
Everybody knows that the Plague is coming

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And everybody knows that we are not all equal.



Photo: Sturlason

In 2019, only months before the outbreak of the pandemic, the WHO published the report *A World at Risk* [\(1\)](#). It describes how the world should 'prepare for the worst: a rapidly spreading, lethal respiratory pathogen pandemic'. The

description of what could happen and what is at stake is so precise that it is painful to read.

Two years and 17 million deaths later, we know how well prepared the world was, and the verdict is devastating: the world is broken [\(2\)](#). 'Everybody knows the deal is rotten,' Leonard Cohen sang in 1988 [\(3\)](#). The pandemic has reinforced existing inequalities, says the WHO in this year's report, *From Worlds Apart to a World Prepared*.

The world is unfair. The report from 2019 points out that research and development are mostly undertaken in high-income countries and fail to focus on the needs of low-income countries [\(1\)](#). The distribution of vaccines illustrates this; while 63 % of people living in high-income countries have received at least one vaccine dose, healthcare workers remain unvaccinated in many low-income countries [\(2\)](#). We provide the low-income countries with a small number of vaccines, instead of sharing knowledge and technology to let them produce their own. Vaccine shortages mean that more people fall ill, exacerbating the shortage of hospital beds, personnel and medical oxygen. Low-income countries also lack infrastructure for diagnostics [\(1\)](#). The focus there is on treatment, but diagnostics are the key to contact tracing and control of outbreaks. Not only have the wealthy countries helped themselves greedily to the vaccines, they have also secured the lion's share of the tests and personal protective equipment for themselves [\(2\)](#).

«The captain lied. We were never in the same boat»

The pandemic causes loss of life, money and opportunities. Vaccines help the economy get back on track – in high-income countries. Low-income countries will spend years before the population is vaccinated and the wheels of industry begin turning again. Poor countries are not expected to receive vaccines until 2023 [\(4\)](#). Loss of jobs and incomes has hit the least educated – and women – hardest. Loss of schooling has especially harmed those who lacked the technology for remote teaching and those who had the least prospects for education to begin with. In large parts of the world the schools remain totally or partly closed [\(5\)](#).

We need a new social contract. A social contract based on equity, solidarity, inclusivity and reciprocity, accountability and transparency, sustainability, and action, the WHO says in this year's report [\(2\)](#). The report is clear about what will be needed if we are to be more successful in limiting the damage the next time a health crisis occurs. We need to strengthen the global health authorities through international agreements on health crisis preparedness and response, with sufficient funding. The WHO must be granted more power, and we need an agile and fair health emergency system. There is in fact little new in the report, and the foreword also makes this clear: 'We know what to do. We just cannot seem to do it.'

For too long, we have allowed cycles of alternating panic and neglect when it comes to pandemics, says Gro Harlem Brundtland [\(1\)](#). She calls for a will to act. For us in the rich global North, the pandemic should at least have functioned as an exercise. It is pure luck that the mortality from this virus in fact is relatively

low when compared to other threats, such as MERS and Ebola. A recently published independent analysis of the first months of the pandemic points out that the reason why the events unfolded as they did was that the rich countries initially were under the impression that the pandemic would not affect them. Countries that had previously faced the threat of epidemics reacted with lightning speed. In high-income countries in the North, however, the virus was permitted to spread for much too long, because we believed that it would only affect countries with poorly developed health systems (6). Did we learn anything from this?

«We need a pandemic management treaty that transfers power from the nation states to the WHO and ensures a quick, coordinated and fair response»

We need a global pandemic treaty that transfers power from the nation states to the WHO and ensures a quick, coordinated and fair response (6). It is easy to agree that the WHO should have more power and that low-income countries should have more vaccines – until the question arises as to who should surrender both the power and the vaccines. Moreover, there are some who benefit from the shortage of vaccines (7). The WHO asked wealthy countries to wait before giving the second dose until more people had received their first (7). Norway didn't listen. The captain lied (3). We were never in the same boat. The WHO report points out that rich countries are unreliable – and that Norway has still not provided the doses that we have promised to low-income countries (2). The poor stay poor, the rich get rich (3). Now we are about to roll out dose number three.

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