

# HOW TO CONFRONT THE CORONAVIRUS CATASTROPHE

## The Global Public Health Plan and Emergency Response needed now

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*'What this pandemic is already revealing is that free health care without conditions of income, career or profession, our welfare state are not costs or burdens but precious goods, essential assets when fate strikes. What this pandemic reveals is that there are goods and services that must be placed outside the laws of the market.'*

President Emmanuel Macron<sup>1</sup>

*'Coronavirus anywhere is a threat to people everywhere'*

Ellen Johnson Sirleaf, former Liberian President

This virus is impacting everyone across the globe. People are living in fear for own health and for that of their loved ones. The virus preys most on the vulnerable and people in poverty, at home and around our world. The Coronavirus threatens to take many millions of lives and push billions more into poverty.

The virus exposes the extreme inequalities that define our world. We cannot let it exploit the huge gap between the richest and rest of society. Between the rich world and the poor world. Between women and men. If we allow this to happen then millions of the poorest will die, and millions more will face terrible economic hardship.

Humanity is under attack, and we must respond as one. So far, the epicentre of the virus has been in powerful economies. Despite their deep pockets, they are facing huge challenges and heartbreak. Yet the virus is catching up fast in developing countries. With chronically weak health systems and hundreds of millions living in closely packed slums and refugee camps with minimal access to soap or water, containing the spread of the disease is an unprecedented public health challenge. If we don't take more urgent preventative measures now and on an unprecedented scale, on some estimates as many as 40 million people could die.<sup>2</sup> This could easily become the biggest humanitarian crisis the world has seen since World War Two.

We have a small window of opportunity to implement prevention measures in poor countries to delay the further spread of the virus. If we act now with basic measures – handwashing, clean water, sharing practical information in the right language which enables people to protect themselves against the virus, engaging with communities to trust in response efforts; alongside widescale testing, contact tracing and isolation for those infected – we can stop or delay the spread. Action now can avert the nightmare of the virus spreading in refugee camps, in slums, in conflict areas – but we must act urgently.



It is understandable that national leaders are focused on tackling this crisis in their own countries, but leaders, and especially the G20, must find the space for supporting other nations too, if humanity is to successfully beat this disease. **They must commit to an urgent and unprecedented humanitarian response across the globe.** This week the United Nations launched a 2-billion-dollar Global Humanitarian Response Plan, but this is just the tip of the iceberg. We need rich nations to fund this urgently, and to add additional funds to support NGOs, local organizations and governments in poor countries to put in place prevention measures and prepare to respond.

Oxfam is proposing two things that the G20 and other leaders can do simultaneously. The first is to develop a **Global Public Health Plan and Emergency Response** to tackle the disease head on – preventing and delaying its spread, saving lives now and into the future. The second is to create an economic rescue plan to pay for the huge increase in public health and to help ordinary people cope with the huge economic costs precipitated by this virus. This first media brief focuses on the Global Public Health Plan and Emergency Response.

## A GLOBAL PUBLIC HEALTH PLAN AND EMERGENCY RESPONSE

The Coronavirus is overwhelming some of the best healthcare systems in the world. But it remains the case that strong public healthcare systems, where access to quality prevention, treatment and care is not based on ability to pay but is available to all, remain in the best place to weather the viral storm. Private healthcare is deeply compromised in the face of the pandemic. Countries with fragmented, privatized healthcare systems, from the United States to Kenya, are simply not up to the challenge. They not only mean that the poorest people are vulnerable, they put the whole population at risk. When a virus affects the whole world, buying yourself out is not an option.

According to the WHO, at least half the world's 7.6 billion people cannot access the essential healthcare they need even in normal times.<sup>3</sup> In developing countries, the disease burden is already far higher than in rich nations. Each day nearly 4,000 people die from tuberculosis;<sup>4</sup> a further 1,500 are killed by malaria, most of them children.<sup>5</sup> These numbers are at risk of rising dramatically as the pandemic competes for stretched healthcare resources. Across low-income countries, the average health spending was only US\$41 per person in 2017, compared with US\$2,937 in high-income countries – more than 70 times greater.<sup>6</sup> Weak, underfunded and unequal health systems in developing countries are already completely unable to cope.

A coordinated and massive investment in public health is desperately needed now if we are to stop the spread of this deadly virus and prevent millions of deaths.

Each and every government must act urgently and decisively to reorient their economies to put the health and wellbeing of their people first. They must step up to the challenge and they must step up together. In every country affected by this pandemic people are already demonstrating their enormous capacity to support one another and act in solidarity. This solidarity must be echoed and amplified at international level so that every country, rich and poor, has the resources needed to respond. Enlightened multilateralism, long sacrificed to narrow nationalism, must be put back at centre stage to build an emergency and long-term health response unseen in our history. The WHO should work with the G20 and other national governments to rapidly agree and fund a **Global Public Health Plan and Emergency Response.**

It would cost approximately \$159bn to double the public health spending of all of world's 85 poorest countries.<sup>7</sup> These countries are home to 3.7 billion people.<sup>8</sup> This is less than 8% of the latest US fiscal stimulus alone.

Rich countries can help developing countries in two key ways: by giving them aid and by reducing their existing costs and debts. A key start will be immediately to fully fund the \$2bn UN Humanitarian Response Plan, and plan for a massive scaling up of global humanitarian efforts as the virus starts to impact the poorest countries. This must include steps to provide clean water, public health education, and cash grants. Much of this funding needs to go directly to local NGOs, and special care must be taken to address the gendered impacts this crisis will have. Donors and multilateral institutions should also rapidly scale up other aid, building on initial moves from the World Bank, IMF and others, and especially provide support to developing country health budgets.

Second, the G20 and all bilateral and multilateral donors need to agree to an immediate moratorium on debt interest payments for poor country governments without conditions.<sup>9</sup> This has already been called for by the World Bank and the IMF in an unprecedented move.<sup>10</sup> In Africa alone, this act would free up an estimated \$44bn this year to help finance their public health response.<sup>11</sup>

This media brief outlines the key ingredients of such a plan.

#### **Oxfam's work to fight for public health for all**

On the ground, Oxfam has huge experience of preventing the spread of disease through its work on water and sanitation (WASH) and the public health promotion and community engagement that goes with this. For example, during the recent outbreaks of Ebola in West Africa and Eastern DRC, Oxfam has been working directly with communities to support local solutions to the outbreak and to ensure that communities have the knowledge and capacity to prevent and contain the spread. Oxfam has been providing clean water and handwashing stations to enable the poorest to practice good hygiene and to slow the spread of disease. These crucial interventions now in response to Coronavirus will save lives, slowing its spread, and reducing pressure on completely under-resourced health systems.

In response to Coronavirus, in Lebanon Oxfam is distributing soap to 12,000 people; in Iraq it is providing infection control materials to public health workers; in Hong Kong it has given 110,000 masks to street cleaners and underprivileged communities; and in Italy Oxfam is working to support teachers with essential materials.

Oxfam is preparing to scale up rapidly the provision of cash grants to people who cannot afford to stay at home; and working alongside women who are likely to be the most affected by increased gender-based violence during quarantine and who are shouldering the majority of care work for the sick.

For many years Oxfam has campaigned for universal public healthcare for all, and against the privatization of health systems. We have demanded an end to user fees for health, and for governments to provide free healthcare for all. And we have fought against the big pharmaceutical corporations to demand access to medicines for everyone.

## **Unless drastic action is taken, 40 million people worldwide could be killed by the Coronavirus**

*'If we let coronavirus spread like wildfire – especially in the most vulnerable regions of the world – it would kill millions of people.'*

United Nations Secretary-General Antonio Guterres <sup>12</sup>

We know that the Coronavirus is both contagious and deadly. Extensive modelling using the data from the beginning of the outbreak in China show that every person who contracts the disease has been infecting more than 2 more people.<sup>13</sup> This is twice as contagious as flu.<sup>14</sup>

Urgent action can be taken to reduce this rate of infection: 'flattening the curve'. If this is done, then the ability of health systems to cope with serious cases will be increased, and the overall rate of death will be reduced.

Estimates vary, but the most conservative suggest that on current trends, without drastic public health interventions or a vaccine, it is likely that at least half of humanity will contract this virus, and between 0.5% and 1% of those who contract the disease will die.<sup>15</sup>

Imperial College has estimated that in the absence of interventions, Coronavirus could have caused 7 billion infections and 40 million deaths in the coming year.<sup>16</sup> They estimate that urgent action to shield elderly people and social distancing could reduce this burden by half; but this still risks health systems being massively overwhelmed, especially in poor countries where healthcare demand is expected to outstrip supply by 25 times. Imperial College concludes that to save more lives (up to 38.7 million) there is no alternative but to rapidly adopt and scale up public health measures (including testing and the isolation of cases and wider social distancing measures). They are clear that any delay in implementing these strategies will lead to worse outcomes and fewer lives saved.

Imperial College is clear that its current modelling does take into account that populations in developing countries are for the most part younger than in richer nations, meaning fewer elderly people at high risk. However, they have not been able to factor in a number of additional challenges facing poor countries which could mean that many more lives are at risk. Less well-resourced health systems in poorer countries means fewer people will be tested for the disease or seek medical help – even if they are very ill – but death rates are likely to be far higher. Poor people in all countries have a higher burden of existing illness and disease, making them more vulnerable to the virus, and this is particularly true in for poor people in poor countries.<sup>17</sup> Many more people are malnourished or immunocompromised.<sup>18</sup> It is a big unknown how Coronavirus will affect people with diseases of poverty and HIV. There are 27 million HIV-positive people in Africa alone. There is also huge concern about the severity of impact on people with tuberculosis. No modelling yet exists to estimate the likely increase in deaths from other causes, as already stretched health systems must now also respond to the pandemic; but we know from the experience of Ebola that overwhelmed health systems mean that many will die of other diseases, as treatment will not be available.<sup>19</sup>

So far, the outbreak has not spread extensively in developing countries, many of which have massive urban slum populations; but this is changing fast and is a huge public health challenge.

**Immediate action is needed to shore up public health systems now and for the long-term, making them fair and accessible to all and saving millions of lives:**

1. **Prevention.** Huge investments must be made in prevention: public health promotion and communication, community engagement and education, and in access to water and sanitation, especially handwashing, as well as free testing for all.
2. **Ten million health workers.** Ten million new paid and protected health workers should be recruited to help slow the spread of this virus and to be there to treat and care for those affected.
3. **Free healthcare.** Governments must remove all financial barriers to people accessing healthcare and deliver free testing and treatment to all who need it.
4. **Private must work for public.** Governments must requisition or find other means to utilize all private healthcare facilities to increase capacity to treat and care for infected patients and to meet ongoing essential health needs.
5. **Vaccine and treatment for all.** Global agreement must be reached that vaccines and treatments, when discovered, will be a global public good, available to all who need it for free and that rich countries will provide enough funding to make it available rapidly to the whole of humanity.

# 1 A huge investment in prevention – a humanitarian imperative

By now we have all heard that some of the keys to defeating this virus are simple steps: wash your hands with soap and water, keep distance from others and stay at home. As the virus spreads across Europe and the United States many are lamenting that these measures had not been adopted earlier – early prevention could have saved thousands of lives and prevented untold economic hardship. For many of the most vulnerable countries however, there is still time – we can still take these steps, we can still stop the spread before it overwhelms them.

For ordinary people in the poorest countries, for refugees, internally displaced people and people trapped in conflict zones, the idea of easily accessible running water, uncongested spaces, and staying in their own homes to quarantine are impossibilities. Around a quarter of the world's urban population lives in slums, 880 million people.<sup>20</sup>

It is in these areas that the fight against Coronavirus is likely going to be hardest, and in these places where the virus is potentially going to claim the most lives. Governments must act now with a huge scale up in prevention activities, public communication and education, in testing, in contact tracing, and in the provision of adequate water and sanitation.

Oxfam, together with its partners, is working urgently to put in place basic water infrastructure in some of the world's poorest communities to try to prevent Coronavirus before it arrives. We are working across the world to implement public health education and awareness campaigns. We are installing water points in refugee camps and working with local partners and women-led organizations in the poorest areas to provide them with the resources they need, in the knowledge that they will be the first to respond and the best placed to understand what their communities need.

Across the world, these measures have to be implemented everywhere, and now. We must act to put in place measures before it's too late. We must ensure that rapid free testing is available to all. We must come together to support the most vulnerable people with basic services, with soap and water to wash with, with small incomes to survive the hard times to come, and with our solidarity as every community prepares for one of the greatest threats our generation has had to meet.

## Lessons learned from Oxfam's response to Ebola

**Prevention is key.** Early interventions to improve hygiene save lives – giving people the basic facilities to wash their hands.

**Self-help, not fear.** Fear doesn't change behaviour; giving people tools for self-help does.

**Community led.** Communities must be included in how the response is planned and implemented. Community ownership and buy-in are essential. We must support local groups and NGOs to provide them with the resources to lead the response. This is especially crucial now, when the international response is blocked by border closures and closed airports.

**Women will bear the brunt of the impact.** Women make up 70% of health workers and are most likely to be care givers at home, making them especially vulnerable. Cases of domestic violence often increase in such times, with no way for women to escape abuse when there are quarantines.

**Civic Space.** Extraordinary measures are necessary to stop the spread of the virus, but they must be balanced by extraordinary protections. Emergency measures to combat Coronavirus must be proportionate, non-discriminatory, and only in place for as long as necessary.

## 2 Ten million new paid and protected health workers

*'A nurse without a mask is like a soldier without a helmet – neither stands a chance against their enemy.'*

Ellen Johnson Sirleaf, former President of Liberia<sup>21</sup>.

Ebola killed nearly 1 in 10 of Liberia's healthcare workers. In the Lombardy region of Italy, the infection rate is 12% for health workers, versus 1% for the general population. Contracting the illness not only lowers the number of workers available to fight the virus, it also shatters the spirits of those left on the frontlines. Health workers, 70% of whom are women, get sick when they lack protective equipment like gloves, gowns and masks. But we can protect them with the right kit and the right training. Of the 42,000 health workers deployed to Wuhan, not one is known to have become sick with the virus because they had WHO-standard protective equipment.<sup>22</sup> This is not the case even in the UK, where shortages right now mean health workers feel they face unacceptable risk.<sup>23</sup> The gaps will be even greater in poor countries.

A global co-ordinated action plan calling on the manufacturing resources of all nations must be mobilized immediately to produce the personal protective equipment urgently needed to protect our frontline workers. We must do everything we can to protect them as they do everything they can to protect and save us.

Public healthcare for all is impossible without health workers for all. Long-term chronic under-investment in training, recruitment and retention of trained health and social care workers has led to a global shortage of unfathomable scale. This shortage is almost universal but is also catastrophically unequal. Italy's health system is overwhelmed, and Italy has one doctor for every 243 people. Zambia has one doctor for every 10,000 people<sup>24</sup> In Mali the government has three ventilators per million people.<sup>25</sup>

The WHO has estimated that in normal times we need to recruit and retain 18 million new health workers between now and 2030 to deliver Universal Health Coverage.<sup>26</sup> In the light of the global pandemic, Oxfam is calling for the immediate recruitment of 10 million new health workers in developing countries.

Emergency measures to rapidly increase public health capacity should include urgent recruitment of and refresher training for any willing unemployed health workers blocked from working due to poverty wages, public spending cuts or IMF-imposed spending limits. The IMF should send a clear signal to countries where it has existing loan programmes that flexibility in its previously agreed conditionalities is appropriate during this crisis to enable governments to increase spending on healthcare, including salaries of healthcare workers.

As previous emergencies such as Ebola have demonstrated, huge numbers of community health workers can and must be rapidly and effectively trained and deployed to boost public education and community outreach efforts; conduct free testing and contact tracing at scale; while simultaneously bolstering buckling primary healthcare to meet neglected wider health needs. These workers, historically mostly women, must be trained, paid and protected and retained for the long-term as valued members of the government healthcare workforce. This will also provide a much-needed boost to employment and economies. With the challenges of moving international staff, having trained local staff is the best way to respond to this and any future public health emergencies.

The predicted global shortage of 18 million health workers to meet the 2030 'health for all' Sustainable Development Goal means that governments in rich and poor countries alike must not wait to rapidly expand free education and training for all urgently needed cadres of health workers. Governments should consider the requisition of private medical colleges for the duration of the crisis to scale up capacity at the pace required and to enable the deployment of workers in the public health system.

### **3 Remove all financial barriers to people accessing healthcare including the delivery of free testing and treatment to all who need it**

The poorest people are the least likely to be able to access healthcare and treatment, especially in most of the world where health systems are largely based on patients' ability to pay, rather than need. Worldwide each year, healthcare user fees block access for one billion people. Every second, three people are pushed into extreme poverty by having to pay such fees. In many countries, rich and poor, unaffordable and inequitable health insurance schemes are leaving behind the most vulnerable people on low and precarious incomes. From the USA to India these financial barriers are already deadly and hugely self-defeating. Fees must be removed and health systems reformed.

Outbreaks of Ebola and other infectious diseases have further heightened awareness of nightmare scenarios where user fees delay access to healthcare and therefore local detection. In response during an Ebola outbreak in 2018, the DRC announced a free healthcare policy. As well as helping tackle the Ebola crisis, healthcare utilization improved across the board with a more than doubling of visits for pneumonia and diarrhoea, and a 20-50% increase in women giving birth at a clinic. Such gains were immediately lost once free healthcare was removed.<sup>27</sup> These findings add to decades of evidence that healthcare access and equity can dramatically increase when financial barriers are removed. The political will to act now to remove barriers and sustain increased and fairer access using increased public spending is more urgent than ever. Healthcare should be free, and everyone should have access to free testing and treatment for this virus.

### **4 Requisition private health facilities to surge capacity in response to the crisis**

The scale of the challenge before us means that in addition to rapidly expanding the public healthcare system, governments have a duty to urgently requisition all existing available healthcare capacity in their countries. Public and private facilities must be aligned and co-ordinated in fighting the virus and simultaneously meeting all other urgent health needs of the people. Emergency legislation should be enacted if required.

The last decade has seen a rapid increase in the commercialization and financialization of healthcare systems across the globe.<sup>28</sup> In many low- and middle-income countries this trend has been actively encouraged by some international donors, using tax-funded development financing to invest in and expand expensive and well-equipped corporate hospitals out of reach for those in greatest need.<sup>29 30</sup> Many of these hospitals also commandeer already scarce health worker capacity to treat medical tourists from abroad. Even as their own public health systems are starved of needed funding, many governments in low- and middle-income countries give away huge public subsidies to private healthcare actors in the form of free land and tax giveaways. In many countries today, these private hospitals may own the lion's share of critically needed intensive care equipment and the trained health workers to operate them. Given shareholder demands and the pursuit of profit, these are unlikely to be offered up to help national efforts.

Existing significant sources of public subsidy to private healthcare actors, but most importantly the colossal gap in capacity now facing almost all countries warrants immediate action to requisition or find other nationally appropriate means to commandeer this extra armoury in the fight against the virus. Ideology must be pushed aside and profiteering must play no role. Spain had led the way and required all private facilities, equipment and staff to be available to cover the population's needs during the time of the crisis, under the coordination of the Health Minister, paying for beds at a fixed and transparent cost.<sup>31</sup> The state government of Uttarakhand in India has taken control of all private hospitals with more than 100 beds and is reserving 25% of these for Coronavirus patients.<sup>32</sup> All countries must quickly follow suit. As

public investors in a prolific number of private hospitals across Africa, Asia and Latin America, international donors have a duty to facilitate this handover of private sector capacity and to encourage all shareholders to do the same.

## **5 Ensuring that the vaccine and any effective treatments, if and when discovered, are available to all free of charge and as fast as possible**

Relying on big Pharma to deliver new medicines and vaccines to meet public health priorities does not work for vulnerable people. There is concern that large pharmaceutical companies are not showing an interest in manufacturing a vaccine for the Coronavirus because of the lack of profitability.<sup>33 34</sup> The opposite is true for potential treatments, as pharmaceutical companies stand to make huge profits if they get exclusive rights to produce products and control prices.

It was recently reported that President Donald Trump had offered German biotech company, CureVac 'large sums of money'<sup>35</sup> to obtain exclusive rights over a potential Coronavirus vaccine. CureVac has since been given financial support from the EU<sup>36</sup> and has committed to produce the vaccine 'for the whole world'.

It is essential that any vaccine, effective treatment or improved tests found or developed are not subject to any exclusive license or monopoly that would block their universal affordability and access. Fortunately, public investment is taking centre stage to accelerate global efforts to develop a vaccine, led by the Coalition for Epidemic Preparedness Innovations (CEPI)<sup>37</sup> which has rapidly helped accelerate global efforts to develop a vaccine. But despite this, there have so far been no conditions imposed to ensure that any vaccine produced is fairly priced and that everyone can get access to the treatments produced.<sup>38</sup> This glaring and dangerous flaw must be urgently addressed.

Governments worldwide should unite in support of the proposal from the President and Minister of Health of Costa Rica for the WHO to create a global pool of rights in Coronavirus-related technologies for the detection, prevention, control and treatment of the pandemic.<sup>39</sup> Countries should issue compulsory licenses to ensure availability. The US government should agree to the demands of 46 Members of Congress not to issue any exclusive license to pharmaceutical companies that develop an effective treatment; to ensure any final product is affordable and that the health department should intervene if it is priced excessively.<sup>40</sup>

CEPI has asked for \$2bn to boost vaccine development. The G20 must immediately fund this. The WHO and the G20 should insist that free, universal access is a requisite of any funding. They should start now to establish a comprehensive plan for manufacturing and distributing the vaccine globally, free at the point of use. The Global Alliance for Vaccines and Immunisation should be enabled and resourced to get the vaccine out, and fast, to developing countries.<sup>41</sup> Looking to the future, the world must build a new publicly led system of medicine and vaccine development that is driven by the needs of people, not by the shareholders of pharmaceutical corporations.<sup>42</sup>

### **The time is now**

In too many countries, rich and poor, the relentless pursuit of profit over people has meant that health for all has been put at the back of the queue. With the onslaught of this virus, we are all paying the price in the most catastrophic of ways. Urgent and decisive action is needed now and at an unprecedented scale to stop and slow the spread of this pandemic, to save lives, and to rapidly build the universal and equitable public health systems needed to protect everyone now and into the future. There can be no half measures and there can be no excuses. We need a Global Emergency Plan for Public Health now. Every life matters equally and saving them cannot wait.

ENDS



## NOTES

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