Open letter to the United Nations

Health Inequity during the Pandemic: A Cry for Ethical Global Leadership

H. E. Mr. Antonio Guterres,
Secretary General of the United Nations

As public health and healthcare, scientific, academics, and related institutions, we are gravely concerned about the escalating impact of the COVID-19 pandemic among already vulnerable and marginalized populations worldwide. Media reports are surfacing of higher infection rates and mortality in underserved populations. From New York to New Orleans and Chicago in the US, to the shocking pictures of bodies lying in the streets in Ecuador, we see a prelude of the coronavirus impact in low- and middle-income countries, home to more than 80% of the world's population.

Disadvantaged and marginalized populations are more at risk to become infected. They have increased risk of exposure due to overcrowding in dwellings and neighbourhoods, have less access to basic sanitation, are more likely to use public transportation and have jobs that do not allow them to work from home. Additionally, in many parts of the world, everyday challenges of a precarious life may outweigh perception of risks presented by the coronavirus pandemic, making people less likely to engage in preventive measures, many of which—like social distancing and frequent handwashing—are luxuries they simply cannot afford.

When infected, marginalized people are more likely to evolve to severe cases as they suffer disproportionately higher rates of chronic diseases, obesity and malnutrition. They are also less likely to have access, if any, to testing and treatment, including hospitalization and intensive care, since hospitals in their communities are already inadequately staffed and resourced and in many, care implies high out-of-pocket expenses. For the most vulnerable citizens of the world, all these factors increase the likelihood of dying.

Despite ominous warnings, most health systems are not prepared to deal with a pandemic of this magnitude, a situation exacerbated by the for-profit model where health is treated as a commodity and not a basic human right. Common challenges include severe deficits in numbers of qualified health personnel, hospital infrastructure and equipment, hospital and ICU beds, personal protective equipment (PPE), testing supplies from swabs to reagents, means for quality control of tests, and access to medicines (even if experimental). If Chinese, Italian, Spanish and US healthcare systems are being overwhelmed, we can only imagine the impact in less affluent countries.

This situation has brought out the best in human nature, namely solidarity. Many stories circulate on kind neighbourly support, and commitment of frontline healthcare workers and of those who maintain essential services during lockdown. However, we are also witnessing the worst responses, from hoarding of food staples and hygiene supplies by people blind to the needs of others, to hoarding of PPE, laboratory tests, medicines and ventilators by wealthy nations, frantically outbidding each other. In the same nations, the media reveal plans to secure patents and benefits from effective vaccines and life-saving drugs, as we saw 30 years ago with HIV/AIDS. This hoarding frenzy is in response to panic, but is also coupled with an attempt to extract profits from the crisis. So, we must ask: What will happen to those who do not have the economic muscle to outbid the big players? Will the scenarios for them be still more bleak as new medicines and vaccines are developed?

Hoarding should be condemned in the strongest terms. In a time of shared anguish like this, we should be able to step back and unite in solidarity, so that everybody has at least a better chance at surviving this universal, yet unequal threat, which will have an unfair impact depending on where one lives.

We propose that the UN Secretary General provide the necessary support to the World Health Organization (WHO), by creating a multi-sector "Global Health Equity Task Force" to confront the impact of the COVID-19 pandemic in its full health, socio-demographic and economic dimensions. The Task Force would act to support coordination with pertinent UN bodies, including the Inter Agency Standing Committee COVID-19 Outbreak Readiness and Response, the Economic and Social Council (ECOSOC) and, if needed, enlist the support of the Security Council and the General Assembly.

The Task Force, housed within WHO, would be charged with taking the necessary steps to exert needed global leadership for a comprehensive, equity-focused response to the pandemic, guided by the ethical principles of justice, beneficence and nonmaleficence and the Universal Declaration of Human Rights. It would encourage international cooperation towards fair allocation of resources to all countries according to need.

The Task Force would develop necessary international norms to support regional production of quality generic medicines, supplies and equipment. Consistent with Sustainable Development Goal 3 of the 2030 Agenda (*Ensure healthy lives and promote well-being for all at all ages*), these norms should abolish patents for any pandemic-related supplies, equipment, medicines and vaccines. It should support quantification and forecasting of needs, taking measures to safeguard an equitable and viable global supply chain with the necessary logistical support.

It would concentrate on development of enhanced recommendations on preparedness and response, to increase surge capacity modalities to meet the needs of our highest-risk, most vulnerable populations worldwide, including communities living in poverty; those with high prevalence of co-morbidities; racial, ethnic and religious minorities; and people living in shelters, detention centers, immigration camps and conflict zones.

The Task Force should also advise countries and regions on coordinated, fair and equitable de-confinement strategies, while laying the foundation and promoting steps to strengthen universal health systems globally and to minimize the appalling economic and social disparities that have led to this magnified inequity in COVID-19 outcomes.

Mr. Secretary General, the organizations who sign this letter ask Your Excellency to grant our request and involve the pertinent bodies and programs of the United Nations, in order to support efforts to prevent the disastrous effects expected by the arrival of the pandemic to the world's most disadvantaged and marginalized people. The sheer magnitude of the impact of this pandemic requires bold interventions to protect those most in need.

List of Institutions

1	World Federation of Public Health Association - WFPHA
2	Latin American Alliance for Global Health - ALASAG
3	African Federation of Public Health Associations - AFPHA
4	African Nurses and Midwifes Network - ANMN
5	Alliance of Public Health Associations in the Americas Region - APHAAR
6	Public Health Asia- Pacific Regional Liaison Office - APRLO
7	Caribbean Public Health Agency - CARPHA
8	European Public Health Association - EUPHA
9	Health Equity Network of the Americas - HENA
10	International Medical Society of the Latin American Schools of Medicine -SMI-ELAM
11	Latin American and Caribbean Association of Faculties and Schools of Medicine (ALAFEM)
12	Latin American Association of Collective Health – ALAMES
13	West African College of Physicians, WACP, Accra, Ghana
14	Academy of Medicine of the State of Rio de Janeiro – ACAMERJ / Brazil
15	Afrihealth Optonet Association [CSOs Network], Nigeria
16	Argentinian Association of Public Health – AASP / Argentina
17	Association of Health Economics - AES / Argentina
18	Brazilian Academy of Rehabilitation Medicine / Brazil
19	Brazilian Academy of Sciences - ABC / Brazil
20	Brazilian Association of Collective Health – ABRASCO / Brazil
21	Brazilian Centre of Studies of Health - CEBES /Brazil
22	Brazilian Mental Health Association – ABRASME/Brazil
23	Brazilian National Academy of Medicine - ANM / Brazil
24	Brazilian Society of Analytical Psychology / Brazil
25	Chilean Health Society / Chile
26	Colombian Association of Public Health / Colombia
27	Community Health International Medical Projects for Sustainability, Seattle, WA, US
28	Cuban Association of Public Health / Cuba
29	Dominican Society of Public Health / Dominican Republic
30	Dr Uzo Adirieje Foundation (DUZAFOUND), Nigeria
31	Ecuadorian Society of Public Health / Ecuador
32	Ethiopian Public Health Association (EPHA) / Ethiopia
33	Latin American Faculty of Social Sciences (FLACSO CHILE)
34	Faculty of Health Sciences, Atacama University /Chile
35	Faculty of Public Health, University of São Paulo, Brazil
36	Fides et Ratio Academy / Brazil
37	Global Health International Advisor – GHIA / USA
38	Guatemalan Association of Public Health Specialists / Guatemala
39	India Critical Care Nurses Society, Mumbai / India
40	International Primary Care Respiratory Group, Scotland
41	Institute of Public Health of the Andrés Bello University /Chile
42	Institute of Social Medicine, State University of Rio de Janeiro – UERJ / Brazil
43	Jungian Association of Brazil – AJB / Brazil
44	Kenya National Union of Medical Laboratory Officers – KNUMLO / Kenya

45	Latin American Institute for Peace and Citizenship - ILAPYC /Argentina-Panama
46	Liberia College of Physicians & Surgeons - LCPS / Liberia
47	Liberia Medical Dental Association / Liberia
48	Liberia Midwives Association/ Liberia
49	Liberia Nurses Association / Liberia
50	Liberia Society of Critical Care Nurses, LSCCN / Liberia
51	Medical Education Cooperation with Cuba –MEDICC / USA
52	Mexican Association of Public Health / Mexico
53	National School of Public Health, Fiocruz / Brazil
54	Near East Foundation / Mali
55	Nigeria Universal Health Coverage Actions Network (NUHCAN) / Nigeria
56	Panamanian Society of Public Health / Panamá
57	Pak One Health Alliance, Islamabad / Pakistan
58	Peruvian Network of Teachers and Training Institutions in Public Health –REDISP / Peru
59	Professores da UFRGS pela Democracia / Brazil
60	School of Public Health Salvador Allende, Universidad de Chile / Chile
61	Slum and Rural Health Initiative / Nigeria
62	Solidarity Network in Defence of Life, Pernambuco / Brazil
63	SOS Sahel Ethiopia / Ethiopia
64	Uganda Public Health Association / Uganda
65	University of Wisconsin - Madison's Global Health Institute / US
66	Venezuelan Society of Public Health / Venezuela
67	Veracruzana Society of Public Health / Mexico
68	West African College of Nurses, Liberia Chapter/ Liberia

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