



## **C20 GLOBAL HEALTH WORKING GROUP COMMUNIQUÉ ON THE G20 HEALTH MINISTERS' DECLARATION**

The G20 Health Ministers' Declaration adopted on 6<sup>th</sup> September 2021 includes an extensive list of good intentions, ambition, and principles, which are to be welcomed, but of which its implementation provides lack of clarity and certainty. The Civil 20 (C20) Global Health Working Group (GWHG) notes **the lack of a clear and concrete roadmap in translating these commitments into action and a reality.**

G20 Health Ministers reaffirmed their commitment to global solidarity, including working towards equitable distribution of vaccines and supported the World Health Organization (WHO) goal of vaccinating 40% of the global population by the end of 2021, and eventually bringing COVID-19 vaccines to every corner of the world by increasing local production capacities worldwide. While we note the global ambition, we stress the need to ensure that the **access to COVID-19 vaccines and its related commodities is equitable across the globe**, because even though 40.8% of the world population has received at least one dose of a COVID-19 vaccine, only 1.9% of people in low-income countries have received at least one dose<sup>1</sup>, and in Africa, only 2.93% of the population has been fully vaccinated against COVID-19<sup>2</sup>. The situation of inequity is untenable as we continue to see surplus supplies in developed countries, and the discussion and planning of booster shots scheduling. The COVID-19 pandemic requires a global response and action will be diluted when countries individually protect themselves from the disease while it circulates in other countries – mainly in low- and middle-income countries, resulting in preventable deaths and allowing new variants to evolve.

We remain perched at the edge of a precipitous precipice – not only in our global efforts to combat SARS-CoV-2, but in our global response to addressing the systemic challenges and barriers that are hindering our collective efforts holistically and sustainably. Thus, **we are alarmed that supporting concerted efforts to address and combat the resurgence of SARS-CoV-2, and to strengthen health and community systems has omitted the importance of human rights-based approaches and as a fundamental principle underpinning all efforts.**

A strengthened health and community system requires transparent, accountable, and inclusive mechanisms and processes institutionalised to inherently ensure safe and meaningful participation of communities and civil society. To achieve Universal Health Coverage (UHC) for all to leave no one behind, barriers including those that go against international human rights standards have to be abolished. A safe environment affirming and upholding the rights and needs of those most affected so that they are respected and protected, is essential for any successful health response and system and more importantly, an inclusive and egalitarian society. **Policies, strategies and their implementation need to adopt a human rights-based, people-centred, equity focused, and gender transformative approach to overcome the limitations of current responses to health interventions and to address future emergencies.**

The reaffirmation to mainstream a gender perspective when designing and implementing health policies, considering the specific needs of women and girls in all their diversity, with a view to achieving gender equality in health systems delivery and to advance gender equality is welcomed, but G20 Ministers have to put in place concrete actions to promote gender equality, put women and girls in all their diversity at the centre of health policy making and responses, and promote sexual and reproductive health and rights. Women make up 70% of the global health workforce, and yet seldom hold decision-making positions while being subjected to high physical and mental stress. **We stress the importance of investing and enhancing gender medicine and gender impact assessments in any legislative and programmatic initiatives to ensure we put in place a truly gender-transformative recovery.**

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<sup>1</sup> Our World in Data, [Coronavirus \(COVID-19\) Vaccinations](#), accessed 8<sup>th</sup> September 2021.

<sup>2</sup> Africa CDC, [COVID-19 Vaccination](#), accessed 8<sup>th</sup> September 2021.

We welcome the commitment to a transdisciplinary One Health (OH) Approach and to source funding to support the implementation of OH, as well as the emphasis on pandemic prevention. However, the **G20 must ensure that animal health, and the state and health of natural habitats are adequately prioritised in terms of funding and capacity building to be able to operationalise the OH concept.** This includes better access to animal health services for those even in the most remote areas; an increase in the quantity and quality of veterinary and veterinary paraprofessionals; improved access to safe animal medicines and vaccines to prevent zoonotic diseases; and an end to wildlife trade and the destruction of their natural habitat and biodiversity. In addition, recognising that intensive livestock production systems and the prophylactic use of antibiotics can put human populations at risk of new zoonotic disease emergence and antimicrobial resistance (AMR), there should be an agreement to develop strengthened regulations to improve farming with clear incentives/disincentives to improve farming practices, animal welfare, and the trade in domesticated animals. Finally, surveillance systems must be strengthened from the community level so that disease outbreaks can be detected early. All this will contribute significantly to AMR reduction, food security challenges, poverty reduction, and global health solidarity.

We need firmer commitments and instruments to enable people and governments to hold each other to account in relation to health data governance, and to establish a new social contract between people and governments, we need a health data governance framework that will enshrine a set of principles based on equity, inclusion, and human rights. This requires mandating **WHO to develop a Global Health Data Governance Framework as a first step.**

We hope that the acknowledged impact of the current pandemic on SDG 3 and related goals, will lead to a commitment in the final G20 declaration to **increase financial means to make the right to health a reality for all – regardless of proximity of access to quality healthcare and social services, through increased official development assistance and the promotion of fairer and more redistributive macro-economic policies, enabling low- and middle-income states to make fiscal space for universal social protection and achieve UHC.**

The G20 Health Ministers will meet again with G20 Finance Ministers at the end of October to address improvements needed to advance the global health architecture. This, *de facto* entrusts, the Finance Ministers the responsibility of entering into the definition of political priorities that do not fall within their competence. **We stress the importance that we should not create new financing facilities that would further fragment the global health architecture.** More importantly, **we need global governance to be more inclusive, equitable and accountable and one which can monitor and guide the architecture and collaborate and improve responses for the future.**

We continue to face the threats and weaknesses that are amplified by COVID-19 in our global health architecture and national responses, health, systems, and fiscal spaces, but remind that they are not new. While we are learning to live with the ‘new normal’ that COVID-19 has brought upon us, **we cannot ignore that ‘building back better’ cannot be constructed on the premise of ‘business as usual’.** When the push comes to shove, we cannot forget the lessons that we have learnt and are still learning from noncommunicable diseases, and communicable diseases such as AIDS, Tuberculosis and Malaria, and that lessons learned from these diseases as well as from COVID-19 need to be applied so that all can enjoy the same health outcomes to achieve the Sustainable Development Goals (SDGs) by 2030 so that everyone, everywhere can thrive.

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The C20 Global Health Working Group (GHWG) is a formal engagement group of the [Civil 20 \(C20\)](#) and has the overarching goal of achieving Universal Health Coverage (UHC). We advocate for health as a global public good and a human right, which is critical in achieving the Sustainable Development Goals (SDGs). We are firmly committed to ensuring women and girls in all their diversity, vulnerable groups<sup>3</sup>, marginalised communities, and key populations<sup>4</sup> are at the centre of global health strategies and responses.

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<sup>3</sup> [Vulnerable groups](#) as specified in the 2030 Agenda include children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons, and migrants. In the [Bulletin 2016;94:235 of WHO](#), it also recognises that individual factors such as sex, age, race, gender ethnicity, displacement, disability and health status can lead to increased vulnerability of individuals and communities which often overlap and can contribute to poor health outcomes.

<sup>4</sup> [Key populations](#) are defined according to WHO as people who inject drugs, men who have sex with men, transgender people, sex workers and people in prisons and other closed settings.