

: Conference Report

Policy Lunch May 2021 – Online

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The EU and Solidarity in Global Health Cooperation: Lessons from the Covid-19 pandemic

Michèle Roth

Since the outbreak of the Covid-19 pandemic, there has been much talk of solidarity. But while the idea of solidarity has featured prominently in speeches and debates at all levels of politics, the situation seems rather different in practice, particularly in the international arena.

What constitutes genuine solidarity in global health cooperation and how should the policies pursued by the countries of the Global North, and the EU in particular, be judged so far? This was discussed by the authors of a new sef: Global Governance Spotlight together with a leading public health researcher from Ghana and an EU representative at a sef: Policy Lunch (online) on 18 May 2021.



Frank R. Hofmann (chair), John Amuasi, Hanna Kienzler, Jan Paehler, Barbara Prainsack (l.t.r.)

Hans H. Stein, Director of the Representation of the state of North Rhine-Westphalia to the EU in Brussels, set the tone for the debate in his welcoming words. With regard to intra-European solidarity, he stated that there had been a noticeable lack of cooperation between the EU member states at the start of the pandemic. Closed borders did not stop the virus, but instead produced rather bizarre pictures. In Europe, the pandemic has opened people's eyes to the fact that access to healthcare cannot be taken for granted, he said. It also clearly shows that current and future pandemics can only be contained through international cooperation.

Genuine solidarity builds upon commonalities, not differences

The shared experience of not having access to much-needed personal protective equipment in the first phase of the pandemic and to vaccines in the first months of 2021 could have had the potential to build common ground for global solidarity. However, the term "solidarity" has often been misused, as Professor Barbara Prainsack, Director of the Centre for the Study of Contemporary Solidarity (CeSCoS), University of Vienna, noted. While the very same people who have already carried the heaviest financial and social burden of the pandemic are being asked to accept even more restrictions in the name of solidarity, we have seen mostly symbolic notions of solidarity at the national and international level.

“A lot of what is happening, especially in the international domain, does not deserve to be called solidarity,” she said. Such merely symbolic gestures of solidarity could cover up social and economic inequities and be harmful to the development of genuine solidarity. In contrast to charity, solidarity means that actors support each other based on the recognition that they have something in common amidst all the differences that also exist, she explained. It is a practice on eye level, not top down – and not one side giving and the other merely receiving.

COVAX – a missed opportunity?

Her co-author, Dr Hanna Kienzler, Associate Professor in Global Health at King’s College, London, referred to the current vaccine policy as an example. What is described as vaccine sharing “is often more charity than solidarity”, she said, because countries in the Global North are sharing their left-over vaccines. But they only have vaccines to give as they pre-ordered sufficient quantities to vaccinate their populations several times over, she explained. By pre-ordering bilaterally from the suppliers, these countries undermined the World Health Organization’s Covid-19 Vaccines Global Access (COVAX) initiative, which in principle had been a positive approach to fair vaccine distribution. But COVAX was knocked to the back of the purchasing chain, Kienzler said, making poorer countries dependent on the “generosity” of the richer ones.



Hanna Kienzler

Solidarity does not come for free

The success of initiatives such as COVAX also depends on the larger political economy in which they are embedded. “Creating greater equity does not come easy,” Prainsack said. “Solidarity does involve some cost for those who are enacting it.” These actors might also benefit later on, but that should not be the motivating factor. Otherwise, it would be a business transaction and not solidarity.

Dr John Amuasi, leader of the Global Health and Infectious Diseases Research Group, Kumasi Center for Collaborative Research in Tropical Medicine (Ghana),



Barbara Prainsack

drew a link between democracy and solidarity in the Western world. Referring to the example of the European Union, he defined solidarity as a way of spreading the risks and burdens for the collective good. All countries benefit or lose in one way or another but in the end, the benefits should outweigh whatever losses there may be.

Kienzler emphasised that knowledge exchange can be one important factor when we think of solidarity as a process of give and take. She criticised the West’s failure to learn from others, particularly from countries in the Global South with substantial experience in pandemic preparedness. One lesson that could have been learned is that non-pharmaceutical interventions such as educating people in water, sanitation and hygiene issues and in infection prevention and control are central to the containment of infectious diseases, Amuasi said. He reported on corresponding experience of the Ebola epidemic, in which the international community’s high-tech measures were only ready for use when the infections were already declining.

But despite solid infection prevention and control, SARS-CoV-2 prevalence in African cities is high, he said, higher than in many parts of Europe or North America. But there is much less severe disease, and a much lower mortality rate, for which scientists have no explanation so far. Dr Jan Paehler, Deputy Head of Unit at the Directorate-General for International Partnerships, European Commission, Brussels, agreed that we need to learn more from each other about the impact of the virus in different contexts and the effectiveness of countermeasures. However, he saw a general problem, namely that politicians are unwilling to align their policy measures with the science.

How the international community has performed so far

Amuasi saw the current pandemic as a litmus test for global solidarity. Although this is a shared problem, all eyes have turned inwards. He expressed concern that countries like China and Russia have been chastised for their involvement in Africa. When we analyse the true level of charity, let alone solidarity, shown in

the pandemic, he said, these countries may have done better than the traditional partners, albeit to some extent out of self-interest.

Paehler painted a different picture. He recalled that at the start of the pandemic, several EU member states sent personal protective equipment to China as an act of solidarity. The lack of solidarity shown by some member states when the pandemic reached Europe, had been a wake-up call to come together and to organise joint procurement of masks and vaccines on an unprecedented scale – leading to uniform coverage of vaccination roll-out throughout the EU.

With regard to the global context, he referred to the serious shortage of vaccines as only 1.5 billion of the necessary 11 billion doses have been produced worldwide so far. However, from the start, the EU created the production capacity to manufacture for the world, he said. About half of the EU's vaccines are exported, while the US and the UK, in particular, have not exported a single dose. COVAX also got off to a good start, he said, but is now hampered by the fact that the world's largest vaccine producer, India, has stopped exports as the vaccine is urgently needed in the country itself.



Jan Paehler

Market or policy failure?

During the Q&A session, a representative of the EU's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) similarly argued that it was not solidarity that had failed in the pandemic but the market and the global lack of preparedness; this included insufficient stocks, as there was a scarcity of items that were needed globally. In 2020, the EU had received 58 requests from countries around the globe for various items, and the EU delivered, although less so at the start as the supplies were simply not available. She also mentioned the strong support shown to India by several EU member states in the current crisis. Solidarity is not easy if everyone is affected in the same way, she concluded.

Amuasi, in turn, reminded the audience of the situation on the ground in other countries during these

difficult times. He acknowledged the complexity of EU operations and the EU's important role as a funding provider, e.g. for the African Union, but if seen through the lens of solidarity, he noticed a clear



John Amuasi

failure of the EU. Solidarity would mean recognising that there is common ground and understanding that we are all suffering in this pandemic and that we need to lift ourselves up together. "But there has been a very clear demonstration that I lift myself up first, and when I am stable, I will lift you up also," he said. "This is not solidarity, this is more like charity." Charity is welcomed and highly commendable, he said, "but you cannot use market failure to explain why there is access to vaccines in some countries and not in others".

The continued market dependence in global health policy was criticised by a speaker from the audience. With public-private partnership models such as COVAX, this dependence tends to be exacerbated instead of capitalising on public structures for public goods. We spend public money on the development of vaccines and pay again with public money to purchase the vaccines, he said, but we do not have a say how they are distributed. This needs to be rethought.

Support in building production capacities

The question of how vaccine production capacities can be expanded as quickly as possible, particularly in the Global South, was raised in several interventions from the audience. Merely waiving patent rights will not solve the problem, Prainsack answered. However, it probably needs to be part of the solution, as do knowledge exchange and the strengthening of technical capabilities. Certainly, we need to have a discussion about what and who patents protect, she added. Kienzer added that there are additional trade agreements and secrets nested within these patents which would not automatically be lifted – this could make it difficult for countries to receive full insight and thus hamper the development of their own vaccines.

Also with a view to preventing future pandemics, Paehler saw a clear need to enable each continent to create its own manufacturing capacities. This is not only a question of patents and intellectual property rights, but above all one of technical, human and regulatory capacities. He offered the EU's support to the African Union in particular to bring this to a solution.

Focus on structural inequities

Kienzler pointed out that the pandemic has widened existing inequalities within and between societies. People are exposed to the pandemic with different risks and different access to medical care and social support. Besides investing in medical research and

technical interventions, Kienzler argued that we need to reduce structural inequalities and focus on social, distributive and reparative justice in order to tackle any future pandemic. This should be part of a robust global public health strategy fuelled by genuine solidarity. Poverty is the biggest risk factor for Covid-19, Prainsack agreed. One possible approach to reparative justice could be debt cancellation, she said, referring to the latest issue of GLOBAL TRENDS. ANALYSIS.

“We need to overcome structural inequities to genuinely operationalise solidarity,” Amuasi concluded. The more the inequities there are, the less obvious are the commonalities for which there is a motivation to intervene, he said, referring again to the EU which only functions because there is a degree of equality within the system.

Global Governance Spotlight 2|2021

Solidarity and Global Health Cooperation During Covid-19 and Beyond

Hanna Kienzler | Barbara Prainsack
May 2021; 4 pages

Solidarity is one of the most over-used terms in the Covid-19 pandemic. In many cases, solidarity is mentioned but not followed by any substantive action. Power differentials and inequities are merely papered over instead of being addressed. In Global Governance Spotlight 2|2021, Hanna Kienzler and Barbara Prainsack argue that current global responses to the pandemic are far from being genuine solidarity. They explain what genuine solidarity means and how it would enable a more effective pandemic response.

<https://www.sef-bonn.org/en/publications/global-governance-spotlight/22021/>



GLOBAL TRENDS. ANALYSIS 2|2021

Freeing Fiscal Space: A human rights imperative in response to COVID-19

Ignacio Saiz
May 2021; 27 pages

Inequality between states has been magnified by the COVID-19 pandemic. The economic consequences have been particularly devastating in countries of the Global South. The resources they can mobilise to respond to the crisis are, however, totally inadequate. This makes it all the more important that the wealthier countries and the international financial institutions cooperate by lifting the barriers their debt and tax policies impose on the fiscal space of low- and middle-income countries. Such cooperation is not only a global public health imperative. It is also a binding human rights obligation, as Ignacio Saiz explains.

<https://www.sef-bonn.org/en/publications/global-trends-analysis/012021/>



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