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Where We Are and Where We Want to Be

Where We Are with Tackling the Pandemic on World Health Day 2021

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- › With the motto of this year's World Health Day "*Building a fairer, healthier world*", the WHO draws attention to global inequalities in access to healthcare, calling on political leaders to campaign for equitable access to health services.
- › The ongoing COVID-19 pandemic is intensifying existing inequalities. Global vaccine distribution in particular reveals the differences between low-income and rich countries.
- › The pandemic has so far claimed the lives of over 2.8 million people worldwide, and 131 million have been infected with the virus. The World Bank and International Monetary Fund estimate that the economic and social repercussions of the crisis will be immense.
- › Science and research have developed effective drugs, COVID-19 tests, and vaccines in record time. We are faced with challenges regarding the logistics and equitable distribution of these instruments.
- › Global initiatives such as the *ACT Accelerator* help to support low- and medium-income countries in the fight against COVID-19. The World Health Organisation plays a key role in coordinating global crisis management.
- › An independent auditing commission appointed by the WHO is currently analysing the global crisis management coordinated by the WHO and drawing up recommendations about how the global community can be better prepared for health threats such as pandemics in the future.

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Where We Are with Tackling the Pandemic on World Health Day 2021

On 30 January 2020, the Director-General of the World Health Organisation (WHO), Dr Tedros Adhanom Ghebreyesus, proclaimed an international health emergency; the highest alert according to International Health Regulations. The goal was to put the world on alert to quickly contain the rapid global spread of the novel Coronavirus SARS-CoV-2.¹

More than one year later the pandemic is still not under control, but instead continues to endanger the lives and livelihoods of millions of people as well as deepening existing inequalities. The WHO have given this year's World Health Day, which commemorates the founding of the World Health Organisation on 7 April 1948, the motto "*Building a fairer, healthier world*".² This motto draws attention to the fact that access to healthcare and health equity vary greatly around the world and calls on political leaders to grant everyone access to high-quality healthcare.

Since its outbreak in January 2020, the pandemic has claimed the lives of over 2.8 million people worldwide and 131 million have been infected with the virus (figures as of 06/04/2021).³ It is also becoming apparent that the economic and socio-economic damage wrought by the corona crisis will be immense: According to estimates by the International Monetary Fund, the pandemic will result in cumulated output losses amounting to 22 billion USD for the years 2020-2025.⁴ In 150 countries, the GDP per capita and therefore people's standard of living will be lower in 2021 than in 2019; the year before the pandemic broke out.⁵ As a result of the corona crisis, the World Bank estimates that 72 million primary school children will be unable to read or understand a simple text at the age of ten.⁶

On the other hand, the pandemic has triggered an unprecedented mobilisation of science for research and development of vaccines, medication, and testing procedures. More than 547 million vaccines have already been administered worldwide (figures as of 31/03/2021).⁷ Various mechanisms of global solidarity have also been initiated in the framework of international cooperation to mitigate the effects of the pandemic and support low-income states. Although the pandemic has not yet come to an end, global initiatives are already in place for examining crisis management to learn lessons from the current pandemic.

Global Initiatives for Tackling the Pandemic

The worldwide pandemic requires international cooperation and global initiatives that absorb the impact of the crisis and support lower-income states in their fight against the coronavirus. As the leading coordinating body for global health, the World Health Organisation has an important role to play here. Together with governmental and non-governmental partners, the WHO launched the *Access to COVID-19 Tools (ACT) Accelerator* in April 2020 following calls by the G20. The objective of this global initiative is to speed up the development, production and fair distribution of COVID-19 tests, treatments, and vaccines.⁸

The ACT Accelerator comprises the three pillars of diagnostics, therapeutics, and vaccines as well as a cross-sectional pillar on strengthening health systems (*health system connector*). Over these four areas of work, the WHO is responsible for coordinating a fair and equitable distribution of all health technologies and products available for the fight against COVID-19.

- › The diagnostics pillar intends to provide for the introduction of two to three high-quality rapid tests onto the market by mid-2021, the training of 10,000 health workers in 50 countries and the establishment of test capacities for 500 million people in low- and medium-income countries.
- › By means of the therapeutic pillar, ACT-A partners strive to develop, produce, and globally distribute 245 million pharmaceuticals within twelve months to support the recovery of COVID-19 patients.
- › The COVAX vaccine pillar, which is coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, works towards speeding up the development and creation of vaccine production capacities across the globe. The goal of COVAX is to fairly distribute two billion vaccine doses worldwide by the end of 2021, thus reaching 20 per cent of the population in low-income countries. A strategy has been developed with the so-called COVAX Facility to pool and coordinate the procurement and distribution of vaccines among participating states.
- › The strengthening health systems pillar works to ensure that instruments from the areas of vaccine research, test capacities and treatments created via the ACT-A, find their way into affected countries' medical care.

The first results of the Accelerator were presented in September 2020: More than 1,700 clinical trials for developing effective medication have been analysed in the pharmaceutical sector. The Accelerator has also made it possible to secure the active ingredient dexamethasone, which is used in therapy, for up to 2.9 million patients in low- and medium-income countries. It was announced that 120 million COVID-19 rapid tests would be made available to low-income countries through the diagnostics pillar.⁹ According to a current overview of the COVAX Facility, the COVAX vaccine pillar is expected to distribute 237 million vaccine doses to 142 countries, mainly of low- and medium-income, by May 2021.¹⁰ On 24 February, Ghana was the first country to receive 600,000 vaccine doses from the manufacturer AstraZeneca.¹¹

Despite these achievements, many challenges remain: The Accelerator currently falls short of its total funding requirement of 38.1 billion USD by 22.1 billion USD (figures as of 26/03/2021), threatening the project's success. Another challenge is posed by logistics: to ensure a sufficient supply of vaccines, test capabilities and therapies worldwide, capacities for conducting tests as well as storing and administering vaccines particularly need to be strengthened in poorer countries with weak infrastructure.

There are also challenges surrounding the question of equitable global distribution of resources available for fighting COVID-19. Since a few rich countries had secured large quantities of the available vaccines in advance through bilateral treaties with vaccine producers, fewer vaccine doses were left over for poorer countries.

Spotlight: Fair Distribution of COVID-19 Vaccines

One year after the outbreak of the pandemic, important milestones have been achieved, particularly in vaccine development: according to data from the WHO, more than ten different vaccines have now been developed. In addition to the active ingredients already approved, 267 further candidates are being developed, 83 of which are in clinical research.¹²

With the authorisation of vaccines and their worldwide distribution since the end of 2020, the global race for access to vaccines has begun. Closely related to this is the question of equity and global solidarity. Despite initiatives such as the ACT Accelerator and its distribution platform COVAX, an unequal global distribution of existing vaccine doses to the detriment of poorer countries is clear to see.¹³ While vaccinations in a few rich industrialised countries are already well underway in various population groups, many low-income countries do not even have enough vaccines to vaccinate priority groups such as health workers.¹⁴

The WHO Director-General Dr Tedros sharply criticised this imbalance at the WHO Executive Board meeting in January 2021. He spoke of a “moral failure of catastrophic proportions”, which would ultimately be paid for with the lives and livelihoods of people in the poorest countries and prolong the pandemic.¹⁵ He emphasised the fact that the pandemic will only be over when a majority of people are vaccinated against the virus; not just in a few rich countries, but worldwide. Dr Tedros designated the World Health Day on 7 April as the target date for all WHO member states, by which time vaccines should have been delivered to every country in the world. This is also to be viewed as a symbol for eliminating the global inequality underlying many health challenges.¹⁶

The issue of fair vaccine distribution has long since gained a political dimension, too. Countries like China, India and Russia are engaging in vaccine diplomacy, attempting to strategically expand their political influence through the supply of vaccines to certain countries. Richer states are walking a tightrope between the local population’s expectations regarding a rapid vaccination campaign and being assessed by the extent to which they fulfil their commitments to global solidarity and enable poorer countries to access vaccines as laid down in international frameworks such as Agenda 2030.

Analysis of Crisis Management and Dealing with Mistakes

Despite the aforementioned progress made in global pandemic control, some strong criticism was levelled against how the WHO was managing the crisis, particularly at the start of the virus outbreak. Accordingly, calls were made for an independent investigation of the global pandemic response.

The foundations for this were laid at the 73rd World Health Assembly (WHA) in May 2020. Here, a series of measures were adopted to draw lessons from the current pandemic and address the mistakes. These measures include the appointment of an independent auditing commission that is to conduct a comprehensive and objective investigation of the international crisis reaction coordinated by the WHO and provide recommendations on improving global early warning and response mechanisms. The commission will also evaluate the tools available to the WHO for fulfilling its mandate, the functioning of International Health Regulations (IHR) and the current implementation of recommendations from previous IHR evaluation processes.¹⁷ The *Independent Panel for Pandemic Preparedness and Response* was appointed to this end under the leadership of former New Zealand Prime Minister Helen Clark and former Liberian President Johnson Sirleaf.

The initial findings of the investigations have been published prior to the panel's presentation of the final report at this year's WHA in May. Some conclusions drawn by members of the panel are that the international early warning, identification, and response system for pandemics is inadequate and outdated. Owing to outdated technology, reports on disease outbreaks have increasingly reached the World Health Organisation via (social) media as opposed to through the structures created for this purpose. According to the panel, the existing early warning and response mechanisms are slow, unwieldy, and date from a "former, analogue era".¹⁸

From the perspective of the Expert Committee, many countries' "minimal" reaction to the declaration of an international health emergency by WHO Director-General Dr Tedros in January 2020 is a cause for concern. That is why the investigations place a particular focus on the chronology of containment measures undertaken by the WHO and its member states, especially in the early phase of the pandemic.¹⁹ According to the experts, many countries also had difficulties in adopting suitable measures for combating the pandemic, such as the provision of protective clothing, oxygen or breathing devices and establishing test and contact tracing capacities.²⁰

Common features of countries with a high excess mortality rate, according to the panel, include a tendency of political leaders to delay containment measures, refuse social assistance for mitigating the crisis and mistrust scientific advice. Conversely, we can see that in countries with a low excess mortality rate, the political leaders had acted effectively and pursued government-wide approaches to combating the pandemic. What is more, the panel observed how these countries had learned lessons from previous pandemics and taken scientific advice.²¹

In addition to improvements in global pandemic preparedness and response mechanisms, for instance regarding the response times in the event of future health emergencies, the panel's recommendations will also take the role of the World Health Organisation into account. The recommendations will indicate how the authority and support for the organisation can be strengthened. A key question here will be how to fund the organisation in a robust and sustainable way.²²

Summary

As of World Health Day 2021, the COVID-19 is not over by any means. The number of infections and deaths continue to increase in many countries across the world. The fight against the virus is also exacerbated by the emergence of new variants of the virus. In the framework of global initiatives such as the ACT Accelerator, the World Health Organisation, together with its partners, strives to mitigate repercussions of the pandemic, and to grant everyone access to diagnostics, drugs and vaccines. Although important successes have been achieved in this regard and effective vaccinations against COVID-19 have been developed within a short time, there are major challenges in terms of fair global distribution. These challenges reinforce inequalities in health service access that existed even prior to the pandemic.

In view of the central principles of solidarity and cooperative partnership underpinning Agenda 2030 with its sustainable development goals, the achievement of which faces additional challenges due to the pandemic, particularly rich countries need to be assessed, in the context of combating the pandemic, based on how much they contribute towards fair and equitable access to test procedures, medication and vaccines against COVID-19 for people all over the world. At the same time, any politicisation of the pandemic response should also be avoided.

With the motto of this year's World Health Day "*Building a fairer, healthier world*", the World Health Organisation is highlighting the need to eliminate global inequalities and promote health equity worldwide. This would also make an important contribution towards achieving Sustainable Development Goal 3 "To ensure healthy lives and promote well-being for all at all ages" of Agenda 2030. The pandemic and the lessons learned from it could be an important starting point for improved pandemic preparedness and a more robust global health architecture that is better prepared for future health emergencies.

¹ According to the WHO, the prerequisite for an international health emergency is: an "extraordinary event" in which a disease threatens to spread across national borders making it a health risk for other countries, the situation is classified as "serious, unusual or unexpected" and may require immediate internationally coordinated action. Source: WHO. In: <https://www.who.int/ihr/procedures/pheic/en/> [24/03/2021].

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³ COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6> [06/04/2021].

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