COVID-19 AND EMERGING GLOBAL GOVERNANCE & MULTILATERALISM ISSUES

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KEY LEARNINGS

- Deep seated inequalities, multiple dimensions – social, economic, ecological, political;
- Structural racism, gender inequality, ethnic and other biases;
- Vaccine nationalism, colonial mindsets; (75% vaccines/10 nations WHO)
- Long term effects, particularly for LMICs
- Less discussed drivers – IMF austerity measures in over 100 countries – wage cuts or freezes, cuts in health expenditure; increased debt burden
- Fractured global solidarity
- Gaps in universal health coverage, and the right to health which is limited to progressive realization within the bounds of available resources, not a FR
EXAMINING INTERSECTING ISSUES
CONFLICT, EROSION OF HUMAN
RIGHTS, DEMOCRATIC NORMS AND
PARTICIPATION

- Public Health Emergency vs State Security framing
- War footing
- Extra Legal and exceptional measures in existing contexts of populist authoritarianism, ethno-nationalism, militarization, ongoing conflict and a suspension of human rights.
- 110 countries - Emergency Declarations; (82)
- 60 countries - freedom of expression restrictions (25)
- 155 countries - freedom assembly restrictions (94)
- 61 countries - right to privacy infringements (SRCT COVID-19 Civic Freedom Tracker)
- Critical standards – be legal, necessary, proportionate and non-discriminatory, time bound.
NORMALISING EXCEPTION

• Enabled consolidation of repressive powers against ethnic and religious minorities, human rights defenders and those critical of the State (racial profiling, hate speech, xenophobia).

• Use of technology and the gathering of big data, without adequate safeguards, in the name of public health security for purposes of surveillance. Infringed right to privacy and enabled the tracking of dissent and opposition with very real possibilities of normalization post the pandemic.

• Discourse of war to deal with the pandemic inculcating a fear psychosis and creating an unquestioning dependency on the State for the provision of safety and security without a heed to due process

• This challenges the core of democracy. It takes away the civic duty of citizens to hold their States to account and is an over reach of State power.
A TRANSFORMATIVE, POST-COVID FEMINIST FUTURE

• A moment of existential crisis – opportunity to create bold reform and transformative institutions – e.g. creation of the UN 1945 post WWII; WHO/UDHR 1948
• Advocating for a bold new global public health architecture
• Immediate waiver of TRIPS IP clauses that will overcome barriers to increased production of Vaccines, diagnostics, therapeutics and other needed medical products as well as transfer of technology, trade secrets, etc.
• Feminists for a People’s Vaccine Campaign (FPV) – DAWN, TWN with partners from the Global South and allies in the Global North
• Drawing from the experience of the HIV/AIDS anti retro viral struggle; access to medicines mobilizations – e.g. for affordable treatments Cancer/Herceptin,
• Support for the TRIPS Waiver - over 2/3rds of WTO members, including 64 co-sponsors. Minority opposition blocking the consensus needed - wealthy nations from the global North - the EU, Switzerland, United Kingdom
• The TRIPS Agreement has proven to be a monopolistic tool for a handful of corporations in the pharmaceutical sector.
Going beyond COVAX charitable-donation model which is deeply flawed donations (15% of projected G7/EU) always seem to come too little, too late.

Need for adequate and equitably distributed supplies of medical resources, including by securing supply chains, intellectual-property waivers, knowledge sharing and technology transfers.

Advocating for an immediate halt to IMF austerity measures

Breaking the stranglehold of Big Pharma (E.g. Pfizer made 33 billion in profits in 2021)

Enabling over 100 facilities in LMICs to produce required medical resources

FPV Advocacy at the WTO, UN Treaty Bodies, Special Procedures

Strengthening the FPV campaign at national, regional and global level

Strengthening International instruments, national laws and local level activism often led by women who lead pattern work in different countries (on drugs, seeds, tech, etc.)