

## Key Excerpts



Page 11: “If COVID-19 has revealed the cracks in national and international systems of coordination in preparing and responding to viral outbreaks – to the extent that the coronavirus has turned into the global policy failure of a pandemic– today’s phenomenal interest in PPR does not in itself guarantee that the underlying problems experienced in the last three years will be genuinely addressed”.

Page 11: “The focus on financing for pandemic preparedness and response, according to G2H2, helps us critically examine whether the global health ecosystem is equipped to confront the structural inequalities that generate life-insecurity and ill-health, and is intentional in addressing them. Or if it plans instead to use the pandemic momentum to reaffirm the same neoliberal values that depoliticize causes of and solutions to ill health and health inequities, thereby perpetuating current relations of power in the name of the pandemic future, at the expense of health pluralities, ecologies and diversities”

### On the pandemic fund

Page 17: “It is therefore counterintuitive to see the emergence of yet another structure that depends on the presumed goodwill of donors and charitable funds: pushing perspectives and priorities that constitute the current system of health inequalities. PPR requires a completely new outlook to health and cannot be managed with a vertical disease approach, whose dysfunctional impact on health systems has been widely represented and debated. Relying on high-income countries has not exactly proven to be a formula for success during the COVID-19 pandemic and the risk is that Western aid, once again, will come too little and too late”.

Page 17: “We believe that the approach must be structurally different, inclusive, democratic in its decision-making, sustainable in vision, and inclusive in implementation. The Pandemic Fund is not set up according to these *constitutional* criteria and the very policy process that has shaped it, in the wake of the COVID-19 crisis, ultimately legitimizes the established financial relations of power and the unbalanced dynamics seen already in previous health funds, with a plausible risk of repeating mistakes of the past”.

Page 21: “In view of its inborn limitations, structural risks, and limited potential so far to contribute the resources needed in an equitable and sustainable manner, the Pandemic Fund cannot be the world’s solution to funding pandemic prevention, preparedness, and response. We call on WHO member states to seek and include much more promising solutions in the pandemic accord”.

### On false Gods with clay feet

Page 23: “We need to highlight the historical context of false solutions which left us unprepared at the dawn of 2020. Fiscal consolidation and privatization embody the false gods that misshaped the world. They promote health and social inequalities within and between genders, countries and regions. They undermine universal access to quality healthcare, which is the bulwark for crisis preparedness. These false gods keep coming back,

invoked now in the name of “building back better”. We need to shine a spotlight on them so it is clear what they are. And create conditions so their dogmas are not repeated in the negotiations for a pandemic treaty”.

Page 25: “Each time it becomes impossible for them to defend the undefendable, the World Bank and IMF plainly own up to the failures of their programs and policies. The same plot has repeated itself several times over the last forty years, without concrete changes to the unwavering strategy that generates maldevelopment. The new focus on pandemic prevention, preparedness and response sets the hard conditions for accountability. International financial institutions need redirection. The international health community cannot continue to rely on them, pretending otherwise”.

Page 29: “Limiting public revenue sources for health – at the intersection of the trajectories of global crises that have converged in 2020: the soaring inequalities, the climate disaster and the effects of economic globalization - preempts any possibility of PPR to health emergencies. In fact, it hampers it. A sobering example is the long-term consequences of IMF’s structural adjustment in the Ebola outbreak. To comply with IMF conditionalities in the period leading to the 2014 Ebola emergency, Guinea, Liberia, and Sierra Leone had been compelled to not only limit the number of health workers they could hire but also to cap the wages of their inadequate health workforce. Besides, the three governments ended up having insufficient stockpiles of personal protective equipment for the same reason. The overworked health workers on the frontline of the emergency were disproportionately exposed to the contagion”.

Page xx: “With its focus on leveraging private sector solutions, the World Bank has been since 2013 a key player in driving health marketization, commercialization, and privatization. The One World Bank Group Strategy, also described as the “private first” approach”, has been operationalized since 2018 through the so-called Maximizing Finance for Development (MFD) approach. This largely entails increasing support of the International Finance Corporation (IFC) towards expanding business interests in the health sector.”

Page 31: “However, when sustainably funded, public provision of healthcare continues to produce better health outcomes and ensure better crisis response. Public systems for healthcare delivery have overall been more efficient and effective, whereas private providers are more likely to commit resources to secondary or less risky essential services, as this increases their profit margins. The administrative costs of private insurers are far higher than those of public insurers, and insurance premiums are beyond the scope of many of the poor households. Finally, insurance firms avoid insuring the most in need and avoid paying out where possible, pushing even the insured to out-of-pocket expenditures (OOP)”.

### **On debt & illicit financial flows**

Page 34: “Several emerging and developing countries were in a dire debt crisis well ahead of the COVID-19 pandemic. As reported by the IMF, the decade before the arrival of the new coronavirus had witnessed “the largest, fastest, and most broad-based increase in debt in these economies in the past 50 years. Since 2010, their total debt rose by 60 percentage points of GDP to a historic peak of more than 170 percent of GDP in 2019”, to underscore that the pathogen was unbridled at a very bad financial conjuncture. Many more countries have emerged from the pandemic with higher and more unsustainable debts. In low-income countries, debt has increased from 58 to 65% between 2019 and 2021. Thirty nations in sub-Saharan Africa have seen a debt-to-GDP ratio exceeding 50% in 2021. Alarm bells are starting to go off for the international financial institutions”.

Page 35: “For the 54 developing countries that have severe debt problems and continue to spend far more on debt interests than on health after two pandemic years, debt cancellation is the sole realistic avenue for laying a long-term strategy on pandemic prevention, preparedness, and response. COVID-19 has widely acted as a wake-up call to the proven limitations of the current and recurring approaches. As in the case of climate change, inaction in the looming global debt crisis is bound to cost much more than prompt bold interventions now”.

Page 36: “The anatomy of today’s financial architecture is scourging the global South and particularly African countries with violence, keeping governments in the trap of multiple financial and political dependencies, hence unable to set the policies delivering Health for All. Lenders, including creditor governments, dominate in setting the field of the debt game. They push indebted countries into the tunnel of long-term financial subjugation: these ultimately do not enjoy any monetary sovereignty and are strained when it comes to long term investment and policy goals, in a repeat of bad investments fueled by debt. This uneven match induces more destructive dynamic as the spillovers from the Ukraine war have now added to the complexity of the crises that the world is facing”.

Page 44: “According to recent research conducted by two Dartmouth College scientists, not only should wealthy industrialized countries pay the most to address climate change, but they should pay poor countries colossal reparations for the devastations provoked as historical emitters of greenhouses gases, causing US\$ 6 trillion in global economic losses through global warming from 1990 to 2014. The US and Europe are responsible for more than half of global ecological destruction over the past 50 years, a recently published analysis of *The Lancet Planetary Health* found out”.

Page 47: One group of African scholars has recently articulated the systematic looting and channeling away of South African resources through illicit financial flows, cutting across all the key pillars of development, frustrating the betterment of peoples’ lives in South Africa, and shaping the very governance of the country. Evidence suggests that the Eastern and Southern African region lost a staggering US \$7.6 billion in tax revenue in 2017 alone, i.e. US \$124.7 per capita, due to only two sources of IFFS (base erosion and profit shifting to tax havens) It is the OECD countries, not the palm-fringed islands, that enable most of the tax abuse.

Page 47: In 2019, at the 74th United Nations General Assembly the Africa Group called for a UN Convention on Tax, stressing that such an instrument could tackle illicit financial flows, and a draft text proposal is already available to advance the process At the 77th UN General Assembly, in 2022, the Africa Group tabled a draft resolution calling for negotiations towards such a UN convention on tax cooperation building on the long-standing call by G77 and China to establish an intergovernmental process to address global tax abuse at the UN [...] This initiative should at least receive a strong indication of support in the context of the Intergovernmental Negotiating Body for the pandemic treaty at the WHO given its relevance for pursuing Health for All and for the purpose of pandemic PPR. We know the dimension of the bleeding: according to UNCTAD, countries with high IFFs spend on average 25% less on health and around 50% less on education Both are pillars for human dignity and sustainable development.