



CALL TO ACTION TO G20 LEADERS, HEALTH AND FINANCE MINISTERS – H20 SUMMIT (1-2 September 2022)

The COVID-19 pandemic has demonstrated the massive human and economic costs of the failure to invest in health systems to ensure pandemic preparedness, response, and resilience.

Whether the pathogen is new, like COVID-19, or centuries old, like TB and Malaria, their impact on health, economies and societal wellbeing are large. The last three years have shown how the confluence of the COVID-19 pandemic with rapid urbanisation and climate change led to severe disruptions in supply chains and food security. Political leaders must keep health at the top of their political agendas in the decades to come to avoid major disruptions to our societies.

The 6th edition of the H20 summit in 2022 is at a critical moment in how we address global health resilience, much like how 2009 was a pivotal moment when the heads of state responded decisively to the global financial crisis.

Innovation is simply not keeping pace with the evolution of diseases, therefore translating evidence and commitment into action is vital to rapidly respond to emerging health threats.

The rapid pace of medical innovation creates challenges for health systems around the world to keep pace, to reap the benefits for all patients, in every country. Partnerships with experts from the public and private sectors are vital to help translate evidence and commitment into implementation, and Heads of Government, Health and Finance Ministers must therefore encourage increased utilisation of Public Private Partnerships when addressing the rising communicable or non-communicable diseases. They must do this with a strong commitment to drive rapid availability of innovations at scale to ensure equitable access by all population groups. We must equip societies for the new digital age and trigger transformation of health systems and incentivize the development of new antimicrobials, diagnostics, vaccines and therapeutics more equitably.

We commend the Indonesian G20 Presidency for putting **the Global Health Architecture**, including the creation of a **Financial Intermediary Fund for Pandemic Preparedness and Response (FIF)**, high on the agendas of G20 Health, Finance Ministers and Leaders. We congratulate the Indonesian G20 Presidency for the ongoing work on climate change and the global commitment to tackle the increased risks posed by food and energy security concerns following the Russian-Ukraine war.

We congratulate our co-hosts the **T20, especially the Global Health Taskforce**, ahead of the T20 Summit that will be held on 4-6 September, in recognizing the importance of the “One Health approach”, improved macroeconomic resilience and strengthening of global and regional supply chains.

A lack of international solidarity has been a factor for immense global supply chain disruptions that have created health and food insecurity globally. In an era of new global governance we must work together to minimize scarcity and allow for greater certainty.

The G20 Health and Development Partnership calls for the following actions by the G20 Heads of Government, Finance and Health Ministers:

- 1) The creation of the **FIF** is a necessary and a critically important development. Whilst we congratulate the G20, the World Bank and the WHO for the efforts to establish this new financing mechanism;
 - a. We call on the **G20 to finance the FIF on a multiannual basis** and recognize its mandate beyond its initial term of eight years.
 - b. We call on the G20 to ensure that the **FIF’s governance structure contains the appropriate checks and balances** to ensure accountability, and a transparent system for allocating funds to countries in line with their epidemiological and socio-economic needs, especially in low- and middle-income countries. We, therefore, call for the G20 to propose a funding mechanism that will ensure the regular replenishment of the FIF based on each country's fair share.
 - c. We urge the G20 to ensure that the **governance of the FIF emphasizes equity** and includes a diverse set of country voices as well as a mechanism to engage civil society and the private sector.
 - d. We call upon the World Bank to assess the availability of funds from existing FIFs, **many of which are designed to address climate change**, and explore whether **financial resources could potentially be channeled to match-fund projects in**

LMICs to address emerging health threats by strengthening health systems, given the strong link between climate change and emergence of zoonotic diseases.

- 2) The health system financing gap continues to widen due to the COVID-19 crisis. Welcoming the rapid growth in financial instruments to address climate change and recognising that similar **blended finance initiatives could** complement increased public investment for global health;
 - a. We call upon the **G20, G7, WHO and World Bank, Multilateral Development Banks to examine the creation of significant public, private innovative financial instruments**, including the creation of new bonds, to address the inadequate levels of funding for R&D, supply chains and health systems.
 - b. To avoid future global economic shocks from health pandemics, we urge the **WHO and the Financial Stability Board to meet annually** to review latest intelligence on potential global health threats.
- 3) Many low-income and middle-income countries are facing the risk of **debt default** in the coming months, because of increased borrowing costs. Several countries have already defaulted on their debts in 2022;
 - a. We urge that the G20 and G7, IMF, the World Bank and the Paris Club must bring in a **package of measures (e.g., debt to health swaps) to assist countries** at risk of default, that could also take advantage of the FIF.
- 4) In welcoming the initiatives by the German G7 Presidency and the recent Indonesian G20 Presidency side-event on **antimicrobial resistance (AMR)**;
 - a. We call on the G7 and G20 to **recognize the global threat of AMR and the need for reliable data on AMR, as illustrated by the recent Global Research on Antimicrobial Resistance (GRAM) study.**
 - b. We call upon the WHO to urgently establish a survey with a standard methodology to measure the prevalence of AMR to be launched during the Indonesian G20 Presidency in a group of countries. The implementation progress should be presented to the Indian G20 Presidency and Japan's G7 Presidency in 2023.
 - c. We call upon the G20, G7 and the WHO to **urgently assess the potential human and financial costs from underinvestment in R&D and product development for AMR.**
 - d. We call upon the G20 to support the creation of a new permanent **'structured dialogue' between government representatives (finance and health), WHO, IAEA and the private sector.**

- e. We urge the G20 to align with the recent G7 communique in recognizing that **delayed diagnosis and management and/or ineffective or unavailable antibiotic treatment** contributes to the burden of bacterial sepsis, a condition that is killing an estimated 11 million people per year globally. The strengthening of laboratory capacities is essential to allow adequate AMR diagnosis to guide patient treatment and prevention and control strategies.
 - f. We call upon the G20 and G7 to **urgently create new incentives for the development of new antimicrobials** to address the growing threat of AMR, and to address the current market failure.
 - a. We urge the **G20 and G7 to promote bottom-up campaigns and in-country approaches** to raise awareness amongst societies on the risk of AMR due to inappropriate use of antibiotics.
- 5) Recognising the enormous value of creating and delivering COVID-19 diagnostics, vaccines, and therapeutics and the need for public-private cooperation to ensure equity ;
- a. We call upon the **G20 and G7 to lead a process with the public and private sectors to agree commitments** from each party to ensure equitable response to emerging pathogens with pandemic potential.
 - b. We call upon the G20 and WHO, **with the support of multilateral development banks, to encourage and support the creation of regional centers of excellence** for collaborative R&D and manufacture of diagnostics, therapeutics, medical supplies and vaccines for future pandemics.
 - c. We call on the G20 and WHO Member States to support a **pandemic accord** to enhance communication between countries and to increase global capacity to prevent, prepare for and respond to emerging health threats.
- 6) Investing in health produces a significant return in socio-economic value. The G20 and the WHO are therefore urged to adopt a set of metrics, already used in several countries to demonstrate the return on health investment;
- a. We call on G20 Leaders to **use these set of metrics that will assist finance and health ministers** to better understand and justify dedicating an appropriate increased percentage of GDP and Gross Value Added (GVA) on public health as well as crowd in private sector investment.
 - b. We call on G20 and G7 Leaders to agree on a **new common taxonomy on defining and measuring the value and outcomes of investments in health system strengthening**. The EU is establishing such a regime for climate change disclosures. It is essential that a similar regime is established for investments in health systems and for the development of the One Health Approach, to give confidence that these investments are producing demonstrable and measurable improvements.

- 7) Recognising that the COVID-19 pandemic dominated the health agenda since 2020 and resources were diverted to respond to the crisis;
- a. **We call upon the UN, G20 and G7 to renew the commitment to tackling TB, HIV AIDS, Sepsis and Malaria with a similar “100 Days Mission” sense of urgency as seen during the COVID-19 pandemic.** These diseases continue to devastate vulnerable communities and require continued concerted action by the global community to effectively manage them.
- 8) While welcoming the urgent response to the pandemic, we note that the **burden of non-communicable diseases (NCDs)** is rising rapidly. NCDs such as Cardiovascular Diseases (CVD) and cancer are responsible for the majority of deaths globally, and represents a significant health and economic burden for countries globally. Yet a vast majority of these deaths are preventable;
- a. **We call upon the G20 and G7 to launch a new comprehensive plan of action** to halt the rise and then reduce the incidence of NCDs such as CVD and cancer. This initiative should bring together a wide group of stakeholders in society, policy and academia to identify best practices and encourage communities/cities/regions to work stronger together.
- 9) The COVID-19 pandemic raised awareness for the value of **data-driven policy-making** and the need to use **digital health solutions** including social media to access accurate information, care and support to better build pandemic preparedness response mechanisms via strengthening Public Private Partnerships. Lack of harmonisation, poor interoperability of data, lack of trust, inequities within and amongst countries, and a weak infrastructure are just some of the current challenges that we have witnessed during the pandemic;
- a. We call on the **G20 Digital Health Taskforce**, created during the G20 Presidency of Saudi Arabia, to be tasked with a specific mandate for addressing equity, evidence and scale up of digital interventions across health systems with a focus on primary care.
 - b. We call on the G20 Digital Health Taskforce to design measures for digital literacy and drive **targeted campaigns and education programs** to equip healthcare workers to use digital health solutions as designed.
 - c. We call on the G20 to **build common institutional mechanisms** and initiatives globally to make digital divide a history and enhance public trust in data.
 - d. We further call to ensure that data generated through new digital health tools are effectively used for **evidence based policy-making** and decision-

making to support disease prevention and control measures more strategically.

- e. We also urge the G20 to consider **global goods software data and interoperability** standards for better validity of data such as the future of vaccine passports.

SIGNATORIES



FURTHER SIGNATORIES

Hasbullah Thabrany, Lead Co-Chair, T20 Global Health Security and COVID-19 Task Force, Former Dean of the School of Public Health, University of Indonesia

Dame Angela Eagle MP, Member of the House of Commons, United Kingdom, Global Ambassador, G20 Health and Development Partnership

Rifat Atun, Professor Harvard University, School of Public Health, Global Ambassador, G20 Health and Development Partnership

Elmar Brok, Former Member of The European Parliament and Senior advisor to the Munich Security Conference, Global Ambassador, G20 Health and Development Partnership

Annalisa Pawlosky, Google Senior Research Scientist

Daniel Peplow, University of Washington, School of Public Health

Kausik Ray, Chair Council for Heart Health, Professor of Public Health, Imperial College, London