforts to the current context. As a civil society organisation, we are worried about the immediate humanitarian impact in hardest hit parts of the world and are evaluating the longer-term impact of existing health, development and research policies. Taking into account COVID-19's comorbidity with other diseases, it disproportionately impacts those who are most vulnerable: the elderly, the homeless, prisoners, migrants denied access to healthcare, and those with existing health conditions such as high blood pressure, or weak immune system because of malnutrition, HIV and tuberculosis. The pandemic requires a robust and all-encompassing public health response from governments that, first and foremost, focuses on the implementation of effective epidemic control measures to slow down or halt the further spread of the virus.

Systemic problems underlying the COVID-19 crisis are not new to GHA's advocacy, which has been calling for strengthened efforts towards ending poverty-related diseases and improved access to healthcare for the most vulnerable through appropriate health, development and research policies.

- Profit-driven mechanisms that govern priority-setting in research have left research for coronaviruses, and lead candidates for vaccines and treatments, underfinanced¹. The lack of access safeguards in research and innovation projects makes the current COVID-19 diagnostic test in France and elsewhere inaccessible to most, because -among other- of its high price², potentially leading to an increase in casualties. Together with other European NGOs, we strongly recommend that the EU institutions and national governments incorporate collective, pro-public safeguards, such as transparency regarding public contributions, accessibility and affordability clauses in current and future funding calls and investments³.
- The lack of long-term investments in health systems and workforce has left health facilities with too little capacity to face the crisis, a cost that patients and health personnel are paying with their own lives. Bottom-up community responses are key in times of crisis and should also be strengthened.
- Mechanisms of public compensation towards big corporations, banks and financial institutions should not take precedence over public investments in safety net programmes for those in fragile and precarious situations as well as in long-term international support to proven solidarity mechanisms and aid effectiveness.

Putting access at the forefront of the research process

On research and development particularly, the global response to the coronavirus exposes broader flaws in the way medical research is funded, which tends to be reactive, rather than proactive. While we've observed a surge in research investment during Ebola, Zika, and SARS outbreaks (the early coronavirus), when those outbreaks wane, other priorities take their place. Given this public health urgency, we cannot allow a 'business as usual' approach where financial considerations - rather than public health - guide where and when products will be available. EU member states should also make use of compulsory licensing to suspend patents for COVID-19 vaccines, treatments and other medical tools to ensure sufficient production of needed medical tools at affordable prices. COVID-19 stresses how interdependent countries are when facing a global pandemic and the need for

¹<https://www.nbcnews.com/health/health-care/scientists-were-close-coronavirus-vaccine-years-ago-then-money-dried-n1150091>

²<https://blogs.mediapart.fr/edition/transparence-dans-les-politiques-du-medicament/article/120320/covid-19-mesure-n-2-transparence-et-encadrement-des-p>

³ <https://medicinesalliance.eu/the-fight-against-covid-19-lets-make-public-investments-count-for-people/>

multilateral mechanisms to address global health security needs. For instance, the EU and its member states should support the Costa Rican government's call to WHO to launch an initiative that would "pool rights to technologies that are useful for the detection, prevention, control and treatment of the COVID-19 pandemic." Such a pool mechanism would allow for "competitive and accelerated production of needed COVID-19 technologies, and expand our capacity to address the need for affordable products for all."⁴

Increased international solidarity

The pandemic has already hit Africa; we shouldn't wait for it to spread across the continent. We must learn from the Ebola crisis, where weak health systems could not contain the spread of a pandemic, making it more difficult to both prevent and control, and aggravating already difficult epidemiological situations. As countries are gearing up to do "whatever it takes" to respond to the pandemic, it must translate into spending whatever it takes to support the poorest countries to face this emergency. Scaled-up sustainable public investments in health systems, including through international support, have already been called upon by some G7 members and by the G20. The choice of mechanisms through which these funds will be channelled will be equally important as the scale of financing needed to be mobilised at home and internationally. Bottom-up, demand-driven and country-owned solutions should be preferred, as they have proven -over time- to be more effective⁵. The growing trend to involve private and financial actors in development finance to address Agenda 2030 and its Goals has an obvious limit in this crisis, leaving national health systems in Africa fragile and at risk of collapsing should the COVID-19 outbreak reach similar magnitude as in China and Europe. Moving forward, it is essential to strengthen public systems to both ensure equitable and universal access to basic social services, as well as the resilience of our health systems in the face of such emergencies. Such support should not be given in the shape of loans or financial products, as higher debt burdens translate into lower public health care expenditure⁶. Ensuring that debt will not further cripple African economies following the response to COVID-19 must be a priority as resources are being mobilised. GHA supports the numerous calls by civil society and some governments to write off parts of debts in low-income countries⁷.

Planetary health: systemic thinking

We also encourage our decision-makers to think about the links between growing environmental destruction and increasing pandemics. When land is altered for urbanisation, agriculture, or by extractive industries, it forces wild animals into closer contact with people, increasing the odds of disease exchange⁸. For example, the destruction of forests driven by logging, mining, road building, rapid urbanisation, and population growth, is bringing people into closer contact with animal species we may never have been near before⁹. Our growth-oriented model of economic development, not only further strains our health systems from much-needed resources, but also exacerbates the risks for pandemic growth.

In the immediate term, massive efforts should be taken to save lives, but this unprecedented crisis challenges the present and the future of international cooperation on health. The COVID-19 pandemic shows how health is a precious and fragile public good that should be prioritised no matter what.

<http://www.ghadvocates.eu/>

Contact : info@ghadvocates.org

⁴ <https://www.keionline.org/32599>

⁵ <https://www.oecd.org/dac/effectiveness/45827300.pdf>

⁶ https://eurodad.org/covid19_debt1

⁷ <https://www.devex.com/news/opinion-how-debt-burdens-could-cripple-africa-s-covid-19-response-96821?>

⁸ <https://www.theguardian.com/environment/2020/mar/18/tip-of-the-iceberg-is-our-destruction-of-nature-responsible-for-covid-19-aoe>

⁹ <https://www.nationalgeographic.com/science/2019/11/deforestation-leading-to-more-infectious-diseases-in-humans/>