



Solidarity in the Time of COVID-19 Pandemic

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Dear Editor,

In the early days of the pandemic, fears were translated into retreat to personal, community, and national values for the sake of survival and protection. Concerns were expressed by the poor, and underdeveloped countries about equitable access to medicines or vaccines once developed and produced. Indeed, some rich countries and groupings, namely the USA and Europe, have announced that access priority to technology shall be given to their nationals.

Hopefully, with time, a spirit of solidarity has developed all over the world in communities, countries, and the global world through manufacturing personal protection equipment, ventilators, and fielding staff to support countries in need. Also, efforts to generate solidarity in fighting the pandemic and softening debt conditions for poor countries were made by the United Nations and its specialized agencies despite the negative attitude of the American president Donald Trump.

-Solidarity at country level:

Civil society organizations, together with governments in many countries, have played an important role in donating time and financial resources to help health systems dealing with the pandemic. Creative efforts were made by academics during lockdown to design lifesaving equipment and develop field hospitals through personal and community efforts. A particular interest is still being paid to mitigate the economic consequences of lost income and jobs, particularly on poor, deprived populations, refugees, and migrants.

Despite moves to reduce government role in social sectors, including health, and promote commercialized health care services, it is fueled by neoliberal and capitalist ideologies all over the world. The pandemic has offered a golden opportunity to revisit government responsibilities, particularly about protecting national health security, strengthening public health services, and defending

the right to health. Even market-oriented economies realize the limits of globalization and government disengagement in social sectors.

-Solidarity between countries:

When some countries, particularly Italy and other European countries, were overwhelmed by the number of patients needing intensive care, health teams were fielded from many countries, including China, Cuba, Russia, and developing countries. Indeed, medical teams came also from Somalia and Tunisia, and their support was much appreciated at national and popular levels. Also, many countries, including the Islamic Republic of Iran, have donated personal protective equipment, ventilators, medicines, and field hospitals.

While some countries, particularly the USA, have relaxed access conditions to the immigration of health professionals to support health care systems, some developed economies have realized the important contribution of migrant health professionals from third world countries to the fight against the pandemic. Hopefully, such recognition could be translated in efforts to improve working conditions while at the same time implementing the WHO international code of recruitment for international health professionals. Unfortunately, only a few countries from the North are sensitive to the negative impacts of migration on national health systems of sending countries as more than 30% of specialized physicians in intensive care and imaging working in France are from Maghreb countries (1-3).

-Solidarity at the global level:

By its very nature, success in the fight against the pandemic is and should be global as infectious diseases and viruses do not recognize national borders. As per its constitution, WHO is mandated to coordinate global health in addition to its normative functions. International health regulations were implemented from the start of the epidemic, and coordination took place with all countries concern-

ing the management of pandemic at country, regional, and global levels (4).

However, the coordination of global health faces important political, financial, and technical challenges. Unfortunately, the USA has politicized the pandemic on the grounds that the virus was recombined in China and that WHO was complicit with China in not being transparent from the beginning. Adding insult to injury, the USA has managed to stop a political resolution on international solidarity at the UN security council. The main financier of WHO in terms of assessed contribution has withdrawn during the early stages of pandemic management, putting additional strains on the already underfunded international organization (2).

In line with its constitution and the values sustaining its work, the WHO has made valuable efforts to generate financial resources in support of international solidarity. Despite the negative attitude of the first economy of the world, WHO has been able to generate 9 billion US \$ to fund research and technology development for medicines and vaccines and has made clear that access to whatever new treatment or preventive tools should be equitable to all. Efforts shall also be made to support financially needy countries to strengthen national health systems and better manage the pandemic.

-Lessons learned:

Most countries, developing and developed alike, were taken by surprise by the pandemic, and the toll paid in terms of morbidity and mortality was high. Also, economists are forecasting important economic consequences, including the long-standing recession and negative impacts on poor and deprived populations. Tradeoffs between economic loss and protection of human lives, in addition to ethical consideration, have seriously affected policy attitudes related to lockdown.

Several think tanks are focusing on the pandemic, looking at its various political, cultural, social, and economic aspects and trying to build scenarios for the future. Many thinkers and philosophers are supporting the views that issues related to human development, such as health and education, should be kept away for commerce and profit-making activities. Health should be considered as a societal value, and health care services should be considered as market commodities.

The pandemic has permitted in many countries to rebuild social and family ties, which nurtured solidarity between individuals and communities. Generous feelings were expressed in many countries through empathy with poor, socially excluded, handicapped, and helpless refugees and migrants. In some countries, including Tunisia, through lobbying by progressive civil society organizations, bold measures aiming at providing social secu-

urity to migrants were taken during the lockdown.

The global move toward the right to health and social welfare has received momentum even in countries keen to the market economy. The pandemic has shed light on unacceptable social inequalities related to income, social status, and race. The negative impact on the role of government in social affairs should be reversed through legislation and concrete policy measures.

The UN system and its specialized agencies should be kept away from politicization and electoral agenda and should be further strengthened. New economic and political groupings such as the BRICS should increase their non-earmarked contribution to WHO. Also, efforts should be made to defreeze the WHO assessed contribution to cope with increasing health needs.

Footnotes

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