



International Access to Health Care Issue Paper

BACKGROUND

“God creates human beings as whole persons — each one a dynamic unity of body, mind, and spirit. Health concerns the proper functioning and well-being of the whole person.”¹ “We of the Evangelical Lutheran Church in America have an enduring commitment to work for and support health care for all people as a shared endeavor.”² The ELCA recognizes that an individual’s and community’s health is made up of a complex set of social determinants, with *affordable* health care being part of that.

The global impact of the COVID-19 pandemic highlighted the importance of international cooperation around health and threw into sharp relief the inequities in access to care. Despite that clarity, in 2025, the U.S. presidential administration indicated that it intended to limit the contribution of the United States to international cooperation around health. The administration revoked funding for and dismantled the U.S. Agency for International Development (USAID) and withdrew from the World Health Organization. It withdrew funding for the public-private partnership Global Alliance for Vaccines and Immunization (GAVI). Funding to AIDS/HIV prevention was decimated in the hollowing out of USAID. The overall effect on global disease prevention, and on the development of treatments and vaccines, is likely to be vast. One statistician estimated that 25 million people will die by 2040 if the funding is withdrawn as threatened.³

The areas in which global cooperation is vital are many. Primary care, maternal care and childcare are in need of support around the globe. HIV and AIDS (and their comorbidities), malaria, tuberculosis, and neglected tropical diseases and noncommunicable diseases continue to affect people, especially in middle-income and low-income countries. The World Health Organization estimated that 40 million people around the globe were living with HIV at the end of 2023.⁴ Malaria estimates in 2023 indicate 263 million cases that year, with children the most vulnerable group.⁵ About 1.25 million people worldwide died in 2023 from tuberculosis, and it is the leading cause of death from a single infectious agent.⁶ Infectious diseases threaten to reverse development gains, reduce life expectancy and cut productivity and income.

Partnerships between government and for-profit companies can be vitally important in providing lifesaving medication and preventative care. However, the drive to maximize profit can also exacerbate global inequities. High retail prices,

Corporate Social Responsibility in the ELCA uses the tools of screening of investments, shareholder advocacy and community investing to work with corporations, calling them to ensure that people are treated fairly and with dignity and to create sustainable communities.

More at [ELCA.org/CSR](https://elca.org/CSR).

limited distribution and manufacturing costs impact low-income countries' access to diagnostics, treatments, pharmaceuticals and preventative care. Efforts to distribute the COVID-19 vaccine were hindered by all these factors.⁷

The ELCA supports health programs at national or local community levels that are implemented by companion churches and organizations. The World Council of Churches coordinates advocacy and participates in efforts that seek to increase collaboration and commitment between the for-profit and nonprofit sectors, including the [Rome Action Plan](#), a rights-based partnership between governmental, faith-based and for-profit global partners, aimed at generating higher-quality services for children living with HIV globally.

ELCA SOCIAL POLICY

The ELCA social statement [Caring for Health: Our Shared Endeavor](#) (2003) develops the church's vision of health, illness and healing. It calls for equitable access as a matter of both love and justice and for international cooperation in public health efforts, including preventing and combating infectious diseases. The social statement calls upon society to give priority to groups that, for reasons of race, class or gender, have not had access to adequate health care. The ELCA social message "[Human Rights](#)" states: "Humans are physical beings and have the right to sufficient and sustainable levels of physical goods such as water, food, shelter and health care" (p. 6). The ELCA committed in its social statement [Faith, Sexism, and Justice: A Call to Action](#) to advocate for "equitable and affordable health care services, including reproductive health care, that honor how bodies differ and eliminate discrimination due to sex (biological), gender, or sexual orientation" (p. 10).⁸

In 2009, the Church Council (CC09.03.23) adopted "The ELCA Strategy on HIV and AIDS."⁹ The strategy sought to halt the spread of HIV, reduce stigma and discrimination, and reduce the conditions of poverty and the marginalization that contribute to the spread of HIV. This strategy calls for the Corporate Social Responsibility program to advocate with corporations on these goals as well as for achieving universal access to HIV/AIDS prevention, treatment and care. The 10-year time frame of the strategy has ended, but the commitment to reducing stigma and discrimination and supporting access to treatment, among other principles, remains.

In 2002, the ELCA Church Council (CC02.11.59) approved a shareholder resolution requesting that pharmaceutical companies in which the ELCA holds corporate shares support national and international efforts to make generic antiretroviral drugs accessible to people living with HIV and AIDS in countries in need.

Through ELCA World Hunger, the ELCA supports access to health care around the world. Support goes to providing clinical care and to community-based health programs. Other projects focus on education and advocacy, pressuring governments to provide the health services and/or medications they have promised (especially for tuberculosis, malaria, and HIV and AIDS).

While the 10-year strategy on HIV and AIDS of the ELCA has finished, World

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Hunger continues to provide funding to programs that work on eliminating stigma and discrimination, advocate for continued health care access and treatment for all, and provide education around prevention and treatment, psychosocial care training for pastors and the importance of good nutrition.¹⁰

CORPORATE RESPONSE

It makes good business sense for companies to respond to pandemic disease because of its direct impacts on business. These impacts include increased costs, loss of productivity and overall threats to the foundations of the economies in which they operate. The current and future workforce is placed at increasingly high risk because the HIV and AIDS pandemic disproportionately affects people during their most productive years.¹¹

The global corporate community, including the pharmaceutical sector, must become part of the solution to global health challenges, especially in developing countries. Though pharmaceutical companies do make donations of their products, some argue that these donations are ultimately not beneficial: corporations collect tax breaks from donations and still leave many without access, because product prices are not lowered for everyone. Other options for lowering prices, such as waiving intellectual property rights, may become more popular. One such proposal was floated by the World Trade Organization during the COVID-19 pandemic.

The scientific community was able to produce COVID-19 vaccines in record time. In the United States, the federal government poured billions into some pharmaceutical companies to speed development of COVID-19 vaccines and therapeutics and gave the vaccines emergency authorization. The development of messenger RNA (mRNA) vaccines was also greatly facilitated by a decade of government-funded research. All the funding that produced these results is now in question. Worse, the very need for and efficacy of vaccines has also been called into question.

We watch with concern as federal government undermines and attempts to eliminate diversity, equity, inclusion and accessibility (DEIA) initiatives, particularly given the possible impact this could have on access to pharmaceuticals and on equitable distribution and access. This is contrary to the understanding of justice in health care embedded in our social teaching.

SOCIAL CRITERIA INVESTMENT SCREENS

A screen is a framework of principles, specific to an issue, by which a company's activities are evaluated. None currently apply to this paper.

RESOLUTION GUIDELINES FOR ELCA — ISSUE SPECIFIC¹²

1. We support reports about the health pandemic and its economic impact on a company's operations and business strategy.
2. We support resolutions asking for the establishment and implementation of standards for responding to health pandemics.
3. We support the development, in consultation with appropriate United Nations and related intergovernmental agencies, of ways to offer accessible drug

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treatments, 2024 election, the chair of ExxonMobil publicly requested the new administration diagnostics and vaccines to people in developing countries.

4. We support reports on the affordability and accessibility of vaccines, medical devices and testing equipment. We support strengthening board oversight of drug-pricing risk.
5. We support reports on community and occupational health-hazard impacts of products internationally.
6. We support reports on policies for safe disposition of prescription drugs, both domestically and internationally.
7. We support reports on strengthening board diversity.
8. We support reports assessing the reputational and financial risks from rising pressure to reduce high prescription-drug prices by removing barriers to generic competition.
9. We support reports on whether executive compensation reflects pricing strategies and access.
10. We support reports on whether and how receipt of public financial support for development and manufacture of a vaccine or therapeutic will be taken into account when making a company makes decisions that affect access, such as pricing.
11. We support the adoption of human rights policies that commit corporations to respect internationally recognized human rights, including the right to health, and to conduct human rights due diligence (HRDD) to identify, prevent, mitigate and remedy the most salient adverse human rights impacts caused by a corporation's or a supplier's activities.
12. We support human rights due diligence and human rights impact assessments.
13. We support reports assessing the gap between a corporation's current global nutrition reporting and reporting based on other internationally recognized nutrient profiling models (NPMs) conducted by independent third parties.
14. We support reports on (1) the public health costs created by the limited sharing of a company's vaccine technologies and any consequent reduced availability in poorer nations and (2) the manner in which such costs may affect the market returns available to its diversified shareholders.
15. We support reports to shareholders on how the board oversees risks related to anticompetitive practices, including whether the full board or board committee has oversight responsibility, whether and how consideration of such risks is incorporated into board deliberations regarding strategy, and the board's role in the corporation's public policy activities related to such risks.

RESOLUTION GUIDELINES FOR ELCA — GENERAL

We support practices of good governance, specifically:

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- A company having an independent chair or independent lead director.
- Reports on policies and procedures for political contributions and expenditures (both direct and indirect) made with corporate funds.
- Reports on any portion of any dues or similar payments made to any tax-exempt organization that is used for an expenditure or contribution that might be deemed political.
- Guidelines or policies governing the company's political contributions and expenditures.
- Reports on diversity for corporate boards and upper-level management.¹³
- Policies around conflicts of interest for executives

ENDNOTES

1. *Caring for Health: Our Shared Endeavor* (ELCA social statement, 2003), 3, www.elca.org/faith/faith-and-society/social-statements/health-care.
2. *Caring for Health*, 2.
3. Smitri Mallapaty, "25 Million Deaths: What Could Happen If the US Ends Global Health Funding," Springer Nature, April 17, 2025, www.nature.com/articles/d41586-025-01191-z.
4. "HIV Data and Statistics," World Health Organization, www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics.
5. "Malaria," World Health Organization, December 11, 2024, www.who.int/news-room/fact-sheets/detail/malaria.
6. "Tuberculosis," World Health Organization, March 14, 2025, www.who.int/news-room/fact-sheets/detail/tuberculosis.
7. Madhavi Sunder and Haochen Sun, "Intellectual Property and 'The Lost Year' of COVID-19 Deaths," Harvard International Law Journal, November 8, 2023, journals.law.harvard.edu/ilj/2023/11/intellectual-property-and-the-lost-year-of-covid-19-deaths/.
8. *Faith, Sexism, and Justice: A Call to Action* (ELCA social statement, 2019), 10, www.elca.org/faith/faith-and-society/social-statements/sexism.
9. "HIV and AIDS Ministry," Evangelical Lutheran Church in America, www.elca.org/Our-Work/Relief-and-Development/HIV-AIDS-Ministry. https://resources.elca.org/wp-content/uploads/ELCA_Strategy_on_HIV_and_AIDS.pdf
10. Efforts addressing access to health care have been mandated by the ELCA churchwide assembly as a core principle of work supported by ELCA World Hunger.
11. https://labordoc.ilo.org/discovery/fulldisplay/alma994987690602676/41ILO_INST:41ILO_V2
12. These guidelines may be used in proxy voting as well as to help determine resolutions to file and dialogues to support. Each resolution guideline should be looked at within the context of the entire resolution language and specific company situation.
13. See "Non-discrimination in Business Activities" [Issue Paper](#)

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