**C20 Global Health Working Group Statement to the
Civil Society Consultation on Sustainable Health Security Preparedness and Response
ahead of the Global Health Summit, 20th April 2021**

Ahead of the Global Health Summit (Summit) to be held on the 21st May to develop and endorse a 'Rome Declaration' of principles as a guide for medium- to long-term structural change brought about by international cooperation and joint action to prevent future global health crises, a consultation with civil society on sustainable health security preparedness and response is organised on 20th April 2021, and the Civil 20 (C20) as one of the official Engagement Groups of the G20 was invited to co-chair this consultation.

As one of the working groups of the C20, the Global Health Working Group (GWHG) has the overarching goal of **Universal Health Coverage (UHC)**. We see **health as a global public good** and we put **women and girls in all their diversity, vulnerable groups[1], marginalised communities, and key populations[2] at the centre of global health strategies and responses**.

The C20 GHWG recognises that strong political commitments and solutions must translate into clear actions to drive, and inherently ensure the **meaningful and inclusive participation of community-based and -led, and civil society organisations, in all levels of the political, decision-making, implementation, and monitoring process in achieving UHC for all**.

To contribute towards the development of the principles, the C20 GHWG submits the following to be incorporated:

What is required at global and regional levels to ensure effective multilateral, multi-sectoral cooperation to prevent, prepare for and respond to global health crises?

A global solution is needed for a global pandemic, and this requires a renewed, transparent, accountable, and fully inclusive multilateral approach. The health emergency of COVID-19 has exposed the lack of preparedness and the impact of decades of either undermining or insufficient development of public health systems – including enhancement of policies, recognition towards the strength and contribution of, and investments towards community systems strengthening that support the work of guaranteeing access to health. It has also made obvious the need to invest in human resources for health through well-trained and salaried health personnel and using the right technology to effectively train and track health workers across the world, from training, to being in the workforce, through retirement. This enables and closing gaps in healthcare provision and access. **Public financing should be at the core of public health services, and preparedness should be focused on strengthening public health systems, including primary and community systems**.

The 'One Health Approach' through ensuring a multisectoral, multidisciplinary, and integrated approach to human, animal, and environmental health, including antimicrobial resistance, zoonotic diseases, vector ecology and management, climate change, and food security and nutrition must overcome silo-thinking and formulate concrete measures to build and strengthen resilient systems to prevent and support the early detection of future pandemics. This includes strengthened integrated local and national disease surveillance capacities in LMICs, aligned with local needs. Strengthened mechanisms and platforms

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[1] 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.
[2] 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.

and the use of technologies making the approach operational, will allow for independent sharing and verification of data related to emerging health threats, contributing towards an enabling and more transparent and accountable data access for all relevant stakeholders and in preventing future pandemics. In addition to ensuring age- and sex-disaggregated data collection, the collection of data should also include those from community-led monitoring initiatives that provide evidence on human rights and gender-related barriers in accessing health services.

Effectiveness of multi-sectoral cooperation to prevent, prepare for, and respond to global health crises can be improved by mainstreaming health in global development and economic strategies. Health should not be treated merely as an issue to be discussed or debated. Leaders, entrepreneurs, communities and civil society, and the media can adopt a health perspective on issues of trade, economic development, technology and innovations, environment, and justice.

The ACT-Accelerator (ACT-A) has shown that building a multilateral response for health is possible, and further multilateral action and solidarity is necessary going forward. There are **systems and organisations in place that need to be built on, strengthened, and supported when addressing pandemic preparedness and global health crises, rather than undermining them or creating new and/or parallel systems**. This includes the need to strengthen World Health Organisation (WHO) as the coordinating entity for global health through sustainably financing, robust and transparent engagement in its governance[3], and increased capacities in its normative and technical guidance and coordination. In addition, policies and investments made in the name of "building back better" must ensure true policy coherence through sustainable solutions with respect to health, economic, and environmental priorities for future generations.

To effectively respond to future global pandemic as well as address current epidemics, innovation must be available to all. **Global agreements for pandemic responses must be evidence-based and -informed and not based on the ability to pay**. It is necessary to recognise that the current research and production of medical products is based on the protection of intellectual property, patents and monopolies that limit global production and distribution capacities and results in high prices for essential medicines, extreme inequality, and leaves the poorest and most vulnerable behind. This is not only a moral failure, but also a failure of political will, and public health protection and promotion.

Multilateral commitment is needed to increase global and local manufacturing capacity and share innovation and technology across all regions (especially in developing countries) to ensure greater supply and wider access to vaccines, therapeutics, and diagnostics. Consideration must also be given to how **intellectual property rights should be handled during a global health emergency towards equitable and rights-based outcomes**, and this discourse needs to include access to diagnostics, treatment, and relevant commodities for current epidemics including HIV, Tuberculosis (TB), malaria, neglected tropical diseases, and other non-communicable diseases such as dementia, obesity, cancer, and heart disease.

Of utmost importance **all policies, strategies, and implementation must be approached in a rights-based, people-centred, and gender-transformative manner**. The different responses by governments towards the COVID-19 pandemic, including the reduction or interruption of specific health programmes; exposed inequitable and unequal treatment and punitive measures – including the violation of rights of women and girls, vulnerable, marginalised, and key communities and groups; exacerbated gender-based violence; and reduced access towards sexual reproductive health services and rights[4]. Older persons have been disproportionately affected by this pandemic, in the severity of illness and the impact various restrictions have had on this population group. Achieving healthy lives for all at all ages will contribute towards the achievement of gender equality. All of these must be considered and addressed so that the rights and needs of those most affected and vulnerable are respected and provided for.

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[3] The Framework for Engagement with Non-State Actors (FENSA) should enable more robust and transparent engagement with key stakeholders, including communities and civil society.
[4] This includes HPV vaccination and essential maternal and child healthcare

What is needed to sustainably secure countries' public health capacities and health systems' preparedness and resilience in the face of future global health crises?

The 'One Health Approach' should be realised as the best approach to prevention, early detection and surveillance of future pandemics whilst also addressing current chronic epidemics. The onset of COVID-19 rapidly affected other critical sectors besides health, generating key challenges in food security and nutrition, highlighting inadequate social protection systems, deepening of pre-existing inequalities faced by women and girls [5], and the exacerbation of stigma and discrimination against vulnerable and marginalised groups, and key populations.

The pandemic has further exacerbated the already gaping digital divide that prevents billions of people from accessing essential services, staying connected, and fully participating in the economy. Across all countries and contexts, there is extraordinary potential to leverage digital technologies and data to increase access to healthcare, build strong and resilient systems, and accelerate progress towards UHC in a rights-based, people-centred, and gender-transformative approach. There is a fundamental need to address the role of, and investments in Big Tech [6] in the way we project a future of digitalisation in health accessibility. The G20 and the global community have an opportunity to push for an **equitable and inclusive digital transformation of health and other relevant sectors**, and for a **global framework to use health data as a public good**. That is necessary to ensure policymakers and researchers can prevent, detect, and respond to emerging health risks, and address other health concerns. This global framework should be developed through an inclusive process and grounded in globally agreed principles and human rights.

COVID-19 has also exposed the weaknesses of health and social protection systems [7] across the world, highlighting inequities and threatening health and social services for the most marginalised and vulnerable groups, as well as eroded the public trust in health systems. Building resilience and strengthening pandemic preparedness and response will be unachievable without adequately addressing the most fundamental pillars of public health and ensuring water, sanitation, and hygiene (WASH). Globally, three billion people are unable to wash their hands with soap and water at home, and one in three healthcare facilities globally (and almost half of those in the least developed countries) currently do not have handwashing facilities on site. Expanding the provision of WASH services, especially in the most vulnerable communities, is fundamental to building resilience to future pandemics and emerging global health threats increasing antimicrobial resistance.

Strong local health services, including primary healthcare (PHC) will help promote health and disease prevention. The preparedness, resilience, and responsiveness of public health capacities and systems of countries must be secured sustainably through improving and investing in health information systems, as well as **recognising and investing in the roles and sustainability of community-based and -led, key populations-based and -led organisations, and civil society**.

We need to **move beyond the mere rhetoric of pandemic preparedness and return to the practical implementation of the broader concepts of the right to health and UHC, including quality PHC**. Health is a public good and a human right that needs to be collectively protected as a pre-condition to ensure a peaceful world. And in this context, all treaties, declarations, and commitments of world leaders need to be held accountable and met.

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[5] Please refer to the United Nations Policy Brief: The Impact of COVID-19 on Women.
[6] The Big Tech, also known as the Tech Giants are the largest and most dominant companies in the information technology industry of the United States, namely Amazon, Apple, Facebook, Google and Microsoft.
[7] This includes mental health, income support, nutritional and housing support, and access to legal aid amongst others.

How can the necessary resources, both domestic and global, be mobilised to address the challenges of sustainable health security preparedness and response at global, regional, and country levels?

World leaders have committed to the 2030 Agenda, within includes Sustainable Development Goal (SDG) 17[8] and its targets. The threat of reduced responsiveness of the international aid community to needs of the poorest countries amidst rising debt crises is real, as many emerging economies and frontier economies could face devastating challenges in refinancing their debts[9]. The rapid shift to "digital first" systems has left poorer countries further behind than ever before, and the magnitude of COVID-19 has sent aftershocks weakening the world's strongest economies and threatens to debilitate emerging economies and fragile economies, and this will inevitably expose even more countries to risks of debt distress.

Beyond postponing debt servicing requirements as the G20 has done, **the international community must support increasing the fiscal space for governments in the poorest countries to be able to invest in resilient health systems without private creditor participation and review the international debt architecture that builds in relief mechanisms in the event of health crises**. Debt cancellation is the fastest way to free up resources to tackle COVID-19 and redirect resources to strengthen health systems. More importantly, world leaders need to be accountable towards their Official Development Assistance (ODA) commitments[10], and at the same time supporting countries to mobilise progressive and sustainable resources to reach at least 5% of GDP for health. As such, **additional sources of funding must be identified, such as financial incentives to enhance domestic resource mobilisation, the use of financial transaction taxes, and supporting social contracting**.

When identifying gaps in pandemic prevention, there is a need to consider the impact of the current pandemics on existing programmes and finance structures, such as those with a long history of neglect and a high burden for HIV, TB, and malaria, neglected tropical diseases. Long-term and sustainable financing to respond to global health crises is needed even during non-crisis periods to prevent huge resource mobilisation efforts when crises occur. To prepare for and respond to health shocks while continuing to deliver essential routine health and nutrition services in a crisis, a health and community systems strengthening approach must be central to any multilateral, multi-sectoral, and multi-level cooperation. **This includes the need to ensure robust, end-to-end, and sustainable global investments towards global health research and development (R&D) for vaccines, diagnostics, therapeutics, and other tools for pandemic preparedness and address current epidemics, including long-term investments to strengthen global research, laboratory, and manufacturing capacities; and address any technology gaps in existing health systems that have prevented health data collection during this crisis.**

Since gaps in local health systems in areas most vulnerable to the emergence of pandemic threats put the entire world at risk, **increased global investments, and global and regional cross-sector collaborations are also needed to ensure the widespread adoption, delivery, and implementation of new health technologies**. Examples of such collaboration includes global and regional coordination mechanisms to ensure that supply chains are not disrupted during global health crises.

In addition, **the financing of mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), GAVI, UNITAID, ACT-A and COVAX must be fully ensured so that access to new health tools is affordable, acceptable, available, and equitably delivered to all who need them, no matter where they live**. It is critical to ensure robust, end-to-end, and sustainable investments in global health

We believe the concept of global health security[11] should be expanded to include principles of solidarity and sustainability. Furthermore, global health security must be implemented through rights-based,

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[8] SDG 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development
[9] pg 6 of the Sustainable Development Report 2020. The Sustainable Development Goals and COVID-19.
[10] This includes the WHO recommendation that as part of national ODA commitments, 0.1% of GNI should be earmarked for financing the funding gap for the provision of global healthcare
[11] Global Health Security key asks are elaborated in the C20 GHWG Statement ahead of the 2nd G20 Health Working Group Meeting.

people-centred and gender transformative approaches to overcome the limitations of current responses to global health emergencies. At the same time, a real dialogue and a paradigm shift is needed for the future of concessional international public finance towards Global Public Investment[12], recognising the shifting geography of development cooperation to which all the world's countries now contribute one way or another.

We affirm that public financing should be at the core of public health services and recognise the C-TAP initiative launched by WHO and the TRIPS waiver[13] complementary to ACT-A to end the COVID-19 pandemic. Transparency about decision-making, accountable and meaningful involvement of developing country governments, communities and civil society in decision-making platforms and processes must be ensured.

The international health architecture should be revisited to fully leverage and maximise the competitive advantages of each international organisation to build upon quality and efficient systems for health recognising equitable access is a key principle which must be implemented and realised. **A revitalised architecture reducing overlaps, inefficient competition between institutions, and cutting down unnecessary costs would strengthen epidemic responses**. The pandemic has provided abundant evidence that in an interconnected world, it is essential for a common response to be adopted globally for coherence of country level responses.

The financing of health threats and supporting preparedness and response is a duty of all countries based on solidarity and equitable access to health services to all populations – especially those most in need – and **we must ensure that our response(s) has not and will not leave anyone behind**.

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[12] The concept of Global Public Investment recommends five paradigm shifts for the future of concessional international public finance: (1) Ambition: From reducing poverty to reducing inequality; (2) Function: From quantity to unique characteristics; (3) Geography: From north-south to universal; (4) Governance: From closed to accountable; and (5) Narrative: From charity to investment. The Global Public Investment Report by the Joep Lange Institute.

[13] C20-L20 Statement. Translating commitments into actions: Supporting the TRIPS waiver is essential to end the COVID-19 pandemic.