



**Symposium of Episcopal  
Conferences of Africa and Madagascar**



**Justice and Peace  
Europe**

## Overcoming the crisis of global health and integral human development

Statement of SECAM and Justice and Peace Europe  
in the context of the AU-EU Summit on 17<sup>th</sup> & 18<sup>th</sup> of February 2022

### **The consequences of the pandemic**

The Corona pandemic is not only a health crisis, but also a crisis for integral human development as a whole. Indeed, the consequences of the pandemic go beyond health problems.

The pandemic poses a major challenge to economy. Hunger, poverty and unemployment have increased in many places during the pandemic. Socioeconomic inequalities have widened further. The latest Global Economic Prospect Report of the World Bank found “that the pandemic has raised global income inequality, partly reversing the decline that was achieved over the previous two decades”.<sup>1</sup> Restrictions imposed as part of the pandemic response, such as lockdowns or travel restrictions, have hit sectors such as bricks-and-mortar retail, restaurants and tourism particularly hard. At the same time, however, it can also be observed that quite a few large multinational corporations, especially the large technology conglomerates and e-commerce corporations, are posting record profits. The major stock market indices are also registering high gains. By contrast, as has been shown in the textile industry, for example, it is those working in precarious conditions who are the worst affected, as the costs resulting from falling demand are passed on to them in the form of layoffs or reduced wages by the large corporations and their suppliers. Precarious workers also bear a particularly high health risk in the wake of the pandemic, as demonstrated by the numerous reports of insufficient safety measures and poor working conditions at work for harvest workers and employees in the mail order and meat processing industries.

---

<sup>1</sup> <https://www.worldbank.org/en/news/press-release/2022/01/11/global-recovery-economics-debt-commodity-inequality> (accessed on 28.01.2022).

While some countries have provided funds for social security (such as short-time allowances or financial aid to compensate for financial losses during the lockdowns), many poorer countries have not been able to finance comparable measures. Indeed, the financial leeway of these countries is usually severely limited by the fact that they face a higher interest burden and have less tax revenue at their disposal than countries in the Global North. In addition, these countries are often already struggling with a high debt burden anyway.

The pandemic also represents a considerable psychological burden. The pandemic and its consequences cause additional fears, uncertainty and stress: the health risks lead many people to fear infection and serious illness in themselves, relatives or friends. The restrictive measures taken to combat the pandemic, such as lockdowns, are another mental strain. The restrictions on social contacts, visiting opportunities and leisure activities promote loneliness and monotony. Economic problems, such as impending or already existing unemployment or poverty, trigger additional fears. Nurses and medical staff, who work at the limit of their capacity during the pandemic, are confronted with the risk of being overstrained and overworked. In many places, the pandemic and the resulting consequences and restrictions have also exacerbated social tensions.

Those who were already marginalised before the pandemic are particularly hard hit by the pandemic and its consequences:

In many places, for example, access to adequate medical care for refugees and migrants is particularly poor. Due to language problems, it is often difficult for them to access important medical information. Precarious housing conditions also increase the risk of infection. Also children, young people and families are particularly strongly affected. In the context of the pandemic, the number of cases of child abuse has increased in many places.<sup>2</sup> The problem of child poverty has also increased. According to UNICEF the worldwide number of children living in multidimensional poverty – without access to education, health, housing, nutrition, sanitation or water – may soar to approximately 1.2 billion, while an additional 142 million children are expected to fall into monetary poverty in 2020 alone.<sup>3</sup> The pandemic has also impaired the education sector in many countries. This has led to considerable gaps in education in some cases.

---

<sup>2</sup> In an interview with the German newspaper *Welt am Sonntag* from 9 January the EU commissioner Yvla Johansson said that internet providers and social media firms had reported 22 million child sexual abuse offenses in 2020, up from 17 million in 2019, and this being only a fraction of the real number.

<sup>3</sup> <https://www.unicef.org/social-policy/child-poverty/covid-19-socioeconomic-impacts> (accessed on 28.01.2022).

## **The role of the Church in the pandemic**

The Catholic Church and Church institutions and organisations continue to provide an important contribution to the pandemic response:

Both in Africa and in Europe, numerous Church leaders have called for people to get vaccinated and to follow hygiene measures to contain the pandemic. Pope Francis has repeatedly called receiving vaccination against the Corona virus an "act of love". Leading theologians have convincingly made the case that it is morally imperative not to refuse vaccination. The commitment to share crucial information remains important as reservations about the COVID-19 vaccines are unfortunately still quite frequent in many countries in both Europe and Africa, even though the approved vaccines have been scientifically proven to be safe and effective. In this regard, in many places it is a strength of the Church with its structures, social contacts and relationships to reach out to people the governments do not reach.

The Church is also offering medical care. Numerous Catholic hospitals make an important contribution to caring for the sick and fighting the pandemic. Various Church institutions and organizations have donated hygiene articles and distributed them to people who cannot afford them.

Furthermore, social services and charitable work of the Church and its institutions and organisations are also making an important contribution to alleviating the social, economic and psychological burdens of the pandemic.

Last but not least, the Church plays an important role through its chaplaincy and pastoral work. The pandemic has exposed us to our vulnerability and limitations as human beings and made us aware of our mortality. In this situation, the Church can offer hope and comfort.

However, work in health care professions, social work and pastoral care requires direct contact with a large number of people. Medical staff, social workers and pastoral workers are therefore at particularly high risk of infection. Unfortunately, this also meant that many priests, sisters and lay people involved in Church activities fell victim to the pandemic. It is therefore important to protect staff in health care, social work, pastoral care and other particularly exposed professions as much as possible.

## **Insufficient supply of Corona vaccines and other essential medical supplies**

A prerequisite for better protection of particularly exposed and vulnerable groups is an adequate supply of vaccine for the population as a whole. Indeed, it is a great achievement and a great gift that (also thanks to large public grants) safe and highly effective vaccines against COVID-19 have been developed at an unimagined speed without compromising scientific standards of quality control.

Fortunately, the capacity to produce these vaccines has been greatly expanded in the past year. Vaccine manufacturing companies from Europe and the United States have also announced plans to set up new production facilities in countries of the Global South. On 16 January WHO announced that its COVAX initiative had delivered 1 billion vaccine doses.

Nevertheless, as of 13 January 2022, out of 194 Member States, 36 WHO Member States have vaccinated less than 10% of their population, and 88 less than 40%. By December 2021, just half of WHO members had achieved the target of reaching 40% immunisation coverage. In Africa, only seven countries reached the target. According to the Africa Centres for Disease Control and Prevention, by the end of January 2022 only 10,5 % of the African population had been vaccinated twice. 16% are partially vaccinated. A booster vaccination has been given to just 1% of the continent's population. Vaccines that are in particular demand because they are particularly effective, such as the mRNA vaccines from BioNTech-Pfizer and Moderna, remain a scarce commodity.

We perceive this with great concern. The impact of the pandemic on the health sector and all other sectors will further set back the realisation of the Sustainable Development Goals ("SDGs"), the achievement of which was already at risk before the outbreak of the pandemic (mainly due to the insufficient funds made available). Socio-economic inequalities threaten to grow further. The slow pace of vaccination is also delaying economic recovery. In addition, investments needed to contain the pandemic and its economic as well as social consequences are much more expensive for the countries of the Global South because they face a higher interest burden and have less tax revenue at their disposal.

The fact that distributing vaccines as quickly as possible and as comprehensively as possible is not only a question of justice towards the Global South. It is also in the Global North's own interest, because the risk of the emergence of new virus variants increases with low vaccination rates. This goes hand in hand with the danger that current vaccines will be less effective and the pandemic will be unnecessarily prolonged. In this sense, it is true that "No one is safe, unless everyone is safe".

## **A systemic crisis of global health and sustainable development**

global

The currently observed fatal consequences of the pandemic are only the tip of the iceberg of a larger crisis of global health and sustainable development. It reveals the fatal consequences of structural deficits with regard to global health:

During the last few months, it became clear that the development, production and distribution of medicines are primarily driven by profit expectations:

Thus, at the beginning of the pandemic, the expansion of the scarce production capacities for vaccines on a large scale was neglected. This was the case during the first phase of developing vaccines against COVID-19, a period which (even if comparatively very quickly for the development of vaccines) still lasted about nine months after all. For business reasons, production planning was geared towards cost efficiency. The risk of building facilities that might not be used, for example because the development of a vaccine candidate fails, seemed undesirable from this perspective. Whilst the commercial risk for the vaccine-producing enterprises was minimised in this way, it became clear in 2021 that the health and macroeconomic costs of this decision were enormous. Because the vaccine was not immediately available the only way to curb the pandemic was through expensive lockdowns and contact restrictions.

Another weakness of a predominantly profit orientation is revealed when comparing the costs incurred by different countries for the purchase of vaccines: According to reports, at times some countries in the Global South had to pay many times more for the purchase of vaccine doses compared to the prices paid by the EU. From the perspective of justice and solidarity, such a disadvantage for countries of the Global South resulting from the logic of the free market cannot be justified. At times, it has even been difficult for poorer countries to obtain vaccines at all. For example, when the first vaccines against COVID-19 came onto the market, the countries of the Global North had already reserved a large part of the available production of vaccines for themselves, sometimes well in excess of their own needs and without regard to the needs in other parts of the world.

However, the predominance of a logic characterised by profit orientation and supply and demand as the sole regulatory mechanisms has proven harmful not only in the current situation. For example, this problematic orientation has long prevented important developments in the health sector, especially in anti-infectives, such as novel antibiotics or less lucrative vaccines and medication against neglected diseases, which cost many lives, especially in the Global South.

Serious structural deficits do not only exist in the development and production of vaccines and medicines. The medical infrastructure in many countries of the Global South is also inadequate:

This has become evident during the current pandemic. In many places, a faster distribution of vaccines and thus higher vaccination rates have failed not only because of a lack of vaccines, but also because the necessary infrastructure is lacking. Ensuring safe cold chains at  $-80^{\circ}\text{C}$  for some mRNA vaccines has been and still is a major logistical challenge in many places. In addition, sufficient qualified personnel must be available to carry out the vaccinations. Invitation management is also a challenge. All this causes additional financial costs that have to be borne in addition to the cost of the vaccine. For successful containment of the virus and treatment of Corona patients, protective masks and other hygiene items, a testing infrastructure and medical oxygen, among other supplies, are also needed.

These structural deficits in the health care infrastructure are all the more serious when one considers that the Corona pandemic is far from the only health challenge that the countries of the Global South are facing. The Ebola epidemic in West Africa, malaria, other neglected tropical diseases and famine are just a few examples. Last but not least, it costs many lives that in many places there is not even the infrastructure to perform certain comparatively simple but life-saving surgeries.<sup>4</sup> These problems, some of which cost even more lives than the Corona pandemic, must not be forgotten and neglected against the backdrop of the Corona crisis.

Overall, it must therefore be the goal of the global community to sustainably strengthen health systems in the countries of the Global South as well. The countries of the Global North are called upon to support this with the necessary financial means. Ideally, in terms of sustainability, investments in pandemic response infrastructure should be made in such a way that they can continue to be used to combat other diseases and health problems after the pandemic, thus strengthening health systems in the long term.

There is also a significant need to improve in the area of health communication. The value of building trusting relationships with local people is often underestimated. This is problematic, as acceptance is an important prerequisite for successful health policy.

Again, this became so evident during this pandemic. In addition to distribution problems and shortages of vaccines, vaccination progress in many countries is also slowed down by scepticism towards vaccination programmes in parts of the population. For example, Africa's

---

<sup>4</sup> <https://www.thelancet.com/commissions/global-surgery> (accessed on 31.01.2022).

unfair treatment in the distribution of Corona vaccines has led to a growing distrust of global health policies and also of foreign vaccines in parts of the African population. This distrust is reinforced by the memory of the highly dangerous experiments that the colonial powers carried out under duress on people in the colonies for their medical research.<sup>5</sup> Furthermore, the impression of Africa being neglected and discriminated against has been reinforced by travel restrictions in countries of the Global North that specifically target African countries. Many Africans have perceived these measures as racist. This is all the more reason for the Global North to make every effort to restore trust lost through the failures of its global health policies. In addition, medical education on the pandemic and vaccines should be designed to be locally responsive and culturally sensitive, and reliable, comprehensibly prepared information should be made available in all spoken languages.

Where a health and care system is rationalised and trimmed exclusively for efficiency, there is also no time to build trusting relationships. Moreover, the local population in the Global South has been involved far too little in health issues. Religious communities and civil society groups such as trade unions, patients' associations or other forms of self-organisation, independent science and the media could, however, contribute to articulating local needs. Taking these perspectives and local circumstances into account would be essential for equitable health care beyond pandemic response. The shortcomings described should be urgently addressed, not least because they leave a huge gap that conspiracy theorists and extremists can exploit for their purposes.

Furthermore, there is also a need for improvement with regard to the global coordination of health policies:

During the pandemic, various states tried to improve their image through "mask and vaccine diplomacy". However, such unilateral initiatives, which are motivated by geopolitical interests and are not oriented towards the global common good, are counterproductive. Instead, it would be necessary to strengthen structures of multilateral cooperation, first and foremost the World Health Organisation (WHO).

During the pandemic, it became clear how important it is to have a coordinating organisation for global health in the form of the WHO, which also offers an advisory service on the spot independent of particular interests. However, the WHO has been at its limits due to a lack of financial resources (especially of flexible funds not bound to one specific topic or project, which the organisation can freely dispose of). In addition to better financial resources, it would

---

<sup>5</sup> Cf. also [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00563-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00563-5/fulltext) (accessed on 28.01.2022).

also be necessary to strengthen the political role of the WHO and to improve the interaction with other global health actors such as GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria), GAVI (Global Alliance for Vaccines and Immunisation) and CEPI (Coalition for Epidemic Preparedness Innovations) and the other organisations and organs under the umbrella of the United Nations.

In this sense, the pandemic must be seen as a wake-up call. There is no time to lose and long overdue reforms in the field of global health must be initiated.

## **Recommendations**

For these reasons, we call on the European Union, the African Union and the governments of their member states to significantly accelerate the strengthening of global health. To achieve this goal, we recommend that the following actions are implemented:

### ***An equitable distribution of vaccines - internationally, nationally and locally:***

Efforts to achieve rapid, equitable and, as soon as possible, universal distribution of vaccines must be significantly strengthened:

- Vaccines and medicines to fight epidemics and pandemics, as well as relevant medical technologies such as diagnostic procedures and medical oxygen, must be treated as a global common good. Accordingly, governments and pharmaceutical companies must fulfil their responsibility to ensure that everyone has access to these vaccines, medicines and medical technologies.
- All countries, including poor countries, should have equal access to Corona vaccines. To achieve this, it is necessary to overcome barriers that have stood in the way so far (lack of financial resources to finance - sometimes high-priced - vaccines, export restrictions, exploitation of the market power of the countries of the Global North to buy large contingents for their own population without considering whether sufficient supplies remain for the countries of the Global South).
- Contractual clauses make it more difficult or more expensive to transfer vaccines to countries of the Global South. They should no longer be included in future contracts with vaccine manufacturers. With regard to existing contracts, pressure should be increased on manufacturers not to make use of such clauses.
- The COVAX initiative established under ACT-A (Access to COVID-19 Tools Accelerator) for the procurement and distribution of vaccines worldwide remains an important building block to enable equitable distribution of vaccines against the Corona virus.



The initiative should therefore be strengthened through additional financial support and the rapid delivery of vaccines. Complementing this, the other pillars of ACT-A, which focus on diagnostics, medicines and health system strengthening, should also be additionally strengthened financially and politically.

- The countries of the Global North should support the countries of the Global South not only by donating vaccines, but also by providing support for building and financing the infrastructure needed for vaccine distribution and pandemic response. In terms of sustainability, these investments should be made in such a way that they can continue to be used to fight other diseases and health problems after the pandemic, thus strengthening health systems permanently.
- In order to enable universal access to vaccines and medicines and thus also successful pandemic control, better access to technologies, patents and knowledge for the (further) development and production of these medicines and vaccines for countries in the Global South is necessary in addition to strengthening COVAX and expanding production capacities in the Global North. This would facilitate the development of additional vaccine production in these countries. Such production, which may also be cheaper, would facilitate access to corona vaccines in countries of the Global South. Local vaccine production can also significantly increase acceptance of the vaccines and thus the urgently needed readiness to vaccinate.
- Particularly vulnerable groups should be prioritised in the distribution of vaccines (e.g. refugees who live crowded in mass accommodation and who therefore have a particularly high risk of infection). Vaccines must be distributed without discrimination (regardless of socio-economic status, ethnicity, nationality, residence permit, etc.), solely based on need (probability of serious illness and risk of infection).

***Strengthening health systems sustainably:***

At the same time, it is important to strengthen health systems sustainably. In particular, investments in the health systems of countries in the Global South should be significantly increased:

- Due to the pandemic, it is more urgent than ever to achieve the goal of universal health coverage (UHC), including financial risk protection, access to quality essential health services and access to safe, effective, quality, and affordable essential medicines and vaccines for all (SDG 3, Target 3.8), as soon as possible. In the future, the EU, the AU and their member states should make a stronger contribution to achieving this goal.

- The serious health crises in the Global South beyond COVID-19, which cost numerous lives, must not be lost sight of in the course of the pandemic. The health infrastructure should be expanded, for example, so that at least simple but life-saving surgeries can be offered in all regions, even in underdeveloped regions of the Global South.
- In addition, targeted investments should also be made in the development of medicines and treatment methods that may not seem very lucrative from a business perspective, but which would significantly improve the health situation in many places (such as novel antibiotics or vaccines, tests and medicines to combat neglected tropical diseases).
- Recovery programmes to cushion the impact of the pandemic should be guided by the Sustainable Development Goals (SDGs) and the goals set out in the WHO Manifesto for a healthy recovery from COVID-19: “(1) Protect and preserve the source of human health: Nature. (2) Invest in essential services, from water and sanitation to clean energy in healthcare facilities. (3) Ensure a quick healthy energy transition. (4) Promote healthy, sustainable food systems. (5) Build healthy, liveable cities. (6) Stop using taxpayers money to fund pollution.”<sup>6</sup>
- The One Health approach should also be further promoted and implemented.
- Efforts to expand water, sanitation and hygiene (WASH) services should be intensified and the necessary financial resources provided.
- Possibilities should be explored to cancel the public debt of the poorest countries in order to enable investments in the health systems there.

***Adapt measures to specific local conditions, involve civil society:***

Civil society should be more involved in the future and specific local conditions should be better taken into account in the fight against the pandemic and in the design of health care:

- Medical education on the pandemic and vaccines should be designed to be locally responsive and culturally sensitive, and reliable, understandable information should be provided in all spoken languages.
- The local population in the Global South should be more involved in health issues in the future. Religious communities and civil society groups such as trade unions, patients' associations or other forms of self-organisation, independent science and the media contribute to articulating local needs. Taking these perspectives and local

---

<sup>6</sup> <https://www.who.int/news-room/feature-stories/detail/who-manifesto-for-a-healthy-recovery-from-covid-19>; <https://www.who.int/news-room/feature-stories/detail/actionables-for-a-healthy-recovery-from-covid-19> (accessed on 31.01.2022).

circumstances into account is essential for equitable health care beyond pandemic response.

- In the future, pandemic response measures should take greater account of specific local conditions in order to provide the best possible health protection while minimising the burdens resulting from restrictions.

***Support reform for a stronger WHO:***

In order to strengthen the global health architecture, a reform for a stronger World Health Organisation (WHO) should be supported:

- The political role of the WHO should be strengthened.
- The interaction between WHO and GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria), GAVI (Global Alliance for Vaccines and Immunisation), CEPI (Coalition for Epidemic Preparedness Innovations) and other key global health actors, as well as with the other agencies and organs of the United Nations, should be improved.
- By increasing their financial contributions to the WHO, the governments of the EU member states should help to ensure that the WHO has the resources it needs to fulfil its diverse tasks, including as a coordinating organisation for global health and an advisory service on the ground, independent of particular interests. In this context, an increase in flexible funds not bound to one specific topic or project is particularly necessary to give the WHO more leeway in its funding decisions.
- The African Union and the European Union should reach out to their global partners (such as the United States) in order to advocate for a reform of the WHO as described above.

*Accra & Brussels, 15<sup>th</sup> of February 2022*