



Corona propels the world

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For more than a year, a tiny virus has kept the world on tenterhooks, with no end in sight. The COVID-19 pandemic has emphasised how global health has become: in no time at all, the virus spread from the Chinese megacity of Wuhan across the entire globe. At first, it followed in the footsteps of world trade. A global epidemic quickly developed that spared no continent and led to previously unknown measures in many places. Pandemics are a global problem and require global responses, meaning global health, the theory and practice of addressing worldwide problems of population health, was suddenly more important than ever. Long before today's pandemic, global health has been on the international political agenda. The German government is considered a driving force on the global political stage. It puts global health issues on the agenda of international forums and summits, invests generously in global health projects and initiatives, and repeatedly appears as an advocate for multilateralism in a world increasingly characterised by national egoism. In line with this, in October 2020, the government released a new Global Health Strategy entitled "Responsibility - Innovation - Partnership: Shaping Global Health Together".

At that time, Germany had just taken over the Presidency of the Council of the European Union (EU), which regularly rotates between the member states and was this time dominated by the pandemic. The new strategy generated great expectations due to the German government's previous global health commitment to multilateralism. However, the outcomes of the German Presidency have been rather mixed. On the one hand, the Merkel government was able to overcome its steadfast resistance to common European debt. Decisive factors were certainly the extent of the economic crisis caused by COVID-19, the increasingly obvious need for anti-cyclical investments and the latent accusation of a lack of intra-European solidarity. On the other hand, the German Presidency did not succeed in convincingly coordinating pandemic measures within the EU, which is not surprising given the internal disagreement among individual states. Travel regulations, exit restrictions or quarantine requirements were and still are different everywhere. And when it came to vaccine procurement, the German government had initially only coordinated with France, Italy and the Netherlands; the envisaged and somewhat criticised equal distribution in the EU goes back to an initiative by the Commission and not the Council Presidency.

The COVID-19 pandemic is challenging even established and stable communities of states like the EU, leading to the rollback of fundamental achievements like freedom of movement. Amid the general atmosphere of panic and fear during the COVID-19 outbreak, most governments could think of nothing better than general border closures and drastic restrictions on freedom of travel. This suggested that they were able to act and fulfil the security needs of national populations, but the effectiveness is rather questionable in such small-scale regions as Europe - unlike, for example, in island states such as Iceland or New Zealand. International interdependence has become so pronounced that hermetic sealing-off measures immediately impair or even endanger supply. Consequently, national borders remain open in most cases for the transport of goods and for commuters, which is also in line with the requirements set by the International Health Regulations of the World Health Organisation (WHO).

The extent to which global health policy is shaped by national self-interest was confirmed one year after the pandemic outbreak in the unrestrained haggling over COVID-19 vaccines. After months of being worn down by increasingly shrill warnings about the massive dangers posed by the novel coronavirus, politicians and the public were demoralised enough to jump on any bandwagon that promised a way out. Impressive success rates of vaccines from various manufacturers, which were more in line with election results in autocratic countries than with scientific and medical reality, and which were apparently aimed primarily at the stock market and less at science, put governments worldwide under enormous pressure. Thus, the financially strong industrialised countries secured the majority of the available vaccine doses - led by Canada, which ordered eight doses for every citizen - and accepted largely without objection the conditions of the manufacturers, who were absolved of responsibilities and possible recourse claims.

Laboratory for global health policy

The COVID-19 pandemic has turned the world into a global experimental laboratory. At this stage, it is still too early to conclusively assess the effectiveness of the measures taken around the world, some of which vary widely. Simple conclusions based on snapshots are misleading and guided more by political interests than by robust evidence. The typical wave-like course of COVID-19 outbreaks and possible new virus mutants make assessments difficult - even previously successful countries such as Japan and Uruguay experienced a significant increase in infection and disease numbers in early 2021.

The nature and scope of the containment strategy and its impact show a clear dependence on the political and organisational framework conditions. Countries with a strong public sector and effective public health structures in particular proved to be better equipped than those with a strong private sector or decentralised organisation. The fact that a well-functioning primary care system favours the handling of pandemics and especially the implementation of mass vaccination is shown by the South American country Chile, which is otherwise rather associated with a radical privatisation of its health care system. With almost 300,000 doses per day, the Andean country been vaccinating faster than Israel, the USA or Great Britain; by the middle of this year, the 19 million inhabitants should be immunised. The physician and health scientist Óscar Arteaga from the Public Health Faculty of the University of Chile in Santiago names three main reasons: "First, Chile has bought enough vaccine, second, it has a suitable

infrastructure, and third, the population is very open to vaccination." In addition to the Chileans' great willingness to be vaccinated, the public supply system, which has survived all privatisation reforms and still supplies the population in all corners of the country, is decisive. However, there is also a special political constellation: President Sebastián Piñera, unpopular after years of protests and poor COVID-19 management, placed all his eggs in one basket a few months before the next election and ordered plenty of vaccines, as a kind of immunisation against too many opposition votes.

But it is not only health systems that are differently prepared for a pandemic. The response to the challenge posed by COVID-19 also depends to a large extent on societal role expectations and convincing or responsible policy-making. For example, Byung-Chul Han, a Berlin-based philosopher with Korean roots, explains why the pandemic has had a stronger grip on Europe than on Eastern Asia, which has different social values. "In Asia, collectivism dominates, there is no pronounced individualism, which of course cannot be equated with the egoism that is also widespread in Asia." The hesitant acceptance of masks in Europe compared to his homeland also has cultural origins, he says: "The individualism that prevails in Europe entails showing an unveiled face, wearing masks is something for criminals."

Above all, privacy concerns are much greater in Europe than in Asian countries. Not only in China, but also in democratic countries like Japan and Korea, the collection of personal data is common and accepted, which allows for better tracking of infection events than unreliable Corona apps. They do not have major problems with data protection at the other end of the Asian continent. In Israel, which is ahead of almost all other countries in terms of vaccination speed, the COVID-19 emergency regulations allow the collection of personal data related to COVID-19. While this provides epidemiologists with an excellent basis for population-based studies on the spread or containment of the viral infection, it also allows the Ministry of Education or the Ministry of Social Affairs to put pressure on unvaccinated people, thus undermining the voluntary nature of vaccination.

Social impact of the pandemic

The course of the pandemic, however, does not only depend on health policy measures, social attitudes and varying degrees of trust in government and the state. The social situation and social inequalities in a country have a major influence too. The same applies to COVID-19 as to other diseases: socially disadvantaged, educationally deprived and low-income groups are most affected by the pandemic. Months ago, health scientists at Ann Arbor University in Michigan demonstrated a clear correlation between social status and the risk of infection and illness. They found that COVID-19 spread faster in poorer neighbourhoods, infecting a larger proportion of residents and causing more deaths. Other scientists had previously pointed to the particular vulnerability of black people and migrants. A meta-analysis of 50 studies from the United States of America and the United Kingdom published at the end of 2020 in the prestigious medical journal *The Lancet* found more than twice the incidence in black people and one and a half times the infection rate in people of Asian descent compared to the total population ([https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30374-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30374-6/fulltext)). In Sweden, poorer and less educated people were three to four times more likely to fall ill and die compared to those who were better-off. In Korea, too, older people from lower

social classes showed a particular susceptibility to infection and disease. The causes of social inequality in connection with COVID-19, which only received attention very late in Germany, are manifold. They range from cramped living conditions in densely populated urban districts, lack of opportunities for home-based work and increased exposure to COVID-19 in service professions to barriers to acceptance of hygiene measures and other restrictions. In other industrialised countries and even more so in emerging and developing countries, COVID-19 confirms the widely documented social epidemiological finding that members of lower social classes are exposed to a higher risk of disease and earlier mortality (for an overview, see the paper by Germany's National Public Health Institute, the RKI, at https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/JoHM_S7_2020_Soziale_Ungleichheit_COVID_19.pdf?__blob=publicationFile including the work by Wächtler et al. mentioned below).

And that is not all. Pandemic containment measures also hit poorer and less educated people the hardest. Long-term impacts through job loss, lousy employment prospects or income losses and the associated risks of impoverishment are particularly dramatic for the low-skilled, while people with higher education are hardly affected. This will exacerbate pre-existing social inequalities in all countries and societies around the globe. This emphasises the need for universal social protection.

Indeed, countries with functioning social systems are best placed to respond to the undesirable consequences of COVID-19 measures. Of course, social security systems are not able to fully compensate for health inequalities. But they do help to cushion the consequences of a pandemic. This is not only a matter of covering the costs of treatment for COVID-19 patients. Equally important are payments in the form of temporary cash and non-cash benefits to compensate for income losses.

Strong belief in biomedical solutions

Neither the social consequences, nor the causes, nor the question of how to avoid future pandemics have been sufficiently taken into account in the COVID-19 policy so far. Rather, a widespread tunnel vision of biomedical and technological solutions in global health has been confirmed. The COVID-19 Vaccines Global Access (COVAX) initiative, one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator partnership, launched by the WHO, the European Commission and France in April 2020, fits into this picture. Its aim was to accelerate medical and non-medical interventions in the COVID-19 response and ensure equitable access to COVID-19 vaccines worldwide. Many governments, global health organisations, scientists, pharmaceutical and vaccine manufacturers, and private foundations are involved. As a public-private partnership, COVAX aims to provide access to COVID-19 diagnostics, treatments and vaccines to all countries and all people, regardless of their ability to pay.

Indeed, a convincing idea and a good example of global health policy. However, Anne Jung, health officer at the non-governmental organisation "medico international" criticises COVAX as a modern trading in indulgences: "On the one hand, the participating states, together with the WHO, are relying on the charity model COVAX to contain the pandemic, a classic public-private partnership in which the pharmaceutical industry and philanthro-capitalist foundations

are significantly involved. On the other hand, they prevent the opening of patents and block the initiative of South Africa and India at the WTO to suspend patent rights for COVID-19 drugs.”

Patents grant new product developers a monopoly on their products for several years. This is to allow them the opportunity to recoup the investment made before their competitors can imitate and sell their product. What was appropriate for inventors in earlier centuries is a major problem today, especially in the pharmaceutical and vaccine markets. The criticism of civil society organisations, summarised as "patents kill", threatens to be dramatically confirmed by COVID-19. The prices of some vaccines are unaffordable for poorer countries. Instead of relying on the mercy of rich states and philanthropists, the international community should waive the patents for COVID-19 vaccines in the WTO as the competent global authority.

Ultimately, COVAX is nothing more than the continuation of classic development aid, in which the rich states and foundations of the Global North support the poorer part of the world at their discretion. However, donations and charity are insufficient for successfully containing COVID-19. Pandemics can only be overcome if all people worldwide have access to appropriate preventive measures. A global solidarity principle is needed, as in the statutory health insurance system. Only if all countries have to pay into the global vaccination fund according to their ability to pay and have access to vaccines according to need can the pandemic be effectively contained.

Therefore, of course, a sufficient quantity of vaccine must be available. This is only feasible within a limited period of time if the market leaders also allow other companies in different countries to start production. The world is still a long way from that. One major reason is the patent protection for COVID-19 vaccines and, in the future, potentially also for drugs that may be available against COVID-19. Much more promising than the COVAX initiative, which is only hesitantly getting off the ground, would be a waiver of patents for COVID-19-relevant adjuvants and medicines as well as vaccines. Particularly in view of the massive public funding allocated to vaccine development, this would be a logical step.

For a long time, the suspension of patent protection was not an issue at all for the large, globally active foundations that are at the forefront of the fight against pandemics and play a decisive role in shaping global health policy. With their billion-dollar donations, the Gates and other philanthropic foundations influence public policy worldwide. In doing so, they prioritise biomedical measures of pandemic control that leave the status quo unchanged. Their approach has little to do with participatory opinion-building; rather, the financial aristocratic principle displaces democratic participation. The declared aim of the foundations is to help the poor and disadvantaged of this world to a better life. However, their charity often benefits the wealthy and philanthropists themselves. For example, the Wellcome Trust holds shares in the Swiss pharmaceutical companies Novartis and Roche, which produce promising drugs to treat severe COVID-19 infections. And the Bill & Melinda Gates Foundation can claim to have made a decisive contribution to vaccine development and thus to the containment of the COVID-19 pandemic with its 50-million-dollar transfer to the Mainz-based manufacturer BioNTech. On the other hand, this also turned out to be a financial injection into the pharmaceutical company Pfizer, which distributes the vaccine worldwide. The US company is taking unrestrained advantage of the pandemic's plight and is selling the BioNTech vaccine at inflated prices,

although public funds in the hundreds of millions have flowed or are still flowing into its development.

It is not surprising that most pharmaceutical companies, which are making gigantic profits on COVID-19 vaccines, are reluctant to suspend patent protection for COVID-19 vaccines. They know that the boom will be short-lived. For a long time, the five biggest pharmaceutical companies could rely on the governments of the countries where they are headquartered to block patent waivers in the WTO. Now the USA has signalled its willingness to temporarily suspend patent protection. However, Switzerland, France and not least Germany appear to be more concerned about the health of the pharmaceutical giants than about global health. In the COVID-19 crisis, the German government could prove that it is serious about its global health strategy and that it really does give more weight to the right to health than to profit.

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