Médecins du Monde International Network
Statement on the COVID-19 pandemic: *Pandemics do not respect borders*

Background

These are tough times for us all globally. The COVID-19 outbreak has turned into a deep concern for many, a life or death situation for some but also an extraordinary challenge for the fulfilment of the Right to Health for All, for public healthcare systems to guarantee equitable access to health, to question national and global health governance and the purpose of the international cooperation with the global south. In general, this crisis is putting at risk health policies globally.

Very important questions have been posed since the pandemic has been officially declared. To which extent national **health systems are ready to manage such a huge crisis**? How the States, through their public health systems can ensure the **fulfilment of the Right to Health for all**, non-discrimination, equitable and affordable access to health for all *leaving no one behind*, regular and sufficient funds to cover the expenses of supplies, facilities, trained health workforce, efficient information systems, adequate service delivery, access to essential medicines and democratic governance…to deal with the pandemic? What will happen with the health systems of those **countries in the Global South** already weakened?

Destruction of Social Welfare State public services (privatization, commercialization, underfunding and regionalization), has led to the **undermining of public health systems** globally. The weakness health systems are facing now are reflecting on the difficulties and challenges they are struggling with to tackle the pandemic and guaranteeing equitable access and treatment for all. Confinement measures for a large amount of population and the declaration of the state of emergency or alarm in many countries are just the result of the lack of resources and capacities of healthcare centres and hospitals to deal with so many infected people.

Special consideration should be given to the discrimination to access healthcare services and treatment **by women and girls**, especially in poorer countries. Social, culture and gender norms, roles, and relations influence women's and men's vulnerability to infection, exposure, and treatment.

Besides, amongst **the most vulnerable population**, **Roma, imprisoned, homeless, drug users, refugees and migrant populations** are traditionally excluded from public national health systems due to their social, cultural or legal status and are the most vulnerabilized during health crisis. Specially those elderly migrants due to family regrouping processes who, in spite of their legal status, are denied access to public healthcare services. Homeless often have less access to healthcare centres and are assisted only by emergency services when the situation is too serious. Supporting a high degree of stigma, when healthcare services are overwhelmed, homeless suffer social rejection. This social rejection lead to more difficult access to health and a higher probability of transmission. Finally, they might find additional difficulties when following the preventive measures recommended as hand washing.

One of the biggest challenges to an effective COVID-19 response is when public health systems are **weak or broken as a result of conflict and chaos**. In **conflict affected areas**, the pandemic can have disastrous impacts, adding a crisis onto the crisis. **Refugees and displaced populations**, weakened by months and years of violence and lack of health services and living in crowded

settings, are particularly at risk. In humanitarian crisis contexts, this pandemic is having an enormous impact on the **accessibility of supplies and staff**.

We can learn from COVID-19 that **strong public health systems** are capable to resist before massive threats to health with the required collective responses. Likewise, it shows the importance of having a **real and genuine universal health system**, ensuring the Right to Health and access to healthcare for all regardless their location or their administrative/legal situation, as the most effective strategy to face these health crises.

Médecins du Monde Recommendations

We urge local, national, regional and international health and development policy makers to take into consideration the following recommendations:

- In the long term, **ensure the public spending on health** and increasing investment in public and non-private healthcare. Guaranteed public health spending and investment will allow our health systems and workforces to be able to answer the needs of all through strong universal public health systems, protected from private and lucrative interests.
- Every country should comply with WHO's recommendation to "*(…) immediately **allocate or re-allocate at least an additional 1% of GDP to primary health care** (…)*" through improving *"(…) domestic tax and revenue performance in line with the Addis Ababa Action Agenda, to increase government revenues (…)"*.[1]
- In order to avoid discrimination when accessing public healthcare services, **paying for testing and for healthcare provision should be eliminated.**
- There's an **urgent need of coordinated action**, not only in our own local health systems, but also nationally and internationally. What we need now is a strong solidarity-based health system for all and coordination that surpasses national borders, with effective action at national and at global level.
- Ensure the response to COVID-19 does **not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities**. It is important to recognize that social, culture and gender norms, roles, and relations influence women's and men's vulnerability to infection, exposure, and treatment.
- Establish **special measures for the most vulnerable**: homeless, migrants, refugees, Roma, imprisoned population and those with difficulties to access primary health care services, including refugees, especially those living in camps, and displaced populations. **Undocumented migrants** need healthcare too: accessing to healthcare systems shouldn't lead to data sharing with immigration authorities.
- Ensure that **we all have access to all health measures, including the most vulnerable**. Resources unevenly distributed lead to compromise the control of the virus.
- Acknowledge **specific needs of vulnerable countries** with weak health systems. Take necessary measures to **relieve travel bans and movement restrictions** to enable international assistance to reach those who are most in need.
- A special attention should be placed on **conflict settings**. Refugees and displaced populations are particularly vulnerable to the pandemic, especially when living in camps. There's both the need to **maintain Humanitarian flights for human resources and for medical supply** so the continuity to the existing programs are ensured but also the need to guarantee the security of the staff.
- We need fast, **free at the point of use** and **quality healthcare** services for all.

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[1] WHO, Primary Health Care on the Road to Universal Health Coverage; 2019, MONITORING REPORT: https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf?ua=1

- Acknowledge **the crucial role health workers (up to 80% of the health practitioners are women) play** when crisis like this arises. There's an urgent need to support them, their trade unions and their requests for adequate staffing ratios and the provision of appropriate protective equipment. Health professionals should be protected, especially in conflict or crisis settings. They should not be targeted, and their work should not be hampered.

- **Guarantee permanent, cultural, financial and geographical health access for all**, regardless of their legal/administrative situation: a real *Universal* health coverage.

- Ensure a **democratic health governance** both at national and international levels. A **strong and well-funded UN system including the WHO** and other relevant UN agencies is needed to serve in an oversight and monitoring role.

- **Access to medicines** must be at the service of the population and not at the service of transnational pharmaceutical companies, ensuring that the development of new medicines or vaccines are **not submitted to patent system or its access is not restricted**.

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