

Corporate Capture of Our Healthcare Systems Derails Health Equity

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“Vaccines cannot only be for the rich. They cannot be a profit-making business. All medicine should be for all of humanity. They must be made free for all people. Medicine cannot be a business. That is anti-human. Medical knowledge should be organised like a library, not a business.” - [Abahlali baseMjondolo](#)

At the heart of failing healthcare systems around the world, exacerbated by the COVID-19 pandemic, are four main symptoms of [corporate capture](#): the privatization of healthcare, intellectual property protection, lack of transparency in contracts related to healthcare, and the **theft of emergency funds by the wealthiest 1%** at the expense of people’s health and that of care workers – who are disproportionately women. This background document provides several examples of corporate capture of government decision-making on healthcare. It aims to illustrate how this phenomenon poses one of the most dangerous threats to our global healthcare systems. Though public money and taxes are used to fund a majority of scientific research to treat or vaccinate against diseases such as COVID-19, economic elites have lobbied for years to overturn laws that would allow us all to have unimpeded access to research results and to quality public healthcare.

Examples of Corporate Capture in the Context of Healthcare

Privatized medical care in Egypt and the US

Egypt

Privatizing healthcare systems, or parts of it, often means more expensive and less accessible treatment and prevention against diseases. For [example](#), in Egypt, private hospitals agreed to receive COVID-19 patients but only at a [higher](#) price than in public hospitals – the price varies and fluctuates at the whim of the wealthiest 1% who own and control these private hospitals, and the government has no control over this. As a

result, fewer individuals are able to access healthcare facilities for COVID-19 treatment while privatized medical facilities are reaping profits. The [inability](#) of the Egyptian government to control the pricing of private hospitals in handling coronavirus cases is extremely concerning, especially since a high-ranking government official also sits on the board of a group of private hospitals. This is a common

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manifestation in corporate capture, identified by ESCR-Net members as ‘revolving doors’ where government officials have professional ties to corporate elites. This high-ranking government official is Mr. Awad Taj Al-Deen, who serves as a Medical Affairs’ Consultant for the Egyptian Republic’s President and is a member of the High Committee addressing the COVID-19 crisis. He is also a member of the Administrative Board for the Cleopatra Hospitals Group, which was founded in 2014 and took over the specialized Cairo Hospital, Cleopatra Hospital, Al-Neil Badrawi Hospital and Al-Shurouq Hospital.

From another angle, countries like Egypt have continued to focus much more on protecting the interests of the private sector versus improving fragile healthcare systems that have been further exposed as such by the COVID-19 pandemic. For example, according to a [statement](#) by the Egyptian Initiative for Personal Rights (EIPR), a member of ESCR-Net, the government of Egypt has given priority support to Egyptian manufacturers and other corporations to mitigate the economic impact of measures countering the spread of COVID-19 and to encourage the private sector. At the same time, the government has been slow to use these same levers to protect the health and income of individuals, particularly those most in need. The Egyptian government did not direct a stimulus package to individuals, and it continues to risk the health of most individuals by allowing non-essential private businesses to operate at full capacity. This policy stands in stark contrast to the laudable measures taken for workers in the government and public sectors.

UNITED STATES

In a not so different case, people in the US – the wealthiest country in the world – have struggled to access healthcare services throughout the COVID-19 pandemic. While some public provision is available for the elderly and impoverished communities, quality medical care is primarily only available to those who can afford private insurance. In 2018, about [28.7 million](#) people in the US were without private insurance – that is almost the whole population of the State of Texas – and many with insurance have large deductibles and co-payments that continue to make care inaccessible. With the COVID-19 pandemic leading to job losses and with few social safety nets to protect individuals, a [study](#) in the spring of 2020 showed that about 5 million people lost their private insurance coverage in that first quarter of the year alone. Additionally, the Poor Peoples’ Campaign, estimates that [“40 percent](#) of Americans have taken on debt because of medical issues, making medical debt the number one cause of personal bankruptcy filings. In fact, the bottom 90 percent of Americans hold more than 70 percent of debt in the country.”

The profit-led system of healthcare in the US is the result of many years of corporate capture of government decision-making through interference in legislation and policy making. In a [study](#) on how healthcare in the US became a business rather than a right, research shows how increased demand for private healthcare insurance

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created an opportunity to reap profit for the wealthiest 1% – and with it a move to allocate added funds to ensure public policy and government legislation would continue to prioritize profit over people. When US legislator Bernie Sanders ran a campaign to promote a model of Medicare for all, business elites in the healthcare and insurance industry were alarmed that several representatives in government were beginning to warm to the idea. One businessman in particular, Charles ‘Chip’ Kahn, who is President of the Federation of American Hospitals, [pushed back](#) strongly against the Medicare-for-all model in favour of the for-profit private system that he personally worked for years to build by interfering with public policy and government legislation. He did so, in part, by moving between government roles and private sector positions. According to his profile featured on the US Chamber of commerce [website](#), Kahn “has a long and distinguished career as a professional Capitol Hill staff member and played a pivotal role in developing major health legislation while staff director for the Health Subcommittee of the House Ways and Means Committee.” In 2020, he remained [active](#) in lobbying and was in ‘frequent discussion’ with the government secretary overseeing bailout funds throughout the COVID-19 pandemic. Though US insurance companies, for-profit hospitals, and pharmaceuticals are usually at odds with one another in a race to receive government funding, they were all united – with Kahn’s leadership – against the model of Medicare-for-all in a coalition called “Partnership for America’s Health Care Future” – a multimillion-dollar cooperative joining all the major for-profit healthcare industries to push back against proposals by democratically elected

representatives advocating for the public health rights of people. If a model like Medicare-for-all ever passes, it would mean that the private health insurance industry – a \$670 billion business – would cease to exist or be severely weakened. For-profit hospitals would [lose](#) billions as they’d “no longer be able to strong-arm private insurers into paying far higher rates for care than the federal government.” For the 99%, healthcare would become more accessible, while the government would be able to better fulfil its obligations under international law.

Protection of intellectual property rights for profit

Since the start of the COVID-19 pandemic, many companies in the pharmaceutical industry have refused to openly share life-saving research and know-how in a timely manner. Pfizer, AstraZeneca, Johnson & Johnson, Sanofi, GlaxoSmithKline (gsk), and Gilead are all part of the International Federation of Pharmaceutical Manufacturers & Associations, which issued a [statement](#) during the COVID-19 pandemic arguing that patents and intellectual property must be protected – despite a [call](#) by impoverished countries and the World Health Organization to share information that would allow all of the world to produce and access the COVID-19 vaccine more easily at such a dire time. In May 2020, the chief executive Pascal Soriot of AstraZeneca [stated](#), “I think [intellectual property] is a fundamental part of our industry, and if you

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don't protect [intellectual property], then essentially there is no incentive for anybody to innovate." Groups later [exposed](#) that 97 percent of investment in research and development of the AstraZeneca vaccine against COVID-19 was from public sources. Crisis or not, people [know well](#) that the big pharma industry has not been prioritizing people's right to health and has continued to influence policies and regulations set to protect their intellectual property and ultimately their profits. Intellectual property clauses have hugely undermined the right to health for all and had a catastrophic impact on the global fight against the COVID-19 pandemic, particularly in the Global South, which has seen a [similar](#) scenario unfold in the long fought battle against the HIV/AIDS pandemic.

A [report](#) co-authored by members of ESCR-Net, highlighted in February that BioNTech, which partnered with Pfizer, [received \\$445 million from the German government](#) to develop a COVID-19 vaccine. Significant public resources have been used in the development of many COVID-19 vaccines, which naturally led many to promote a campaign highlighting that these vaccines are '[the people's vaccine](#)' rather than a commodity for sale and profitmaking. Pfizer chief executive Albert Bourla [remarked at a forum](#) last year organized by the International Federation of Pharmaceutical Manufacturers & Associations that companies are "investing billions to find a solution and, keep in mind, if you have a discovery, we are going to take your (intellectual property), I think, is dangerous." Similarly, Moderna, which was largely funded by the public, remains highly [inaccessible for the global common](#) good. At a time when sharing scientific knowledge, including patents and other intellectual property, could save lives - several pharmaceutical companies and captured States have opposed this, resulting in inequitable distribution of vaccines. In an [urgent appeal](#) to UN Special Procedures,

ESCR-Net members called for urgent action as large corporations in the healthcare and insurance industries have poured a tremendous amount of money into introducing policy and regulations that would block free treatment and universal vaccine distribution in order to guarantee profitability. Decades of lobbying and of corporate capture of government decision-making have allowed healthcare to become a business - under the guise of liberalization of the market, innovation, and safety - when it should be a human right available to all without discrimination and supported by public investment.

PFIZER

Going [back](#) 25 years in time, one would [learn](#) that Pfizer, among other giant pharma companies, aggressively lobbied rich governments for years to put in place rules and regulations that would protect patents and other intellectual property, so they could maintain a monopoly over vaccine and drug profits. Rich governments obliged. In a clear form of corporate capture, Pfizer along with other corporate elites in the pharma industry spearheaded efforts to influence the adoption of intellectual property rights and patent protections at the World Trade Organization (WTO) called Trade-Related Aspects of Intellectual Property Rights (TRIPS). TRIPS is one of the biggest obstacles to the fair distribution of the COVID-19 vaccine. It comes as no surprise that countries like the United Kingdom, the United States, Canada, Australia, and the EU all [oppose](#) a [proposal](#) submitted by India and South Africa to temporarily waive intellectual property rights and patent protections for COVID-19 vaccines and treatments at the WTO (the United States has voiced support for a vaccines-only waiver).

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This proposal, if agreed upon by all countries of the WTO, could be a first step in the mass production of treatments and inoculations against COVID-19, which would ensure dissemination to a much larger number of the world's population and at a more reasonable cost. Worryingly, our dominant economic system allows for the pharma industry to capture global healthcare decisions, increasing their profits and undermining peoples' rights. We must remember, the right to health is an obligation that must be fulfilled by States - it is not a commodity to be traded.

Whether in the [UK](#), the [US](#) or other Western countries where pharmaceutical giants are headquartered, companies such as Pfizer have an alarming impact on decisions of public health. This comes as no surprise when in 2019 alone, Pfizer spent US\$ 11 million on lobbying. Additionally, it [seems](#) at least one Pfizer board member, Joseph Echevarria, has worked with the US government at some point in his professional career, exemplifying the influence of corporate elites on government decision-making - a classic form of corporate capture called revolving doors. Another major concern when addressing corporate capture of government decision-making on healthcare is the utter lack of [transparency](#) in every aspect of business, from lobbying efforts to production costs. For [example](#), licensing deals to manufacture COVID-19 vaccinations have been kept secret and do not reveal how billions of dollars of public money was spent to manufacture the vaccine. An estimated US\$ 19 billion of global public funding and taxpayers' money was [spent](#) on the research for a COVID-19 vaccine.

In another emblematic form of corporate capture, economic diplomacy at the WTO and policy interference in public health decisions has left taxpayers and community members unable to access critical information that would allow for equitable access to COVID-19

vaccines that they have essentially funded in large part. Keeping people in the dark emboldens the monopolization of companies such as Pfizer over vaccines and allows them to commodify and overprice them, so they can only be bought by a select few countries, many of whom hoard it, deepening global inequalities and colonial legacies. According to a recent [report](#), “[b]illions are unlikely to get jabs as rich countries secure 53% of most promising vaccines.” Independent UN experts decried COVID vaccine hoarding in a [statement](#) saying that there is no room for nationalism in the distribution of the vaccine and calling for equitable access to all.

SERUM INSTITUTE OF INDIA

India [launched](#) its vaccination campaign on 16 January and has been [expected](#) to supply vaccines to low-income countries through the UN-backed initiative COVAX. The Serum Institute of India (SII), an Indian biotechnology and pharmaceuticals company, was the only licensed company to manufacture the AstraZeneca vaccine - with the name of Covishield - and distribute an initial shipment of vaccines.

In India and beyond, heightened COVID-19 vaccine prices due to privatization and lack of transparency have raised concerns about inequitable access. In November 2020, SII chief executive Adar Poonawalla [told](#) the CNBC-TV18 channel that they would sell the Covishield vaccine at 1,000 rupees per dose (\$13.55) to the private market, and would sell at 250 rupees per dose (\$3.40) to the government. Eventually, the national government in India procured vaccines at 150 rupees per dose (\$2).

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By April 2021, when it was clear that SII was not able to manufacture enough vaccine doses, it asked for public money from the Indian government to expedite vaccine production. In an interview with NDTV on 7 April, Poonawalla [asked](#) India's government for \$400 million to help the Serum Institute increase its manufacturing capacity from 60 million to 70 million doses per month to a projected 100 million doses per month. On 19 April, the Indian finance minister [announced](#) that SII would get 30 billion rupees (\$400 million), Nirmala Sitharaman told news channel CNBC-TV18 on Monday.

On 21 April, SII [said](#) it would sell the AstraZeneca or Covishield vaccine to India's state governments at 400 rupees (\$5.30) per dose and to private hospitals at 600 rupees (\$7.95). In a time of crisis, SII has been able to manipulate and alter vaccine prices with total impunity. SII originally said that the price of 150 rupees per dose (\$2) was profitable for their company, and then received \$400 million funding from government to scale up production in April 2021. However, only five days later on 24 April, SII [claimed](#) that "the higher price it has quoted for its Covishield vaccine in the third phase of inoculation against coronavirus in India was due to the need to scale up its infrastructure." By June, a media [report](#) highlighted that the price of Covishield has become fixed at Rs 780 (\$10.47).

Lack of transparency

There is a concerning lack of transparency around how much countries pay per dose, compounded by the [fact](#) that Serum Institute of India is one of the few manufacturers licensed by AstraZeneca, upon which 92 of the [world's poorest countries](#) are reliant via the COVAX facility. A Belgian politician in December [tweeted](#) the EU COVID-19 vaccine price list, information the European Commission later argued was covered by

confidentiality clauses. The Coalition for Epidemic Preparedness Innovations (CEPI), which helps run the COVID-19 Vaccines Global Access (COVAX) facility has also been [criticized](#) over pricing transparency.

Meanwhile, companies such as SII are [concerned](#) that they will face lawsuits if vaccines cause deterioration in health and have been lobbying government officials to introduce a law that will protect them from any liability. Surely, companies that ultimately profit from the COVID-19 vaccines must also be held responsible for their actions. Without scrutiny and accountability on the table - either through independent government institutions or an independent judiciary - how can we guarantee that such companies will not produce faulty products at lower cost for added profits?

LATIN AMERICA

According to [research](#) done by the Latin American Journalists' Network for Transparency and Anti-Corruption ([RedPalta](#)), of which [PODER](#) is a member: the massive purchase of vaccines against COVID-19 once again covered Latin America under a cloak of opacity. Affected by the dominant economic system, Latin American governments found themselves desperate to acquire millions of doses in a race against the clock. This prompted changes in the legislation of 13 countries in the region - exemplifying a common manifestation of corporate capture whereby economic elites commonly influence government policy and regulation to guarantee profitability and secure corporate impunity. Many countries in Latin America [modified](#) their laws in order to establish economic indemnity

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and provide confidentiality to the pharmaceutical companies producing the vaccines. You can find out more about the RedPalta Network and its members [here](#).

According to Red Palta's [research](#), at least 13 Latin American countries changed their laws to purchase the COVID-19 vaccine between last September and February. In an investigation carried out by the [Red Palta] in alliance with the Fundación Directorio Legislativo, it was found that during this period 23 new regulations were approved, including laws, decrees and resolutions that strengthened, from different angles, the opacity of these acquisitions and gave immunity, economic indemnity and confidentiality to the pharmaceutical companies that produce the vaccine. Several of these changes, including the confidentiality of contracts, were made at the request of the pharmaceutical companies, including Pfizer. All contracts signed by Latin American countries are confidential, and almost no state reported the price at which it purchased the vaccine.

[Corporate capture of COVID-19 recovery funds and lack of transparency](#)

UNITED KINGDOM

According to a news [report](#) by the BBC, the British National Audit Office (NAO) said standards of transparency and record-keeping were lacking in the early stages of the pandemic when companies recommended by members of UK parliament and government advisers won government contracts for personal protective equipment (PPE). According to the [findings](#) of the NAO, "the source of the referrals was not always recorded and in one case a pest control company was given priority." Reports also highlighted that Ayanda Capital was one of the companies

awarded a government contract. The company is directly [connected](#) to Andrew Mills - an adviser to the UK Board of Trade chaired by International Trade Secretary Liz Truss. Mills was also listed on LinkedIn as a Senior Board Adviser to Ayanda Capital since March 2020. In a [report](#) by the Scotsman, it seems Mills' own company Prospermill had initially secured the supply of PPE but then partnered with Ayanda to receive the contract and make an overseas payment. According to the same news source, Ayanda capital supplied 50 million faulty face masks to the UK. Andrew Mills has since been [removed](#) from his position, but no other measures of accountability were put in place.

In another case, openDemocracy [found](#) that a healthcare company that is controlled by leading Tory donor and former party chairman, Lord Ashcroft, received a £350m contract as part of the government's COVID-19 vaccination roll-out.

KENYA

Many countries around the world received COVID-19 relief packages to fight the pandemic. According to an [investigative](#) report by NTV, Kenya received about \$2bn in aid, grants and loans from the World Bank, the EU, the African Development Bank, and several others to support the handling and management of the pandemic. At the same time, people in Kenya, particularly care workers in healthcare, were wondering where all the funds had gone when hospital staff reported a shortage of personal protective equipment (PPE) and / or low-quality PPE, a shortage of masks in markets, and a shortage

of hand sanitizers. A [report](#) by the BBC, in September 2020, highlighted that “Kenyan investigators are to recommend the prosecution of at least 15 top government officials and businesspeople over the alleged misuse of millions of dollars meant for buying COVID-19 medical supplies. [...] The probe uncovered evidence of tenders being allegedly given to politically connected individuals and businesses.” Investigations were headed by Kenya's Ethics and Anti-Corruption Commission (EACC), which said that their work “had established criminal culpability on the part of public officials in the purchase and supply of COVID-19 emergency commodities at Kenya Medical Supplies Authority (KEMSA) that led to irregular expenditure of public funds.”

KEMSA is a State corporation by [its own](#) definition and has clear connections with members of the Ministry of Health and county governments. According to the NTV report, members of the Senate and other high-ranking government officials in Kenya are deeply connected with KEMSA, and more so in the first months of 2020, when it became clear that the pandemic could be an opportunity to make profit with the amount of funds flowing into the country. This, of course, came at the expense of the health of the 99% in Kenya and in disregard of the government's obligation to fulfil the right to health for all people in the country. It [seems](#) that tenders were offered to several companies that were only formed weeks before funding became available and with connections to senior government officials. Among these companies is KILIG Limited that [allegedly](#) has connections with the Deputy Vice President of Kenya, William Ruto. KILIG Limited at the time was a three-month-old company and in addition to being awarded a US\$ 36 million tender by KEMSA for the procurement of 450,000 PPE kits, each valued at about US\$ 82, despite being sold at market price for US\$ 50, according to [reporting](#)

by NTV. Additionally, the BBC [reported](#) that in several other instances, companies supplied PPE to KEMSA at what is claimed to be hugely inflated prices, sometimes as high as three times the current market rate.

UNITED STATES

When the US government passed [bailouts](#) to support hospitals in May 2020, billions were handed over to some of the wealthiest private hospitals in the US – hospitals that primarily cater to patients who can afford private medical insurance. Among those was HCA Healthcare, whose C.E.O. Samuel Hazen was in a [meeting](#) with the US President in April 2020, along with several other healthcare executives. In the meeting Hazen stated to the US President: “... we're proud to be a partner with the federal government; we think that's the only way fundamentally to solve this crisis. And we're proud to be part of it.” In June 2020, HCA Healthcare received the largest hospital bailout sum of \$1 billion. A few weeks later, a report highlighted that the HCA Healthcare C.E.O. was [paid](#) a salary of \$26,788,251 the prior year. HCA Healthcare is a company that is worth over [\\$36 billion](#) – one of the wealthiest in the world. Regardless, HCA Healthcare hospitals were laying off staff during the COVID-19 pandemic throughout 2020 and were failing to provide appropriate personal protective equipment to their care workers – putting their lives at risk. A [report](#) in June 2020, highlighted the deaths of several care workers. “Celia Yap-Banago, a nurse at an HCA hospital in Kansas City, Missouri, died from the virus in April, a month after her colleagues complained... that she had to treat a patient without wearing

protective gear.” Around a month later, “Rosa Luna, who cleaned patient rooms at HCA’s hospital in Riverside, California, also died of the virus; her colleagues had warned executives in emails that workers, especially those cleaning hospital rooms, weren’t provided proper masks.” In August, National Nurses United (NNU) [called](#) on the federal Occupational Health and Safety Administration (OSHA) to inspect all HCA-owned-and-operated hospitals and issue citations against the hospital giant for “wilful violation” of workplace safety hazards, which NNU warns “could reasonably be expected to cause death or serious physical harm.”

LATIN AMERICA

According to [studies](#) by Red Palta, the pandemic has given rise to millionaire public contracts, many of which were a product of processes that were not transparent and were without competition. In one of its investigations, Red Palta [warned](#) of several cases in which companies adopted new lines of business linked to the pandemic and engaged in irregular conduct without proper health oversight and with characteristics of corporate capture. In Colombia, for example, the speed with which national, regional and local authorities have had to contract for the provision of supplies to combat the coronavirus gave rise to suspicious cases, such as Turnkey Logistics Consultants S.A.S, which signed a contract for COL\$29,595,037,890 (US\$ 7,325,740.14) with the Secretary of Health of Valle del Cauca for the purchase of 300 ventilators (at a rate of US\$ 24,419.13 per ventilator). One month after signing the contract, Turnkey, whose main activity is: ‘other activities complementary to transportation,’ changed its corporate name to adapt to the needs of the contract signed with the State. This leaves a shroud of doubt as to Turnkey’s suitability to supply medical supplies such as hospital ventilators.

According to the same [report](#), the capital city of Guatemala has contracted Discogua four times, which has been selling construction materials, electricity, industrial protection equipment, among other goods since 2004, and now distributes supplies for disinfecting streets and municipal facilities. The mayor’s office did not impose health requirements. Another case occurred in the municipality of San José, where polypropylene masks, N95 masks, frontal infrared thermometers, protective glasses and gloves were purchased from Tranmaq. “This construction company was awarded two contracts to asphalt roads at the beginning of the year and the municipality did not impose quality requirements... nor did nine other local governments, which prioritized price and delivery time. Guaranteeing product standards took a back seat.”

Health is a right, not a commodity

Under international law, every State is [obligated](#) to ensure the right to health without discrimination. In reality, the wealthiest 1% has co-opted many governments into prioritizing capitalist profits and economic growth through privatization of our healthcare while dangerously undermining the right to health of the 99% - this has meant that our healthcare systems have also been severely compromised. A [recent compilation](#) of UN treaty bodies statements on private actors’ engagement in healthcare and the right to health prepared by the Global Initiative for Economic, Social and Cultural Rights (GI-ESCR), highlights through the work of human rights monitoring bodies how privatization of the health sector can undermine our access to healthcare.

Systemic failure in public healthcare

The COVID-19 pandemic has exposed and intensified grave systemic injustices and inequalities all over the world. In a global call to action, ESCR-Net members [highlighted](#) how neoliberal policy reforms have worsened impoverishment, dispossession and inequality. For example, such policies privatized and commodified basic necessities - including medical necessities - privileging only those able to afford quality healthcare to receive it. Many countries have been forced to privatize their health systems and cut spending on public healthcare as a result of impoverishment, debt, and externally imposed austerity - linked to long histories of colonization, capitalist exploitation and manipulation, and systemic discrimination. A [report](#) by IWRAW-AP highlights that “health services, compromised already in many countries by the austerity recommendations of international financial institutions, are under remarkable strain.” Not only will these countries, especially in the Global South, have to work out how to repay unjust loans. They will also have to face conditions that cater to corporate profit. For example, the International Monetary Fund, which has already [granted](#) US\$ 250 billion in COVID-19 loans to countries worldwide, has historically [conditioned](#) its loans on raising (often regressive) taxes, lowering pensions and other spending, and privatizing industries. Looking at healthcare delivery, commercialization of healthcare can undermine countries’ pandemic preparedness and the capacity of health systems to realize the right to health. In the wealthy region of Lombardy, Italy, high levels of private healthcare provision has contributed to the relatively poorer response to COVID-19, in comparison to the less privatized region of Veneto, as highlighted by a [recent report](#), [op-eds](#) and [blogs](#) by GI-ESCR. It is particularly concerning that all this evidence is not informing current work on private sector

engagement in global fora, including WHO, as [recently exposed](#) by a group civil society organizations.

Inequalities in business sectors have meant that large business enterprises have continued to profit throughout the COVID-19 pandemic, often risking the lives of workers, even while small and local businesses were shut down. ESCR-Net member Zimbabwe Environmental Law Associations (ZELA) noted in a [report](#) how COVID-19 has brought to the fore the inequalities in the agriculture sector - with smallholder farmers being the most impacted. On the other hand, tobacco industries [continued](#) to push for profit even when it risked the safety of its workers. In Mexico, PODER, a member of ESCR-Net, has been analyzing, together with several allied groups, the capture of the health system. This joint [research](#) effort has revealed a system co-opted by large pharmaceutical distributors and laboratories, which generates inefficiencies in patient care and does not respect the right to health. Of more than 27,000 companies, just 278 of them (1% of the total), concentrated 78% of the public expenditure of the Mexican Social Security Institute between 2008 and 2018. In addition, when closely studying the development of public procurement during the pandemic, trends of bad practices, overpricing in some medicines and shortages of medicines were also found.

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In every region throughout the world, communities that are impoverished, indebted, and dispossessed are the most impacted by the pandemic. In situations of conflict and occupation such as in [Yemen](#) and [Palestine](#), the rights of those oppressed are being violated despite obligations under international law. Whether in the Global South or the Global North, impoverishment and deepening inequalities are central factors in failed systems of healthcare for all. Our healthcare systems are embedded in an economic system that prioritizes profits for the 1% over human rights of the 99%, including their rights to health and life. While the US [bought](#) almost the entire global supply of remdesivir in June 2020, after speculations that it could be used for treating COVID-19 patients, the country still saw [400,000](#) deaths – which amounts to 20% of COVID-19 related deaths globally – with the pandemic [primarily](#) affecting poor and working-class communities, which are also disproportionately communities of colour. Gilead, the company that produces remdesivir, did not hesitate to sell [overpriced remdesivir](#) to the US last year, knowing full well that a significant part of the US population would not be able to afford it, and that prices would as a result be set at a higher level in markets throughout the world. In fact, Gilead has been lobbying the US government for a monopoly over sales and pricing of remdesivir since March 2020, according to a [report](#) by the Financial Times. Despite its nationalistic approach in purchasing the global remdesivir supply, the US has still not [guaranteed](#) free treatment for its own citizens, arguably in deference to the interests of the pharmaceutical, healthcare and insurance industries.

According to a [statement](#) by APWLD, the antidote to COVID-19 is not only a vaccine given at no cost to all individuals equitably on a yearly basis; it will also require systemic change in the global healthcare system. Instead of spending trillions on raising the private sectors' profit curve, countries should be prioritizing a healthcare system with compulsory universal public healthcare coverage that is not reliant on market actors - and where patients are rights-holders not customers. It should also be noted that in this system there would be strong differences between market actors and societal actors (i.e. government-managed illness funds, which play a key role in Belgium, France, and Germany for example are not market actors - they are societal actors that must prioritize the right to health of the communities they serve). The healthcare system must be accessible to all without overburdening care workers. Throughout the pandemic, members and allies of ESCR-Net have been repeatedly calling for systemic reforms towards universal healthcare and the safety and fair compensation of care workers. While the picture of healthcare in places like the US is grim, the remainder of OECD countries have some version of universal, single-payer systems. Some are massively underfunded, others allow private competition or public-private partnerships, but some are doing relatively well—certainly better than the US—at ensuring quality healthcare to all their residents. Yet most of the world's current healthcare systems remain overburdened and unable to provide the highest attainable standard of healthcare. Instead of guaranteeing people's right to health, these systems are making profit for privatized hospitals, private insurance companies, medical

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equipment companies, and pharmaceutical companies, including in the testing, treatment, and prevention efforts against COVID-19. Governments are spending [billions](#) - including taxpayer money - on vaccinations that should be accessible to all equally and without discrimination, including through local production of vaccines with patents and other intellectual property of life-saving vaccinations shared without restrictions. **With health-related intellectual property monopolies protected at the whim of corporate power by co-opted State legislators, our healthcare systems remain oriented towards profit instead of public health and human rights - to the [benefit of some in wealthier countries](#).** While the attention of governments is heavily focused on private sector interests and profit-making, we now face several confirmed mutations of the COVID-19 virus. It is clear that the virus can continue to outsmart us, especially if our healthcare systems do not fundamentally change to deliver promptly on healthcare for all.

We demand States to:

- Prohibit corporate capture of government institutions and policy-making, including by regulating lobbying, image-washing donations, and revolving door practices
- Adopt and implement intersectional approaches to health financing that pay attention to gender, at-risk communities and marginalization and involve the meaningful participation of impoverished communities, marginalized groups and care workers – who are disproportionately women – in the planning, design and implementation mechanisms for funding public health systems
- Guarantee the universal, equal right to healthcare, including ensuring COVID-19 testing, treatment, and prevention are available to all without discrimination along grounds including class, gender, sexual orientation, ethnicity, race, caste, disabilities, or migration status
- Use maximum available resources, as well as international assistance and cooperation, to realize the highest attainable standard of healthcare, including adopting progressive taxation, prioritizing public spending to realize human rights, and sharing global abundance (instead of imposing austerity in moments of debt and economic crises), which is unevenly distributed due to histories of colonialism, dispossession, and exploitation
- Protect healthcare and other essential workers with equipment, testing, training, relevant health advice, and paid sick leave, paying special attention to those working on the front line (i.e., community care workers, traditional midwives, caregivers in the informal economy)
- Implement full labor protections for all workers, including non-healthcare essential workers
- Nationalize healthcare systems and supply chains, such as pharmaceuticals, in order to reverse the commodification of health and guarantee the universal right to healthcare
- Invest in strengthening country-level capacity for monitoring and analyzing relevant disaggregated data throughout the healthcare system as a means of strengthening health-related information systems.

Act now!

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 2. Use this comic as a political education tool and in your advocacy work!
 3. Disseminate and denounce reports of evolving cases of capture of health care in your own context using #HealthOverProfit and @ESCRNet.
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