Salute globale e COVID-19

Cronache da una sindemia

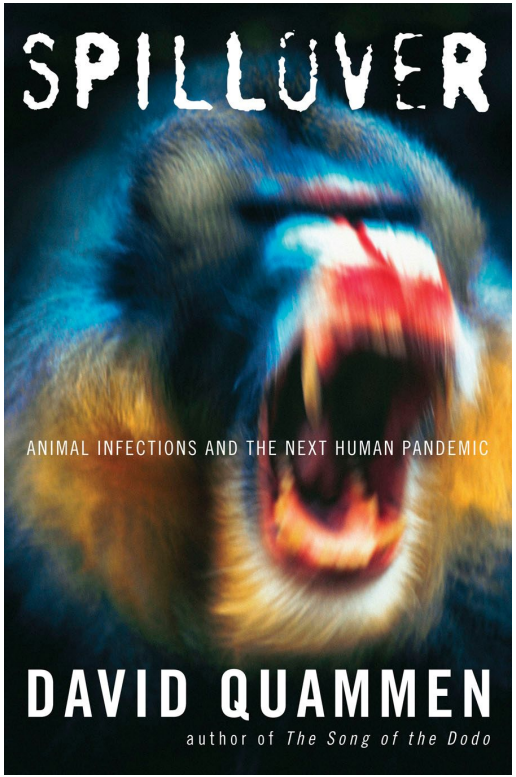
Chiara Bodini, Centro di Salute Internazionale e Interculturale, Bologna

CSI

Punti di discussione

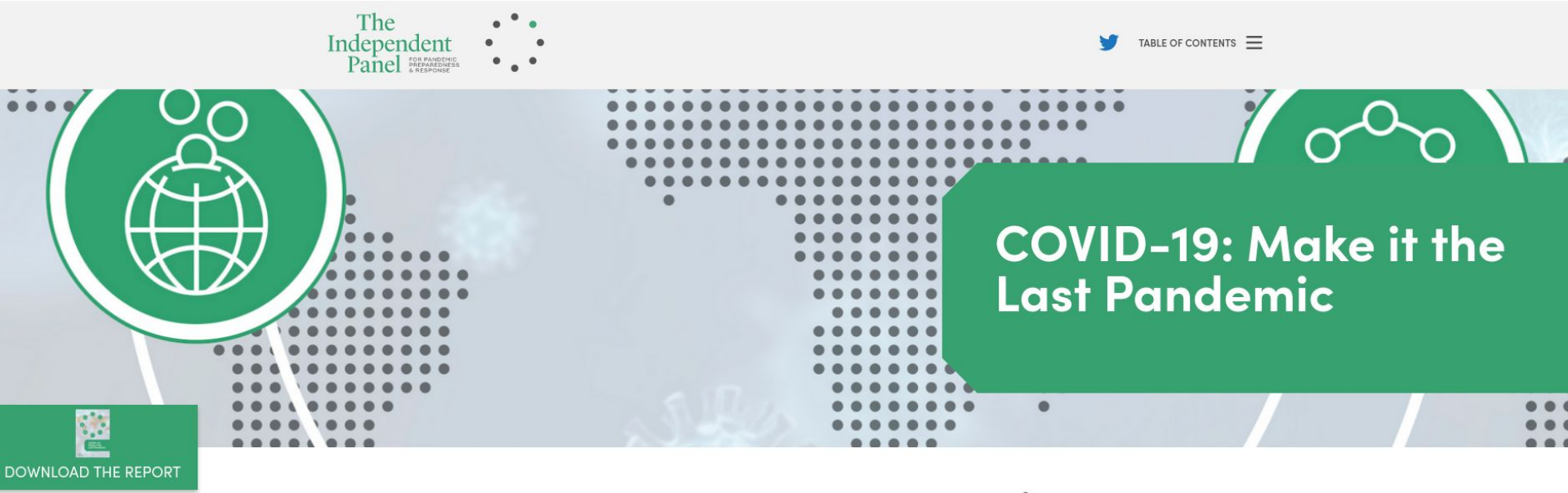
- Globalizzazione e pandemie
- (Un)preparedness e framework di risposta (WHO; Ita)
- Disuguaglianze
  - conseguenze dirette e indirette
  - vaccini
- Lezioni apprese e strategie

Globalizzazione e pandemie



https://theindependentpanel.org/

(Un)preparedness - WHO



Preface

The COVID-19 pandemic is a sign of how vulnerable and fragile our world is. The virus has upended societies, put the world's population in grave danger and exposed deep inequalities. Division and

Urgent calls

I. **Apply non-pharmaceutical public health measures systematically and rigorously** in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.

II. High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 low- and middle-income countries of the Gavi COVAX Advance Market Commitment, at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX and other coordinated mechanisms.

III. **G7 countries to commit to providing 60% of the US$ 19 billion required for ACT-A** in 2021 for vaccines, diagnostics, therapeutics and strengthening health systems with the remainder being mobilised from others in the G20 and other higher income countries. **A formula based on ability to pay should be adopted for predictable, sustainable, and equitable financing of such global public goods on an ongoing basis.**

IV. **The World Trade Organization and WHO to convene** major vaccine-producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines (including through the Medicines Patent Pool). If actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately.

V. **Production of and access to COVID-19 tests and therapeutics, including oxygen,** should be scaled up urgently in low- and middle-income countries with full funding of US$ 1.7 billion for needs in 2021 and the full utilization of the US$3.7 billion in the Global Fund's COVID-19 Response Mechanism Phase 2 for procuring tests, strengthening laboratories and running surveillance and tests.

VI. **WHO to develop immediately a roadmap** for the short-term, and within three months scenarios for the medium- and long-term response to COVID-19, with clear goals, targets and milestones to guide and monitor the implementation of country and global efforts towards ending the COVID-19 pandemic.

What happened, what we've learned, and what needs to change

- Before the pandemic – the failure to take preparation seriously
- A virus moving faster than the surveillance and alert system
  - Of political and bureaucratic delays, and mistakes (PHEIC, masks, travel restrictions…)
- Early responses lacked urgency and effectiveness
  - Successful countries were proactive, unsuccessful ones denied and delayed
  - The crisis in supplies
- The failure to sustain the response in the face of the crisis
  - National health systems under enormous stress
  - Jobs at risk
  - Vaccine nationalism

The Independent Panel recommendations

- **Stronger leadership and better coordination** at national, regional and international level, including a more focused and independent WHO, a Pandemic Treaty, and a senior Global Health Threats Council.
- **investment in preparedness now, and not when the next crisis hits, more accurate measurement of it, and accountability mechanisms to spur action;**
- **an improved system for surveillance and alert at a speed that can combat viruses like SARS-CoV-2, and authority given to WHO to publish information and to dispatch expert missions immediately;**
- **a pre-negotiated platform able to produce vaccines, diagnostics, therapeutics and supplies** and secure their rapid and equitable delivery as essential global common goods;
- **access to financial resources, both for investments in preparedness and to be able to inject funds immediately at the onset of a potential pandemic.**

The Panel calls on Member States to request the United Nations Secretary-General to convene a **special session of the United Nations General Assembly** to reach agreement on the reforms needed to ensure that the world can prevent the next outbreak of a new pathogen becoming another pandemic.

(Un)preparedness - ITA

The controversy revolves around the WHO report – "An unprecedented challenge – Italy's first response to COVID-19" – which a senior WHO official, Ranieri Guerra attempted to censor and revise – before the publication was removed entirely by WHO's European Regional Office from its official online link, just a day after being published in mid-May.

Guerra, WHO Assistant Director General of Strategic Initiatives, is a former high-ranking official in Italy's Ministry of Health, who served as director of the Ministry's Prevention department between 2014 and 2017.

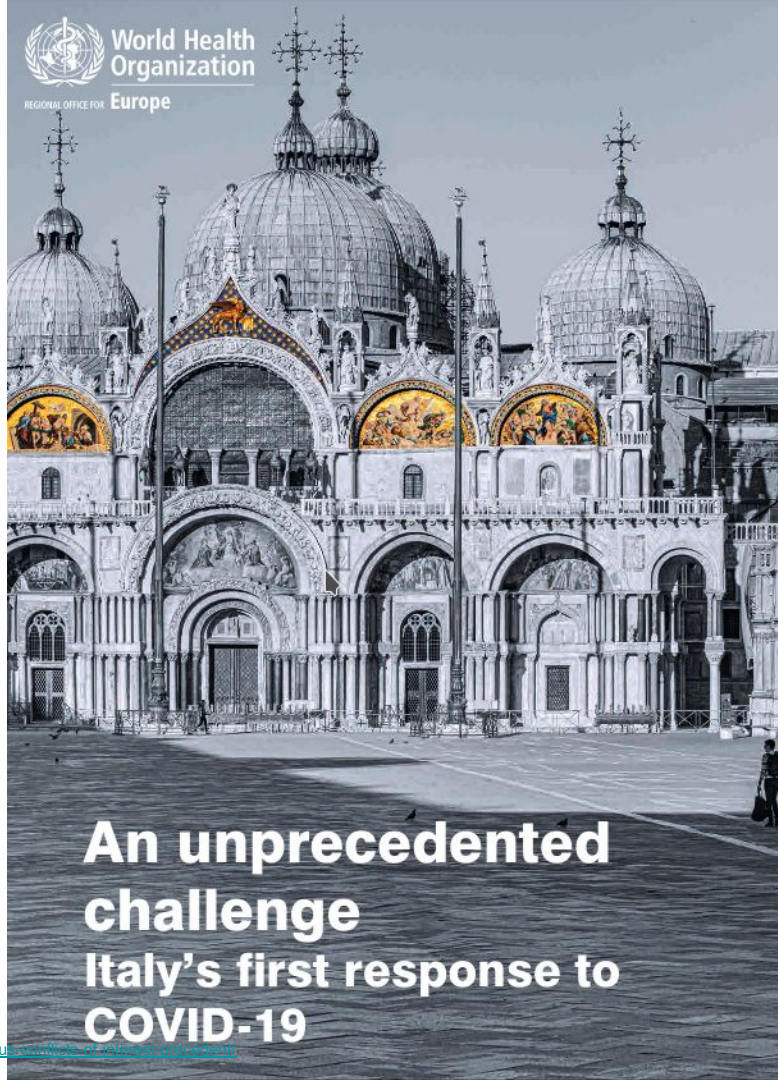
As head of the Prevention team, Guerra should have taken the lead in the updating of Italy's 2006 national pandemic preparedness plan – as per a 2013 European Commission request to EU member states. But the plan was never updated, critics say.

A series of *Health Policy Watch* interviews with knowledgeable insiders suggest that Guerra sought the removal of the WHO report – largely to protect himself from claims that he and other senior officials had failed to update Italy's pandemic preparedness plan in the period he served in the national government.

WHO has explained the report's disappearance saying that it had contained "factual inaccuracies" that needed to be remedied. But the report was painstakingly researched and executed by a large and experienced team of experts, under the direction of a senior figure in WHO's Venice office, Francesco Zambon.

A series of email exchanges between Guerra and Zambon as well as a new email disclosure, from Zambon to WHO's European Regional Director, Hans Kluge that was obtained by *Health Policy Watch*, underline that the controversy swirling around the report was quintessentially political. Guerra even admitted in one email to Zambon that the report's factual content was solid – but it needed to be alterered or removed because it would embarrass the Italian government.

https://healthpolicy-watch.news/the-world-health-organizations-censorship-of-report-on-italys-pandemic-response-sets-dangerous-precedent/



Oltre il piano

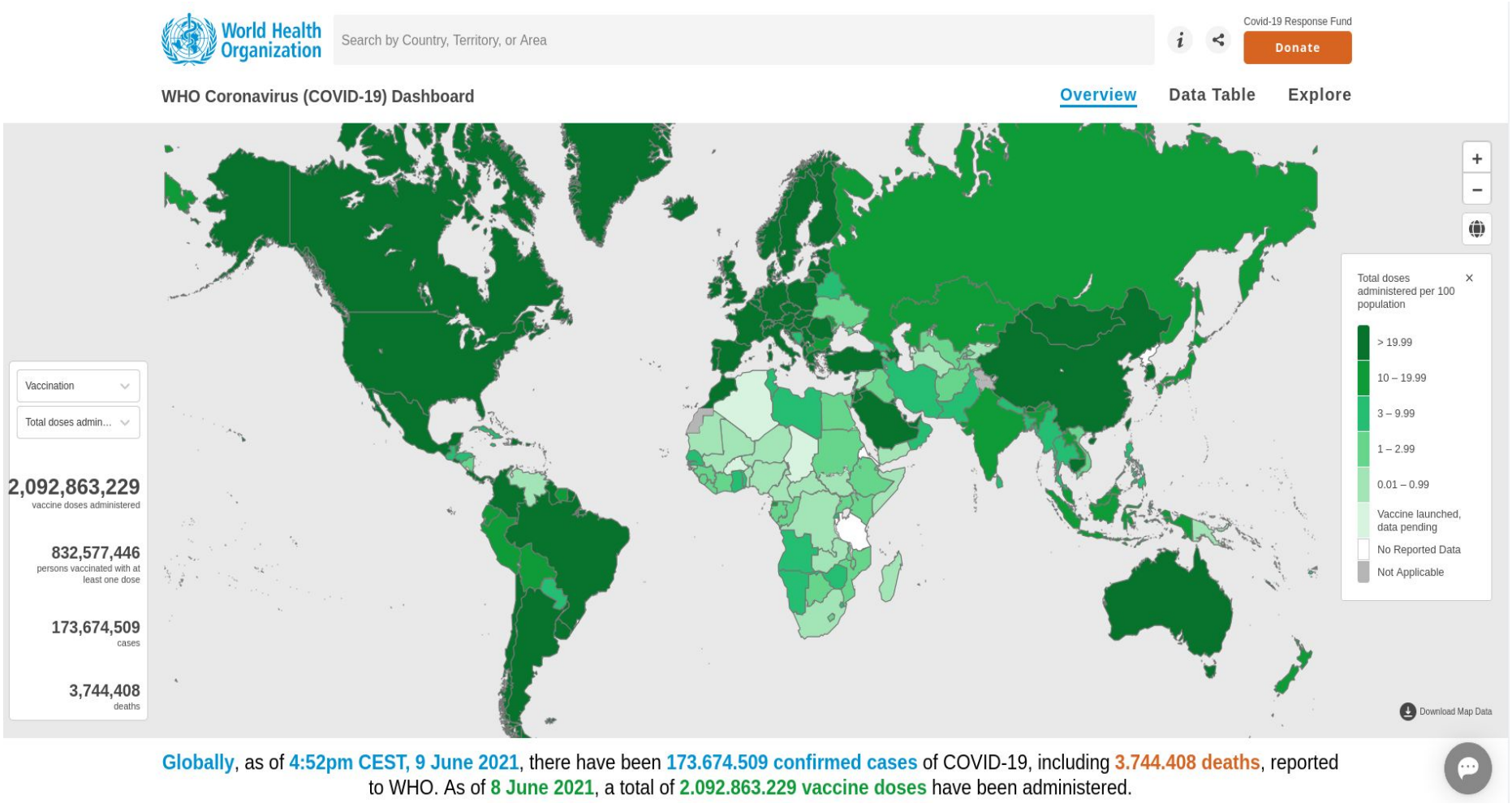
- SSN indebolito
  - finanziamento, personale
  - servizi territoriali
- paradigma della salute centrato su individuo e ospedale (vs collettività e ambienti di vita)
- sistema di governance frammentato (stato-regioni)
- paradigma securtario applicato alla salute (controllo vs empowerment)

Disuguaglianze

- stato socioeconomico; race, ethnicity - (institutional) racism
  - incidenza (esposizione)
  - esito (condizioni pre-esistenti; barriere di accesso alle cure)
- vaccine apartheid
  - nei paesi (non tutto è vaccine hesitancy!!)
  - tra paesi

https://www.saluteinternazionale.info/2021/03/brevettivaccini-la-resa-dei-conti/

https://covid19.who.int/

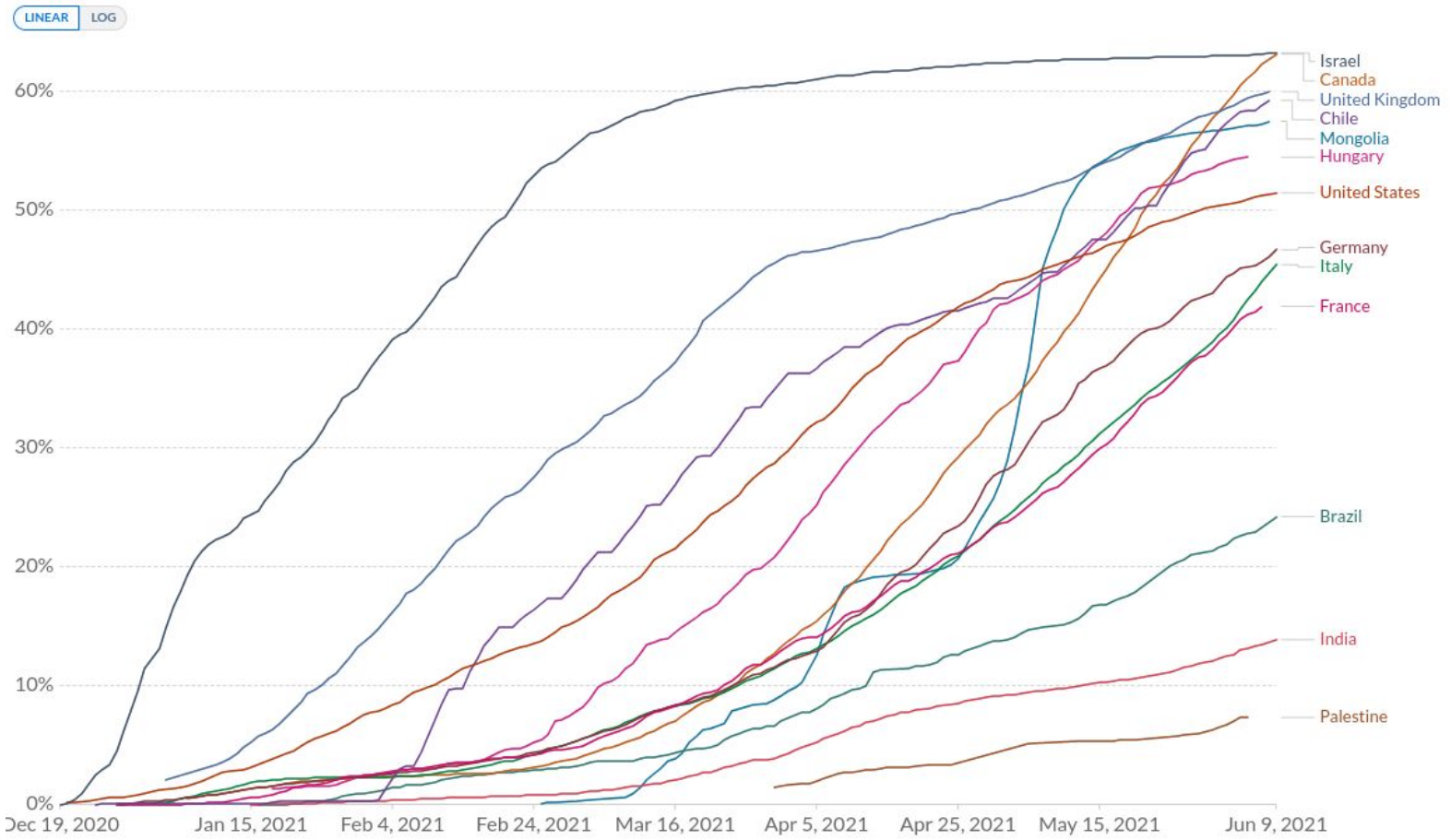


Globally, as of 4:52pm CEST, 9 June 2021, there have been 173.674.509 confirmed cases of COVID-19, including 3.744.408 deaths, reported to WHO. As of 8 June 2021, a total of 2.092.863.229 vaccine doses have been administered.

Share of people who received at least one dose of COVID-19 vaccine

Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses.

Our World in Data



Source: Official data collated by Our World in Data

https://ourworldindata.org/covid-vaccinations

Dec 19, 2020 — Jun 9, 2021

What's new in COVID TRIPS waiver negotiations?

Sangeeta Shashikant from the Third World Network looks at the position of different countries, how pharmaceuticals are profiting from the crisis, and the urgent need for the negotiations to be fast tracked and concluded.

June 01, 2021 by Peoples Dispatch

Sangeeta Shashikant from the Third World Network talks to us about new developments in the negotiations for the TRIPS-waiver on COVID related products at the World Trade Organization. She discusses the position of different countries, how pharmaceuticals are profiting from the crisis, and the urgent need for the negotiations to be fast tracked and concluded.

THE PEOPLE'S VACCINE

A growing movement of health and humanitarian organisations, past and present world leaders, health experts, faith leaders and economists urging that when safe and effective vaccines are developed they are produced rapidly at scale and made available for all people, in all countries, free of charge.

"THE PEOPLE. THERE IS NO PATENT. COULD YOU PATENT THE SUN?"

Jonas Salk

The inventor of the polio vaccine, on who owned his discovery

We are calling on governments and pharmaceutical corporations to:

- Ensure the vaccine is purchased at true cost prices and provided **free of charge to people.**
- **Prevent monopolies on vaccine** and treatment production by making public funding for research and development conditional on research institutions and pharmaceutical companies freely sharing all information, data, biological material, know-how and intellectual property.
- **Ensure the vaccine is sold at affordable prices**: Pricing must be transparent and based on the cost of research, development and manufacturing, as well as taking into account any public funding provided.
- Implement **fair allocation of the vaccine** which prioritizes health workers and other at-risk groups in all countries. Distribution among countries should be based on their population size. In-country vaccination programmes should include marginalized groups, including refugees, prisoners, and people living in slums and other crowded housing conditions. Allocation between and within countries should be based on need and not ability to pay.
- Ensure **full participation of governments** in developing countries as well as civil society from north and south in decision-making fora about the vaccines (and other COVID-19 technologies) and ensure transparency and accountability of all decisions.

www.noprofitonpandemic.eu

1

HEALTH FOR ALL

We all have a right to health. In a pandemic, research and technologies should be shared broadly, fast, across the globe. A private company shouldn't have the power to decide who has access to treatments or vaccines and at what price. Patents provide one single company with the monopoly control over essential pharmaceutical products. This limits their availability and increases their cost to those who need them.

2

TRANSPARENCY NOW!

Data on production costs, public contributions and the effectiveness and safety of vaccines and medicines should be public. Contracts between public authorities and pharmaceutical companies must be made public.

3

PUBLIC MONEY, PUBLIC CONTROL

Taxpayers paid for the research and development of vaccines and treatments. What has been paid for by the people should remain in people's hands. We cannot allow big pharmaceutical companies to privatize crucial health technologies that have been developed with public resources.

4

NO PROFIT ON PANDEMIC

Big pharmaceutical companies should not profit from this pandemic at the expense of people's health. A collective threat requires solidarity, not private profiteering. Public funds should always come with guarantees on availability and affordability. Big Pharma shouldn't be allowed to plunder social security systems.

SIGN THE INITIATIVE →

EVERYONE DESERVES PROTECTION FROM COVID-19

No profit on pandemic

Obiettivi

Visto il trattato sul funzionamento dell'Unione europea, in particolare gli articoli 114, 118 e 168, chiediamo alla Commissione europea di proporre una normativa intesa a:

- garantire che i **diritti di proprietà intellettuale, compresi i brevetti, non ostacolino l'accessibilità o la disponibilità di qualsiasi futuro vaccino o trattamento contro la COVID-19**;

- garantire che la **legislazione dell'UE in materia di esclusività dei dati e di mercato non limiti l'efficacia immediata delle licenze obbligatorie** rilasciate dagli Stati membri;

- introdurre **obblighi giuridici per i beneficiari di finanziamenti dell'UE per quanto riguarda la condivisione di conoscenze in materia di tecnologie sanitarie, di proprietà intellettuale e/o di dati relativi alla COVID-19 in un pool tecnologico o di brevetti**;

- introdurre **obblighi giuridici per i beneficiari di finanziamenti dell'UE per quanto riguarda la trasparenza dei finanziamenti pubblici e dei costi di produzione e clausole di trasparenza e di accessibilità insieme a licenze non esclusive**."

Caveat

Rete Sostenibilità e Salute

Carta di Bologna | Aderisci | Archivio | Contatti | Incontri | 2° CONFERENZA NAZIONALE | PARTECIPA! | Doc

RETE SOSTENIBILITÀ E SALUTE

ARTICOLI IN EVIDENZA / COMUNICATI STAMPA / RSS PRIMA PAGINA / RSS PRIMA PAGINA 18 MAG, 2021

Per un dialogo costruttivo sulla vaccinazione anti Covid-19

COMUNICATO STAMPA 18 MAGGIO 2021 Per un dialogo costruttivo sulla vaccinazione anti Covid-19 Le associazioni che fanno parte della Rete Sostenibilità e Salute (RSS) accolgono positivamente la pubblicazione, il 26 aprile 2021, della lettera...

https://www.sostenibilitaesalute.org/per-un-dialogo-costruttivo-sulla-vaccinazione-anti-covid-19/

Lezioni apprese e strategie

- Importanza della sanità pubblica
  - test, trace, isolate
  - cure territoriali
  - disponibilità di risorse sotto il controllo pubblico
- Potenziale delle comunità
  - capitale sociale
  - mutualismo e solidarietà
  - movimenti sociali
- Ripensamenti di sistema
  - salute, scienza e democrazia
  - we’re in this together: salute globale
  - prevenire proteggendo il pianeta

Bibliografia

- Bodini C, Quaranta, I. COVID-19 in Italy: a new culture of health care for future preparedness. In (a cura di) Lenore Manderson, Nancy J. Burke and Ayo Wahlberg, “Viral Loads: Anthropologies of Urgency in the Time of COVID-19”. UCL Press, London, 2021 (in press).
- Horton, Richard. 2020a. The COVID-19 Catastrophe: What’s Gone Wrong and How to Stop It Happening Again. Cambridge, UK: Polity Press.
- Horton, Richard. 2020b. “Offline: COVID-19 is not a pandemic.” The Lancet 396: 874. doi: https://doi.org/10.1016/S0140-6736(20)32000-6
- Loewenson, Rene, Kirsten Accoe, Nitin Bajpai, Kent Buse, Thilagawathi Abi Deivanayagam, Leslie London, Claudio A Méndez, et al. 2020. “Reclaiming Comprehensive Public Health.” BMJ Global Health 5 (9): e003886. https://doi.org/10.1136/bmjgh-2020-003886.
- Rajan, Dheepa, Kira Koch, Katja Rohrer, Csongor Bajnoczki, Anna Socha, Maike Voss, Marjolaine Nicod, Valery Ridde, and Justin Koonin. 2020. “Governance of the Covid-19 Response: A Call for More Inclusive and Transparent Decision-Making.” BMJ Global Health 5 (5): e002655. https://doi.org/10.1136/bmjgh-2020-002655.
- Singer, Merrill. 2009. An Introduction to Syndemics. A Critical Systems Approach to Public and Community Health. San Francisco, CA: John Wiley & Sons.
- Villa, Simone, Andrea Lombardi, Davide Mangioni, Giorgio Bozzi, Alessandra Bandera, Andrea Gori, and Mario C. Raviglione. 2020. “The COVID-19 Pandemic preparedness ... or lack thereof: from China to Italy.” Global Health & Medicine 2 (2): 73–77. https://doi.org/10.35772/ghm.2020.01016.
- Basset MT, Chen JT, Krieger N. The unequal toll of COVID-19 mortality by age in the United States: Quantifying racial/ethnic disparities. HCPDS Working Paper Volume 19, Number 3, 2020.
- Di Girolamo C, Bartolini L, Caranci N, Moro ML. Sociodemographic inequalities in overall and COVID-19 mortality during the outbreak peak in Emilia-Romagna region. E&P 2020.
- Krieger N, Chen JT, Waterman PD. Excess mortality in men and women in Massachusetts during the COVID-19 pandemic. Lancet. 2020, 395(10240):1829.
- Marra M, Costa G. Un health inequalities impact assessment (HIIA) della pandemia di COVID-19 e delle politiche di distanziamento sociale. E&P 2020 Repository [Preprint].
- Marmot M, Allen J. COVID-19: exposing and amplifying inequalities. Journal of epidemiology and community health 2020, 74(9):681-2.
- Wright L, Steptoe A, Fancourt D. Are We All in This Together? Longitudinal Assessment of Cumulative Adversities by Socioeconomic Position in the First 3 Weeks of Lockdown in the UK. Journal of Epidemiology and Community Health, 5 June 2020, jech-2020-214475. https://doi.org/10.1136/jech-2020-214475.
- The Independent Panel for Pandemic Preparedness and Response. COVID-19: Make it the last pandemic. https://recommendations.theindependentpanel.org/main-report/.
- Dentico N, Fletcher ER. World Health Organization’s Censorship Of Report On Italy’s Pandemic Response Sets Dangerous International Precedent – Critics Say. https://healthpolicy-watch.news/the-world-health-organizations-censorship-of-report-on-italys-pandemic-response-sets-dangerous-conflicts-of-interest-precedent/.

SERATA CON IL CENTRO DI SALUTE INTERNAZIONALE E INTERCULTURALE

18 Giugno

dalle 18 alle 21

Fondo Comini, Via Aristotile Fioravanti 68

https://www.facebook.com/events/258971846026630