Integrated Health and G20

Initial briefing for the C20-2024

Executive Summary

In relation to health, the post COVID-19 post pandemic recovery reality demands much more from nations and international organizations, which still remain out of step with the needs of a planet that leaves no one behind. Organizations operating in C20, however, consider that the Access to COVID-19 Tools (ACT-A) Accelerator should not become a permanent structure, to avoiding setbacks. The countries must ensure: equal partnership of all stakeholders in decision-making; global funding; collaborative research; waiving IPRs (intellectual property rights); supporting national emergency response mechanisms; independent and robust evaluations; regular updates about progress against goals/indicators, with the agility and flexibility to respond to emergencies.

Prevention, planning, equitable distribution of inputs to combat COVID-19, suspension of TRIPS, are some of the measures resulting from civil society debates recommended to the G20 in the last three years.

As well as effective attention to combat HIV/AIDS, tuberculosis (TB), malaria and neglected tropical diseases, treating them as epidemics. The management of non-communicable diseases and mental health care, in addition to ensuring nutrition, water, sanitation and hygiene (WASH), sexual reproductive health and rights (SRHR) for all, were also highlighted in the debates held at the three meetings of the civil society – which demands participation at all levels of public policy definition.

Below, we present the analyzes and recommendations of the C20 2021, 2022 and 2023.

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Under the Italian presidency, the G20 has identified health threats as a central objective towards economic stability and prosperity, with the G20 Health Working Group (HWG) priorities as follows:

• Priority One – Healthy and Sustainable Recovery: Monitoring the global health impact of the COVID-19 pandemic, with a detailed assessment of its consequences on the implementation of the Sustainable Development Goals (SDGs).

• Priority Two – Building Transformative Resilience: Defining preparedness plans, starting from the most vulnerable context and the less resilient countries, through the One Health Approach.

• Priority Three – Coordinated and Collaborative Response: Planning a globally coordinated and collaborative response to health crises and emergencies.

• Priority Four – Accessible Control Tools: Defining common global strategies to support equitable access to control tools (VTD), including a continuous investment in health promotion and disease prevention to achieve the Universal Health Coverage (UHC).

In addition, the Rome Declaration adopted at the Global Health Summit on the 21st May 2021 has underlined that "... sustained investments in global health, towards achieving UHC and with primary healthcare at its centre, One Health, and preparedness and resilience, are broad social and macroeconomic investments in global public goods, and that the cost of inaction is orders of magnitude greater."
(C20 2021 - Policy Pack - pág 12)

• Scale up efforts to ensure Universal Health Coverage (UHC) and Universal Health Access (UHA), in order to realise the right to health for everyone and leave no one behind, especially women and girls in all their diversity, notably through the development of universal social protection floors as defined by ILO 202, and include access to essential health care services.

• Guarantee access to Sexual and Reproductive Health and Rights (SRHR), including menstrual health, contraceptives, antenatal care, FP, reproductive, maternal, newborn, and child health (RMNCH), safe abortions service for women and girls in all their diversity, LGBTQI+ people, vulnerable groups and key populations, indigenous people, refugees, migrants. Recognize SRHR as well as safe abortions as "essential services," as stated in the WHO resolution of May 2020, in any health policies and everywhere, and include it in all humanitarian, conflict and environmental crisis/context.

• Enhance and promote a gender inclusive One Health approach and Gender Medicine, both in terms of research and innovation, as well as in training and communication. Finance with additional funds system for the global commons for pandemic prevention, surveillance, preparedness and response without undermining existing health programs, such as SRHR, safe abortion services, nutrition, HIV/AIDS, TB, malaria, programmes for vaccination including PHV and nutrition and other chronic
diseases.

• Ensure the availability of Water, Sanitation and Hygiene (WASH) for all people as well as in all healthcare facilities as a fundamental prerequisite for quality health care, especially for women and girls and a basic human right promoting Health and life.

• Guarantee the participation of women and girls as agents of change in the elaboration of preventive and curative health policies by including them in all decision-making processes.

• Acknowledge, appreciate, and support the work of health workers worldwide, which more than 70% are women working in lower status, low paid roles, formal and informal sector, and insecure conditions. Make sure health workers of all sex, gender, and race, have decent work and are equipped with safe and appropriately sized protective gears.

• Implement the World Health Organization's Vaccine Equity Declaration which encourages countries to accelerate the equitable rollout of vaccines in every country, starting with health workers and those at highest risk for COVID-19. Countries with privilege of wealth and access to the vaccine must resist and fight against vaccine nationalism, including by supporting the proposed temporary TRIPS waiver for COVID-19 health products and C-TAP.
(C20 2021 - Policy Pack - pág 39)

Despite long-standing global commitments, the world has yet to end HIV/AIDS, Tuberculosis (TB) and malaria as epidemics; eradicate neglected tropical diseases; manage non-communicable diseases and address mental health effectively; provide quality services for nutrition, water, sanitation and hygiene (WASH), and sexual reproductive health and rights (SRHR). Clear lessons from these experiences have taught us the paramount importance that people's lives must come before profit. Yet, we are still in a quandary in the face of COVID-19. The experiences of COVID-19 are not different from those mentioned above, and continue to highlight inequities of accessing quality healthcare and innovative health tools, including infection prevention and control, research and development priorities, and intellectual property rights barriers – including ensuring conditions of transparency and fair access around public funding, sharing of technology and know-how, licensing, and investing in laboratory testing and manufacturing capacities in low- and middle-income countries for effective implementation and scale-up.

It is necessary to recognise that the current research and production of medical products is based on the protection of trade secrets, patents, and monopolies, which hinder equal access and 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. Global agreements for pandemic responses must be fair for all, evidence-based and informed, and not based on the ability to pay.

At the Global Health Summit, world leaders reaffirmed that COVID-19 'will not be over until all countries are able to bring the disease under control and therefore, large-scale, global, safe, effective and equitable vaccination in combination with appropriate other public health measures remains our top priority', and emphasised 'support for global sharing of safe, effective, quality and affordable vaccine doses'; and to 'enable equitable, affordable, timely, global access to high-quality, safe and effective prevention, detection and response tools'.

Even as the world is racing to vaccinate against COVID-19, new strains of SARS-CoV-2 continue to threaten progress and risk the effectiveness of existing treatments and vaccines. We call on G20 leaders to fulfil their commitments to equitable access in the Rome Declaration by fully supporting and funding the Access to COVID-19 Tools Accelerator (ACT-A) pillars and CTAP, and the sharing of knowledge, intellectual property and data, and the proposed World

Trade Organisation (WTO) Trade-related Intellectual Property Rights (TRIPs) waiver for vaccines, diagnostics, treatment, and technology transfer to maximise the global production capacity.

Global equitable access to COVID-19 tools is essential for all diseases to end epidemics for everyone everywhere, including in conflict and post-conflict areas and in humanitarian emergencies. Consideration must also be given to ensuring intellectual property rights and know-how do not adversely impact the right to health, including access to diagnostics, treatment, and relevant commodities for current epidemics including HIV, TB, malaria, neglected tropical diseases, and other non-communicable diseases such as dementia, obesity, cancer, and heart disease, among others. Therefore, we call on the G20 to learn from the lessons of COVID-19 and translate them into action across all diseases so that all have access to comprehensive, equitable, affordable, and quality health commodities, services, and care.

GLOBAL HEALTH SOLIDARITY

Multilateral cooperation encompassing the principles of solidarity, equity, and sustainability is key to overcoming global health challenges and building resilience.

Beyond Global Health Security, Global Health Solidarity must be the driving force towards achieving the 2030 Agenda to ensure that health solutions, systems and policies do not further exacerbate inequalities and negatively impact the health, nutrition and/or livelihoods of people, especially women and girls in all their diversity, vulnerable groups, marginalised communities, and key populations, based on different cultural and/or socio-economic backgrounds.

Furthermore, global health solidarity must be guided by rights-based, people-centred and gender transformative approaches to overcome the limitations of current responses to global health emergencies. Migration status and citizenship, or the lack thereof, should not hinder migrants, asylum seekers and refugees' access to nutrition and health services, including SRHR. In addition, it is vital to strengthen pandemic alarm systems through state-to-state partnership at the local, national, regional, and global levels. This is essential to ensure that we leave no one behind.

Acting in solidarity is not just the right thing to do, it is the fastest, most effective and cost-saving ways to contain pandemics, in order to save lives, protect health systems, and restore economies.

• A revitalised and reformed global health architecture: The global health architecture[1] has for far too long focused attention only on cosmetic reforms to global health governance, resulting in a mismatch between governance mechanisms and the vulnerability and complexity of global processes[2]. The COVID-19 pandemic clearly exposed how the existing global health infrastructure failed the world when it was needed most, with devastating human and economic consequences[3].

Governance, financing, technical expertise, and the coordination of the roles of different actors, including international global health institutions should be revisited to fully leverage and maximise the added value of each stakeholder/institution to build quality, equitable, and efficient systems for health while recognising equitable access to quality health care is a key principle and human right which must be implemented and realised. The principle of multilateralism must be reaffirmed to give an equal voice to all stakeholders and ensure a space for meaningful engagement of communities and civil society. This includes the need to reform and strengthen the World Health Organisation (WHO), as the coordinating entity for global health through sustainably financing; strengthening its governance through robust and transparent engagement – including communities and civil society; increased capacities in its normative and technical guidance, coordination and monitoring of global commitments; and adequate authority to implement its mandate to ensure impartiality and enforce action.
A revitalized and reformed global health architecture is needed to strengthen pandemic prevention, preparedness and response towards more resilient national and global health systems must be achieved through reducing overlaps and costs, as well as inefficient competition between global health institutions. COVID-19 has provided abundant evidence that, in an interconnected world, it is essential for a common response to be adopted globally, but more importantly, that action is taken for coherence of country level responses through sustainable and human rights compliant solutions with respect to health, economic, and environmental priorities for future generations.

Robust health systems must be people-centered to protect against future pandemics and strengthen responses to existing health issues. We call for a future health architecture that promotes multi-sectoral action, subsidiarity, integration, equity, innovation, and rights-based and gender-transformative approaches.

• Health and Community Systems: Strengthening, and Sustainable Financing: COVID-19 is a wake-up call to the inadequate investments and political commitments needed to realize

[1] Global health architecture is defined as the relationship between the many actors engaged in global health and the processes through which they work together. Kickbusch I, Lister G, Told M, Drager N. Global health diplomacy: Concepts, issues, actors, instruments, fora and cases. New York: Springer; 2012.
[2] Health architecture: current and future, Health & Education Advice & Resource Team, 2014.
[3] Duff, Liu, Saavedra et al. “A global public health convention for the 21st century” The Lancet- Public Health, May 5, 2021, page 1

sustainable and resilient health and community systems that can prepare for, and respond to public health emergencies and related impacts, while continuing to deliver and expand access to quality essential services for all as part of UHC[4]. The financing of the response to health threats and strengthening health and community systems – including the health workforce, is a duty of all countries based on solidarity and equitable access to health services for all populations, especially to those most in need.

G20 countries and the wider international community must prioritize flexible financing and technical support needed to strengthen the capacity of national health systems and domestic resource mobilization efforts, by supporting governments to increase fiscal space for health and prioritize progressive taxation to invest in sustainable and resilient health systems and national health insurance schemes.

Furthermore, financing for health must ensure specific action points to abolish patient fees/direct patient payments, and the reduction and progressive abolition of out-of-pocket expenses[5].

Beyond postponing debt servicing requirements, the G20 must support initiatives for debt cancellation in low-income countries to free up resources towards strengthening health, community, and social protection systems. Countries with robust primary healthcare (PHC) systems have been able to better respond to COVID-19 and thus universal, inclusive, quality and adequately financed PHC systems are key to the prevention of and response to pandemics.

In addition to addressing domestic resource mobilization, we call upon donors to meet their commitments towards the 0.7% ODA/GNI target endorsed in 1970[6] repeatedly re-endorsed at the highest level at international aid and development conferences. In addition, world leaders must also urgently deliver on their pledges made as part of recent replenishments of health-related multilateral mechanisms, such as GAVI, UNITAID, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to holistically address the support to global health infrastructures to meet the commitments made[7] to address the COVID-19 pandemic and to achieve 2030 targets.

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[4] Adopted by all member states at the General Conference of the International Labor Organization in 2012.
[5] Advocacy Messages, Civil Society Engagement Mechanism for UHC2020. Accessed 27th May 2021.

[6] The 0.7% ODA/GNI target – a history, OECD website, accessed 15th May 2021.
[7] A/RES/74/2. Para 45 of the "Political Declaration of the High-Level Meeting on Universal Health Coverage", 23rd September 2019.

• One Health (OH) Approach: The G20 should recognize the interdependence and strong correlation between human, animal, and environmental health[8] as a preliminary condition for health for all to counter the risk of new zoonotic infectious diseases, a threat already highlighted by WHO more than a decade ago. At the same time, the G20 should not lose sight of the already existing zoonotic diseases which affect over a billion people worldwide.

A gender-inclusive OH Approach must be strategically streamlined to improve the health of communities and their environment to include pandemic prevention, and not just preparedness and response. The G20 must act to increase capacity for implementation and monitoring through a multi-disciplinary approach considering environmental health, agroecology and food systems, veterinary medicine, molecular biology, health economics, trade and the use of modern technologies (including digital tools) are necessary requirements to make this concept operational. This includes the recognition of intensive livestock production systems, and the role of the global wildlife trade and biodiversity destruction in the emergence and transmission of zoonotic diseases at the human-animal interface.

Population growth, rapid urbanization, environmental degradation including climate change, and the misuse of antimicrobials resulting in drug resistant strains of infectious diseases like multi-drug resistant TB are disrupting the equilibrium of the microbial world.

We call for an approach and solution towards holistic global health systems, and agreed practices and agreements, including on climate change; antimicrobial availability, usage and development; and for a global agreement to develop strengthened regulations to improve farming practices, animal welfare, and the trade in domesticated animals; and at the same time, ending global trade in wild animals and the destruction of natural habitats.

• Digitalisation of health systems and healthcare: The future health architecture needs to leverage the full benefits of digital technology and data to achieve public health outcomes that will leave no one behind, while mitigating any potential harm these new technologies may lead to, including widening inequalities. We note that ensuring appropriate privacy and security protections for health data for the sole use of public health purposes will assist in increasing public trust in healthier ecosystems. This will help countries deliver health and development solutions everywhere, and increase capacity and preparedness for rapid, effective, and quality responses while ensuring the continuity of essential and PHC – Primary Health Care.

COVID-19 has accelerated the already gaping digital divide that prevents billions of people from accessing essential services, staying connected, and fully participating in the digital

[8] This includes climate change which not only exacerbates existing disease threats, but also food and water insecurity threatening to undermine the decades of development progress, and where extreme weather events overwhelm national health systems.

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. The G20 has an opportunity to invest in an equitable, inclusive and responsible digital transformation of health, particularly in low- and middle-income countries, connecting every health facility and household, and strengthening national health information systems, including civil registration and vital statistics (CRVS) systems[9]. In addition, digitalisation of health data would provide the needed primary mechanism to access timely and transparent data during outbreaks, to prevent them from becoming public health emergencies of international concern (PHEIC), as we are experiencing with COVID-19.

The G20 should also commit to work with WHO and other stakeholders to develop and adopt a global framework on the use of health data as a public good whilst protecting individual rights and the confidentiality of personal data. Such a framework is necessary to ensure policy makers and researchers can prevent, detect, and respond to emerging health risks, while also leveraging digital transformation to improve and enhance healthcare, and be developed through an inclusive process and grounded in globally agreed principles of equity and human rights. There is a fundamental need for the G20 to closely govern the role of, and investments in Big Tech[10] so that their practices are aligned to, and do not undermine global health goals, equity, and human rights.

COVID-19 has exacerbated and made more visible the weaknesses in health and social protection systems, and it is ever more important that health and relevant policies are inclusive and equitable for everybody, especially for the most vulnerable and marginalised populations.

We stand at a crossroad where there are opportunities of making substantial evolutions needed in health and related policies and systems. This must be realised through a clear and concrete roadmap to translate the “Rome Declaration of Principles” into action, and to achieve and actualise UHC through strengthened, people-centred, and digitally enabled health and community systems so that no one is left behind.

(C20 2021 - Policy Pack - pág 13 a 18)

The Civil-20 (C20) Vaccine Access and Global Health Working Group (VAHWG) has the overarching goal of the right of everyone to the highest attainable standard of physical and mental health encompassing people-centred Universal Health Coverage (UHC).

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[9] To fund this digital transformation of health systems, donors in particular of G20 countries should reaffirm their commitment to The Principles for Donor Alignment for Digital Health launched at the World Health Summit in Berlin on 16th October 2018.

[10] The Big Tech, also known as the Tech Giants are the largest and most dominant companies in the information technology industry, namely Amazon, Apple, Facebook, Google Microsoft, TenCent, Jio, Alibaba, Baidu, and others.

The health and well-being of people through rights-based, intergenerationally-inclusive and gender-transformative approaches are essential for evidence-based, economically beneficial and sustainable solutions inclusive of sexual reproductive health and rights and gender medicine through mechanisms/processes that are transparent and accountable for equitable health policies and solutions.

The C20 puts vulnerable groups (marginalised communities and key populations) at the centre of global health strategies and responses, including ensuring the meaningful and inclusive participation of community-based, and civil society in all levels of political, decision-making, implementation and monitoring processes in achieving UHC for all.

G20 consists of the 20 largest economies in the world, making up approximately two-thirds of the world's total population, more than 80% of global GDP and over 75% of global trade.

However, C20 emphasises that any legitimate decisions that influence and impact the global community should be made inclusively so as not to deepen existing fault lines and widen gaps in expected recovery pathways. Therefore, recommendations and decisions that impact the global community (including strengthening the global health architecture) needs to be done inclusively with all member states and territories; as well as meaningfully engage communities and civil society.

C20 encourages greater efforts by G20 countries to strengthen the Global Health Architecture, including the role and effectiveness of the World Health Organization (WHO) to fulfil its mandate. Further work is necessary to maximise available global health resources of non-state actors, global health financing, and investments towards pandemic prevention, preparedness and response (PPPR). This includes the functions and authorities of WHO to monitor and evaluate the International Health Regulations on a regular basis to prepare for future pandemics and protect the global community.

We note with concern the shrinking civic space of communities and civil society in global dialogues and especially the lack of transparent, inclusive and meaningful engagement in decision-making platforms and mechanisms of the majority of institutions within the Global Health Architecture as witnessed in discussions around the Financing Intermediary Fund (FIF) for PPPR in the official spaces of the G20.

The right to participation is now widely accepted in development cooperation and institutionalised in the HIV, TB and malaria sectors such as within the Global Fund to Fight AIDS, Tuberculosis and Malaria, Stop TB Partnership, RBM Partnership to End Malaria, GAVI and Unitaid to name a few.

We draw on the experiences from the ACT-A that accountability and transparency mechanisms must be built into governance structures and that representation for decision-making processes and that representation must be set up, co-created and grounded in equity, inclusion and ensure greater parity with strong representation from LICs and LMICs, and communities and civil society.

(C20 2022 - Political Statement)

The ACT-A model shouldn't be transformed into a more permanent structure by G20 members, rather, a model that is agreed upon globally, including the involvement of LMICs is imperative. We stress that all countries must commit to:

1. Meaningful engagement, inclusion and equal partnership of all stakeholders in decision-making, including LMICs, communities and civil society, researchers and public health experts, as well as formal accountability and transparency mechanisms built into its governance structure and particularly in its engagement with the pharmaceutical industry;
2. Funding towards all aspects of PPR (prevention, preparedness and response), including diagnostics and therapeutics besides vaccines;
3. Collaborative research and development (R&D) of products between research institutions north and south and sharing technology and know-how especially with qualified manufacturers in LMICs. This includes ensuring technology transfer to LMICs via clear and transparent terms and conditions that ensure open sharing of research data, knowledge, and technology on a non-exclusive basis to enable adequate production scale-up (including local and regional manufacturing) to ensure sufficient supply, equitable allocation, and affordable as well as Investing in local manufacturing capacity;
4. Waiving IPRs (intellectual property rights) on technologies that deal with the pandemic. IP barriers are a key transversal workstream across all pillars and explicitly support the TRIPs waiver, non-exclusive licensing via C-TAP and/or MPP non-enforcement declarations, compulsory licensing, etc. This could include financing being conditioned upon ensuring that health products are developed as global public goods according to a clear and transparent public health-driven priority research agenda;
5. Better supporting national emergency response mechanisms through strengthening national and regional regulatory mechanisms and functions, as well as building healthcare infrastructure during times of non-emergency and through strengthening of global health institutions, such as WHO to coordinate and support global/regional/national efforts to support PPR;
6. Provide more timely and accurate information on allocation decisions which are based on allocation frameworks agreed upon upfront and timelines to all stakeholders involved for decision-making;
7. Learn lessons from ACT-A and COVAX through an independent and robust evaluation inclusive of all stakeholders of its governance, modalities and operations; and

8. Establish principles that guide its governance, modalities and operations for a roadmap with regular updates on progress against goals/indicators with the agility and flexibility to respond to emergencies.
(C20 2022 - Working Group - pág. 15)

We acknowledge the important role the G20 plays as the 20 largest economies of the world, making up approximately two-thirds of the world's total population, more than 80% of global GDP and over 75% of global trade. However, we emphasise that any legitimate decisions that influence and impact the global community should be made inclusively to not deepen existing fault lines and widen gaps in expected recovery pathways. Therefore, recommendations and decisions that impact the global community (including strengthening the global health architecture) needs to be done inclusively with all member states and territories; as well as meaningfully engage communities and civil society.

I. Principles:

We call on G20 countries to align with the central, transformative promise of the 2030 Agenda for Sustainable Development Goals (SDGs) to leave no one behind. To achieve this, the FIF must:

a. Focus on addressing existing inequalities to prevent future pandemics by prioritising rights based, transformative and people-centred approaches – focusing on equity and equitable access, technology co-creation and knowledge transfer, as well as creating larger ecosystems for developing, producing and delivering supplies.

b. Ensure clear timelines for operationalisation, with in-depth engagement and regular consultations with donors, implementing governments, communities and civil society (as equal decision-makers) for the selection of implementers, modalities for access to funding, and implementation and monitoring and evaluation.

II. Governance:

a. Representation for decision-making must be set up, co-created and grounded in equity and inclusion and ensure greater parity with strong representation from countries from LICs and LMICs, as well as communities and civil society. All representatives should have equal decision-making power in decision-making processes and governance structures of the FIF to ensure that projects are truly country driven and meet the unmet needs of the population rather than the priorities of donor countries.

b. Formal accountability and transparency mechanisms must be built into its governance structure, particularly on its engagement with pharmaceutical companies. Transparency, in

terms of spending, producer contracts as well as decision-making, is fundamental for accountability and effectiveness. This encompasses aspects of the real cost of research and development (R&D), public contribution, pricing and patents.

III. Learning from the Past and Building on Existing Mechanisms:

Key lessons must be drawn from challenges related to the implementation of the Pandemic Emergency Financing Facility (PEF) of the World Bank so that costly mistakes are never repeated. In addition, the G20 has to build on existing responses, infrastructures and lessons learned from HIV, tuberculosis (TB, malaria and COVID-19 – including institutions/mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the ACT-A.

IV. Scope:

a. In supporting health resilience, it is important not to silo PPR for a single unknown disease that we are unable to foresee its occurrence, but to take the opportunity to ensure that we broaden the scope to ensure that responses can support not only unforeseeable pandemics but respond to existing ones. The FIF should avoid the narrowly defined focus concerned with 'security threats' in 'pandemics' and include existing epidemics such as HIV, TB, malaria; antimicrobial resistance (AMR); noncommunicable diseases; and climate sensitive diseases – such as neglected tropical diseases (NTDs) and emerging infectious disease threats. The infrastructure needed for pandemics must be robustly supported and strengthened during intra-crisis times to both deliver necessary services, as well as to prevent, prepare for and respond to pandemics. An appropriately broad scope will help ensure a disruption in the cycle of panic and neglect for pandemics in which there is a surge of attention and investment during a crisis followed by years (or even decades) of inaction when a threat is perceived to have subsided in certain regions or globally – leading to innovation and manufacturing capacity left idle.

b. The FIF should support the mutualization of resources, where appropriate, so that they can be optimised and used for existing public health priorities. This should include financing for strengthening health infrastructure, human resources for health, and service delivery to address new pandemics, existing epidemics, and pandemic-prone diseases at all levels of the health system, including at the primary care level. Community responses and systems should be recognised and financed as core components of an effective response to preventing, detecting, monitoring and responding to pandemics in strategic partnership with formal health systems at all levels.

V. Investment in R&D:

We must avoid the equity failures that we still face two years into COVID-19 and ensure that we have sustained and proactive investments in research, development, and delivery of medical countermeasures that are critical to responding effectively to the medical needs of the most vulnerable. This investment must also be sustainable and predictable, with clear priority given to open approaches and areas most likely to be neglected by the market.

VI. Funding:

We refer to the recommendation made in "A Global Deal for our Pandemic Age," a June 2021 report of the G20 High Level Independent Panel on Financing the Global Commons for PPR with a clear recommendation that states that the investments for international financing for PPR "must add to, and not substitute for, existing support to advance global public health and development goals". As such, contributions towards the FIF should be benchmarked, for example meeting 0.7% targets for ODA. We encourage that replenishment cycles of global health and financing institutions be set in the broader health development landscape and part of the Global Health Architecture discussions to ensure that priorities are aligned and to reduce competition between institutions.
(C20 2022 - Working Group - pág. 19 a 21)

To propose the VTD Manufacturing, all barriers to produce VTD must be removed.

● In global health emergencies, health tools and countermeasures are global public goods, and must be free of intellectual property rights restrictions. Legal rights to control knowledge can act as barriers, both to research and to large-scale production of affordable health technologies.
● The manufacturing capacity in LMICs needs to be bolstered through the open sharing of research data, knowledge, and technology on a non-exclusive basis, enabling adequate production scale-up to ensure sufficient supply, equitable allocation, and affordability.
● Maximising the flexibility of TRIPS, including compulsory licensing and technology transfer, to break IP barriers and monopoly of pharmaceutical companies.
(C20 2022 - Working Group - pág. 26)

HEALTH FINANCING

The pandemic has pushed 200 million people below the poverty line, 100 million people have lost their jobs around the world and 75 countries are facing major debt crises. We face not debt crises affecting many developing countries, but also instability in financial markets and a structural slowdown in growth that could persist over at least a decade. While post-pandemic risks linger, climate-related extreme weather events pose a growing threat. Public protests are on the rise and violent conflicts have escalated in intensity and breadth in Europe, Africa, and elsewhere. But these challenges have also evoked imaginative and resilient

responses around the globe. The threat of COVID-19 resulted in the creation of a "unified platform for outbreaks and emergencies," and a complex ecosystem of partnerships and alliances emerged to tackle the design and delivery of health responses. Climate change has prompted significant institutional innovations. The net-zero movement has brought together diverse ecosystems of alliances to drive international climate action more purposefully.
(C20 2023 - Police Pack - pág 9)

• Focus on addressing existing inequalities to prevent future pandemics by prioritising rights-based, transformative and people-centred approaches – focusing on equity and equitable access, technology co-creation and knowledge transfer, as well as creating larger ecosystems for developing, producing and delivering supplies.
• Ensure clear timelines for operationalisation, with in-depth engagement and regular consultations with donors, implementing governments, communities and civil society (as equal decision-makers) for the selection of implementers, modalities for access to funding, and implementation, and monitoring and evaluation.
• No one is safe until everyone everywhere is safe. Air-borne pandemics are not defined by borders in the current globalised world. COVID-19 continues to be a pandemic and not an epidemic. We call on G20 leaders to work together even more closely in global solidarity in addressing global health security.
• Key lessons must be drawn from challenges related to the implementation of the Pandemic Emergency Financing Facility (PEF) of the World Bank so that costly mistakes are never repeated. In addition, the G20 must build on existing responses, infrastructures and lessons learned from HIV, TB, malaria, Ebola, SARS and COVID-19.
• Improving the International Health Regulations (IHR): To anticipate and prepare adequately for future pandemics, the current IHR which is a legally binding agreement of 196 countries has to be strengthened to adequately address and support country efforts in anticipating and responding to future pandemics, especially in controlling the spread of diseases across national borders – in a human rights-based manner.
(C20 2023 - Policy Pack - pág. 11 e 12)

MENTAL HEALTH

In 2022, global costs of mental health disorders were estimated at 4.7 trillion USD and are expected to grow significantly annually. However, countries' mental health spending remains low, with less than 2% of health budgets allocated on average, particularly in low-income countries.

Despite one in ten individuals being in need of mental health care, government spending in low-income countries is estimated at less than 1 USD per capita. For example, investing in scaled-up treatment for depression and anxiety can yield a 4 USD return in better health and productivity for every 1 USD invested.

TRIPS

The practice of patent monopoly through Trade-Related Aspects on Intellectual Property Rights (TRIPs) Agreement is the leading barrier and most significant obstacle to access COVID-19 vaccines and countermeasures, as well as for other health commodities including for HIV, TB, Hepatitis C, and cancers. To ensure availability and timely accessibility of lifesaving medical tools during pandemics, R&D for new health tools should be diversified beyond a handful of countries in the global north and to stop the monopoly on patent rights and opaque commercial practices and pricing. We express our immense disappointment at the outcomes of the recently concluded WTO MC-12 with a watered-down decision on the waiver of the Trade Related Aspects on Intellectual Property Rights (TRIPS) agreement related to the exports of vaccines.

In many cases, public investment from Governments contributes towards the development and research of health technologies and commodities and should be a public good. Therefore, G20 countries should recognise all lifesaving medical technologies and tools as global public goods during emergencies and enforce existing mechanisms (or legislate mechanisms) to ensure that these are provided in an equitable manner and waive or suspend all intellectual property rights (IPRs) during global health emergencies.

• TRIPS is the most significant barrier to equitable and sustainable access to health care products and COVID-19 tools and countermeasures and call for G20 leaders to put a stop to the TRIPS Plus provision in all Free Trade Agreements (FTAs) – this includes patents, trade secrets, copyrights, industrial design, and undisclosed data related to medical technologies.
• The G20 needs to rapidly scale-up and diversify manufacturing and supply capacities, particularly in developing countries; remove the intellectual property as the main barrier by maximising the flexibility of TRIPS, technology transfer and not using any dispute settlement for this initiative; implement policies for transparent and affordable prices for governments and treatment providers; and increase access to diagnostics, care, and treatment and preventive measures free of charge. During the non-pandemic/interpandemic period, manufacturing capacity and underlying system (infrastructure, trained workforce, and national registration and accreditation systems) should be strengthened especially in developing countries.
• The manufacturing capacity in LMICs need to be bolstered through open sharing of research data, knowledge, and technology on a non-exclusive basis, enabling adequate production scale-up to ensure sufficient supply, equitable allocation, and affordability.
• The state must fulfil the economic and health rights of citizens and not discharge this responsibility to the private sector, and to stop the practice of vaccine nationalism that creates inequity in access, production, distribution, and prices.
(C20 2022 - Police Pack - pág 13 e 14)

PANDEMIC RESPONSE AND COMMUNITY SYSTEMS

A key building block for any pandemic response to prepare for future pandemics is recognising, investing in, and utilising community systems and responses for health, as we have witnessed in HIV responses – including informal avenues of community monitoring and data collection. COVID-19 has exacerbated and veered country responses off-track for specific SDG targets – including SDG 3.3 to end the epidemics of HIV, TB and malaria. It is imperative that the G20 recognizes that the health of everyone is dependent on the interaction between humans, animals and the environment, and that we have to prevent the spillover of diseases from animals to people.

G20 must ensure that we monitor policies and data availability – including sex and gender-disaggregated data through ethical, regulatory and licensing pathways that pay attention to gender implications on the safety, efficacy and effectiveness, availability, accessibility and quality of all health commodities provided for during an emergency. Climate shocks and dislocations in global commodity markets due to COVID-19, amplified by the war in Ukraine have led to food and fuel shortages and to the surging prices of staple consumer goods which is eroding real incomes, exacerbating food insecurity and worsening extreme poverty in LICs.

• Mobilise resources sufficient to ensure all nations have robust, always-active zoonosis and pandemic preparedness systems that address threats at the human-animal environment interface including disease surveillance, investments in R&D (including for AMR) and increased laboratory capacities, as well as rapid response, containment, and tracing capabilities. All of this should be supported by an underlying system of distributed, up-to-date medical services facilities including health and nutrition centres aimed at reducing the incidence of diet-related non-communicable diseases. One Health—including climate-related changes and (economy-shaping) macro critical forces—should be used as an integrated approach to reducing risk and creating conditions for environment protection and climate resilient development, fiscal resilience and PPPR.

• We note with concern that a large share of additional investments coming from international financing institutions are strictly conditioned and do not provide flexibility to LICs and LMICs to strengthen their health systems as it creates complexities in overall health sector budgets. Country ownership is necessary for driving demand and identifying needs, and there is a need to balance prescriptiveness in these instances. We flag that health systems must be ready today to be able to respond to unknown threats of the future, and learn from past pandemics and COVID-19.

• COVID-19 has exposed the global shortage of health care workforce and the lack of decent work conditions in the existing health system. For robust health systems, countries must improve wages and working conditions of healthcare workers, provide secure work, guarantee occupational health and safety, commit staff to patient ratios, and enable a unionised workforce. In addition, we also note the importance of ensuring that the training

and capacity strengthening of physical and mental health workers and community level care providers is essential for the success of health systems, including for the full integration of mental health into UHC, and for this care to be provided at the primary health care (PHC) level.

• A key building block for any pandemic response to prepare for future pandemics is recognising, investing in, and utilising community systems and responses for health, as we have witnessed in HIV responses – including informal avenues of community monitoring and data collection. We call for community systems to be recognised and included as an additional key building block for health systems in addition to the existing six by WHO. There is also the imperative need for communities and civil society to be meaningfully and inclusively engaged in country mechanisms on decision-making, implementation, monitoring and evaluation.

• A public health system that provides essential public health functions of monitoring and evaluation, outbreak detection and response, laboratory diagnosis, health education and others is essential for a robust, responsive and strengthened health system.

DIGITALISATION OF HEALTH

The increased availability of digital health technologies and opportunities for sharing health data offers huge benefits for G20 nations to improve public health, respond to health emergencies, accelerate progress towards UHC and advance other SDGs. However, with COVID-19, we have seen the digitalisation chasm that divides the Global North and South, and even within countries in accessing digital devices, services and connectivity, especially for the poor, marginalised and elderly, and in under-developed, least developed and developing countries. To fully harness digitalisation in support of health, the development of digital health ecosystems and governance should be grounded in equity, human rights and other shared values:

a) A global governance framework on health data based on health for all values, is needed to establish an agreed vision and common pathway for all people and communities sharing, using and benefiting from health data. A global health data governance framework would enable the development and implementation of consistent and standardised rules around sharing and using health data to maximise their public benefits within and across borders.

b) Many countries lack legal frameworks on digital health and health data that seek to maximise the public health value of digital technologies and data, and protect the rights – including the right to privacy of individuals. Therefore, national governments must develop robust digital health strategies and policies that are aligned towards achieving UHC and health for all and protect the rights of people. Such strategies should be developed in an inclusive manner that involves all communities affected by digitalisation.

c) We need Interoperable and open-source systems that are non-proprietary and inclusive of digital and non-digital systems which protect the privacy of patient information and are essential to ensure that all countries have access to training and technologies to build and strengthen digital health infrastructure.

Accessing quality health and medical care remains a challenge due to high out of pocket payments (OOP) which creates a vicious cycle for a majority of impoverished, key and marginalised populations, as they often do not have the right papers and/or status and may face discrimination to access public health systems.

a) There is an urgent need to strengthen primary health care and support WASH and nutrition. These challenges have been extended during COVID-19 when vaccinations, tests and treatments and their technologies have not been covered in national health budgets or health insurances.
b) Political will and more essentially, leadership and action, are necessary to overcome barriers, including laws and policing practices as well as cultural and social norms that legitimise stigma and discrimination, that prevent and criminalise individuals from accessing healthcare.
c) Psychosocial support is essential in rebuilding social structures as experiences from COVID-19 have taught us. Investment in mental health is an investment in physical health, for example with strong bi-directional relationships between mental health and other health conditions. G20 governments must implement domestically, and support other governments to implement measures to promote and improve mental health and well-being as an essential component of UHC (Committed at the High-level Meeting on Universal Health Coverage in 2019 para 36 - HLM UHC-2019). This includes ensuring that early and adequate mental health interventions are cost and strengthened in health budgets. To support better mental health programmes, more diligence and the collection and regular reporting of data is necessary. All of these measures are included in the WHO Comprehensive Health Action Plan 2013 – 2030 that all G20 members have committed to and now need to fully implement.
d) We stress that PPPR and strengthening of health systems towards achieving UHC cannot be done so in a vacuum, and resources must be allocated and programmed responsively for overall health systems which must include community systems strengthening. This would include investments in, and the utilisation of community-led monitoring of finance/health processes and systems at the national, regional and global level and for UHC.
• Sustainable Health Financing: The long-term domestic financing of health systems must be addressed immediately, including the addressing of issues such as debt restructuring and introducing/ implementing progressive taxation (HLMUHC-2019, para 35) to increase the fiscal space needed sustainably.
a) We note that while blended financing may be introduced, we note with concern the restricted space accorded to communities and civil society in many of these innovative financial tools. We urge G20 leaders that have not achieved the minimum target of 5% of GDP

for public spending on health (HLMUHC-2019, para 34) to increase public spending to reduce out-of-pocket health spending, and at the same time for donors to step up and meet their 0.7% target (OECD, 2020) for ODA. This is essential for complementary efforts by domestic sources.

b) We note the contributions of the Global Fund over the last two decades and its contributions to resilient and sustainable systems for health in LIC and LMICs towards achieving SDG 3 and UHC. We stress that alongside other communicable diseases and NCDs, that we cannot fail our future generations and must achieve the end of HIV, TB and malaria as epidemics by 2030. Therefore, we call for G20 country leaders to put their money where their mouth is from commitments and acknowledgements made in various global declarations, including of the past G20, and step up their contributions collectively towards achieving at least US$18 billion for the Seventh Replenishment of the Global Fund.

(C20 2022 - Police Pack - pág 15, 16, 17, 18 e 19)

FOOD SYSTEMS

• Worsening hunger and malnutrition will inevitably exert adverse long-term consequences, therefore, a rapid global response to improve access to safe and nutritious food and bolster food security is critical for health and human development in LMICs and LICs. We call on G20 leaders to support food systems transformation and to substantially scale up financing of food systems, including measures that target farming, nutrition, social protection, water, and irrigation.

MENTAL HEALTH RECOMMENDATIONS

Revamp existing or develop comprehensive national mental health policies to:

1. Incorporate social-emotional learning and mandatory mental health education in schools and workplaces by 2025.
2. Increase access to mental health services for underrepresented communities by providing financial incentives to healthcare providers to serve these communities by 2025.
3. Increase funding for public-private partnerships to expand access to mental health services in underserved areas by 50% by 2030.
4. Ensure mental health is integrated into all primary care services by 2030, and that access to these services is subsidised or free of cost.
5. Increase the number of community-based mental health services available in underserved areas by 50% by 2030.

(C20 2023 - Police Pack - pág 77 e 78)

The WG's key policy recommendations align with G20 priorities: universal health coverage with a guarantee of "access for all" for preventative care, therapy, and health system delivery through public health institutions and private sector; reduction in the cost of healthcare;

management of mental health conditions and promotion of mental well-being; sustainable implementation of national mental health program in all G20 countries; creating and implementing policies on One-Health, with emphasis on antimicrobial resistance encompassing surveillance, data sharing and alerts, research and shared infrastructure and management; as well as advancing efforts to tackle communicable and non-communicable diseases. Also, they seek to promote digital health strategies to reduce healthcare costs.
(C20 2023 - Police Pack - pág 11)

They call for acknowledgment and design of disability inclusion as a necessary component of public health initiatives. There is a need to implement a strong health policy and research agenda on disability inclusion to develop interventions; address the vast inequities in health care access for persons with disabilities, and ensure that healthcare providers are well trained and WASH programmes are accessible.
(C20 2023 - Police Pack - pág 16)

HEALTH AND ECONOMICS

Health is key to meeting the Sustainable Development Agenda by 2030. Health has a strong and direct influence on the economy of nations. The global GDP fell by 3.4% in 2020, translating to a 2 trillion USD economic loss due to COVID. The COVID-19 pandemic underscored the need for global healthcare cooperation, given the imminent likelihood of similar pandemics in the future. It is imperative to build consensus among United Nations member States on all fronts to be better prepared.

To address this, we aim to accelerate progress towards Universal Health Coverage (UHC) - ensuring everyone has access to quality, affordable healthcare.

UHC requires promoting universal access to preventative and curative approaches. The interdependence of environment, climate, and health is clear, as is the connection between mental and physical well-being.

Embracing a holistic approach to health is now an urgent necessity. Under the 2023 C20 Chair, Mata Amritanandamayi Math (MA Math), the Integrated Holistic Health (IHH) WG engaged over 5,000 people from 1,054 organisations in 86 countries. Through inclusive processes, key policy recommendations and best practices were selected via twenty- eight online and in-person events culminating in a summit in Faridabad, Haryana. Representatives from civil society, indigenous communities, patients, caregivers, experts, and marginalised groups, including those with diverse SOGISEC (Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics) participated in these efforts.

The C20 IHH WG builds on commitments made by previous G20 Leaderships. Bali 2022 urged achieving Universal Health Coverage while addressing food insecurity and malnutrition, particularly in Low- and Middle-Income Countries (LMICs). Rome 2021 committed to support countries to improve resilience by addressing critical sustainability challenges. Riyadh 2020 prioritised the tackling of AMR and environmental causes of disease using the One-Health approach and advancing efforts in communicable and non-communicable diseases. Osaka 2019 envisioned an inclusive society that allows each individual to perform to one's full potential, with promotion of healthy ageing, and people-centric health promotion and prevention that are aligned to the life-course approach. This year's C20 IHH working group widened the scope to include different facets of the United Nations Sustainable Development Goal 3 (UN-SDG3), Good Health and Well-Being, to develop inclusive, equitable and holistic solutions for health.

MENTAL HEALTHCARE

Before the estimated five-fold increase in depression and anxiety globally since COVID-19, at least 1 billion people had mental health conditions, representing 418 million disability-adjusted life years and a burden of 5 trillion USD annually. Mental health conditions lead to loss of productivity, driving under-employment, social isolation, and poverty. Today, 90% of mental illness goes undiagnosed and untreated, a gap largely driven by stigma, discrimination, and human rights violations. The 2023 C20 IHH-WG includes Mental Health and Wellness for the first time.

Adopt and sustain a comprehensive National Mental Health Literacy Program.

Incorporate and integrate a Mental Health Education Program into the National School Curricula by 2025, to include:

• Awareness and knowledge of signs and symptoms of mental distress, reducing bullying, harassment, and stigma against those with or without mental illness.
• Suicide awareness and prevention; integrating skills and activities that promote mental fortitude, positive decision-making, and peer support.
• Provide Community & Institutional Mental Health Training to healthcare workers to promote suicide awareness and prevention.
• Deliver basic assessment tools for common mental health disorders and suicidal behaviours to support lay-counselling training among school counsellors, village social workers and non-specialist health workers.
• Ensure the availability of mental health services in all community hospitals, corporations, universities, government and other institutions.
• Training should be supported by health system networks so that acute mental conditions can be triaged by higher-level professionals. Develop robust, evidence-based mental health

programs that promote knowledge and mind-strengthening life skills (e.g., meditation, yoga, cognitive skills) for advancing positive mental health and resilience, preventing mental illness and suicidal behaviours, and reducing mental illness symptoms, with special emphasis on the underprivileged - women, children, marginalised communities, and caretakers and those grieving the loss of their near and dear ones.

• It is vital to include community engagement as well as civil society organisations to make this process more effective.

• Ensure free and quality mental health care is integrated into all primary care services by 2030.

• Scaling up interventions and services across community-based, general health and specialist settings - In a country-by-country approach as per the WHO Special Initiative on Mental Health, considering that the status of mental health care differs greatly across nations.

• Mental health care must be integrated into relevant public health programmes (e.g. for HIV and gender-based violence prevention, disabilities) in addition to primary care services.

• Increase number and quality of community based mental healthcare providers via incentivization schemes.

(C20 2023 - Police Pack - pág 88 89, 90 e 91)

NON-COMMUNICABLE DISEASES

Despite the COVID-19 pandemic, NCDs continue to be the top cause of mortality and morbidity globally, with low-middle-income countries (LMICs) bearing a disproportionate burden of NCDs. NCDs account for 74% of all deaths (41 million) globally annually and 80% of all “premature” deaths between 30 and 69 years of age. The likelihood of premature deaths from NCDs is six times higher in LMICs than in high-income countries. Modifiable risk factors include unhealthy diet, tobacco and alcohol use, sedentary lifestyle, and air pollution. The global burden of NCDs is estimated to be $47 trillion over the next two decades, unless adequate preventative and control measures are implemented. LMICs are also burdened with treatable conditions complicating maternal and child health such as nutritional deficiencies, which have proven low-cost measures of mitigation. Given the increasingly ageing population globally, geriatric health and wellness, palliative and end-of-life care become priorities requiring critical attention.

An overarching theme that emerged from discussions among the various health sub-groups included usage of digital platforms for universal health coverage. The other common theme that emerged across the health sub-groups included a life-course approach to addressing NCDs, maternal and child health and wellness, nutrition and mental health alongside steps to improve health literacy. The Life Course perspective looks at health as an integrated continuum where biological, behavioural, psychological, social and environmental factors interact and influence health outcomes throughout a person’s life. A woman’s health and nutrition as she enters reproductive age directly affects her future child’s birth weight and

order, nutrition, future risk of obesity and therefore potential contraction of NCDs and mental health conditions.

Addressing the health and wellbeing of future generations requires immediate measures to ensure the health of all persons of reproductive age in order to prevent future disease.

A Digital health mission integrating services across the healthcare sector, including diagnostics, therapy, demography, health condition, and health delivery, would facilitate diagnosis, monitoring, adherence, preventative aspects and promote access to health information. Platforms similar to the ones created for COVID-19 could be replicated for other communicable and NCDs. The digital health platforms should integrate health literacy into the health delivery system spanning mental health, maternal and child healthcare, palliative and end-of-life care, and traditional and complementary healthcare systems.

Given the ubiquity of handheld devices and wide penetration of mobile networks, a Digital Health policy for G20 nations needs to be framed, including surveillance, monitoring, preventative and awareness indicators for both communicable and NCDs. Digital health policies should address deployment of myriad cost-effective digital tools, such as artificial intelligence (AI), in a manner that prioritises ethics and person-centeredness, while increasing healthcare access, improving quality, reducing costs and ensuring privacy.

Integrate the life course approach into public health strategies, which addresses health disparities and improves overall population health for NCDs and maternal and child health. The life course approach incorporates health information from maternal, paternal, and individual perspectives.

For example, if a mother has gestational diabetes, that child has a significantly increased likelihood of contracting diabetes in their lifetime. Appropriate preventative measures and follow up must be incorporated into that child's healthcare.

► Public health services should adopt a holistic perspective that recognizes the interconnectedness of different gender specific life stages and their impact on health outcomes, considering the interactions between various factors such as genetics, early life experiences, social determinants, and lifestyle choices.
► Strengthening public health systems to provide free and quality integrated management of childhood illness as per WHO guidelines by 2025.
► Prevent and control micronutrient deficiencies in women of reproductive age and other vulnerable groups through dietary interventions, including dietary improvement, food fortification, including salt double-fortified with iodine and iron, supplementation, and public health measures: de-worming and improving Water, Sanitation, and Hygiene (WASH) - with an emphasis on menstrual and sexual health.

► Promote dietary diversity by including organic, non-genetically modified and locally sourced nutritious food items into beneficiary food baskets in existing meal initiatives.
► Ensure free access to family planning services in all public and community healthcare centres and educational institutions, including family planning programs, sex education in schools, and the availability of low-priced over-the-counter contraceptives.
Employ digital platforms for surveillance, monitoring, preventative care, therapy, awareness, adherence, and follow-up, factoring in post-procedure care. These must be integrated into existing healthcare systems to facilitate access for populations who currently are not able to access consistent quality healthcare.
► Digital platforms must be leveraged for effective and holistic life-course approaches to healthcare solutions.
► Utilise digital platforms to accelerate immunisation and vaccination drives, to reach a target of 90% childhood immunisation by 2025.
► Create evidence-based guidelines for integrative care specifying the scope of different traditional and complementary medical systems (T&CMs) in managing specific diseases to enable the general public to make informed decisions.
► Develop research methodologies in alignment with the epistemological framework of T&CMs to generate evidence of safety and efficacy.
► Facilitate evidence-based integration of T&CM into mainstream health care to address unmet healthcare manpower needs, improve holistic treatment outcomes, and promote physical, mental, and spiritual health and wellness.
(C20 2023 - Police Pack - pág 93, 94 e 95)

The health of people is inextricably linked to the health of animals and our shared environment. According to WHO, climate change is the single biggest threat to human health which could directly lead to 250,000 deaths per year by 2030. New or endemic zoonotic diseases, Neglected Tropical Diseases (NTDs), vector-borne diseases, anti-microbial resistance (AMR), food safety and food security all link environment, climate and health. Climate change lowers food productivity, both agrarian and marine, compounds mental health issues, contributes directly to nutrition, maternal & child health, poor outcomes in NCDs and majorly contributes to emerging infectious diseases. Poor practices in multiple industries, including livestock farming, and hospital and immunisation programme management are increasing AMR and decreasing the ability to treat it.

The IHH-WG deliberations focused on one-health and AMR, strengthening cooperation in the pharmaceutical sector, and improving healthcare service delivery. Placing an emphasis on access to and availability of safe, effective, quality, and affordable medical countermeasures such as vaccines, therapeutics, diagnostics, and digital health innovations and solutions to support UHC. The current global leadership must work together for the formulation of a “Global Public Health Convention,” with its core obligation being to protect Global Public

Health, preventing profit-driven industry exploitative practices, and prioritise the needs of Global South.

ONE HEALTH

Establish robust, inclusive, intersectoral, cross-Ministerial national One-health task forces by 2030 that comprehensively integrate critical sectors such as agriculture, forestry, animal husbandry, environment, finance, forestry, and foreign affairs with health, addressing urgent health priorities such as emerging pathogens and zoonotic diseases.

► Task forces must be endowed with adequate resources and specific timelines, accompanied by measurable outcomes to help foster interdisciplinary research and collaboration.

► Strengthen surveillance through capacity-building programs inclusive of improved management of zoonotic diseases such as rabies and emerging pathogens, communicable disease programs including HIV, TB, Malaria, NTDs, and snakebite.

► Ensure accessibility to low cost WHO-approved diagnostics and treatment, prioritising at-risk populations.

► Ensure that existing minimum standards for animal health services are met and set obligations to improve biosecurity in the production, transportation, slaughter, and retailing of animals to reduce the transfer of pathogens.

This needs to include care and welfare practices on farms to both reduce the use of antimicrobials and support natural ecosystem health.

Create a Global Framework for Addressing AMR – including surveillance, monitoring and strategic planning, similar to the Framework Convention on Tobacco Control by 2025.

► Involve human, animal, and environmental health sectors, and engage with civil society organisations, community leaders, and international cross-sectoral stakeholders.

► Implement stringent legislative control of antimicrobial dispensing for use in both humans and animals, including effective antibiotics stewardship programs and community engagement initiatives.

► Ensure Trade-Related Aspects of Intellectual Property Right (TRIPS) and Intellectual Property waivers for the protection of Global Public Health implementing Universal access to Health services, including lifesaving drugs/medicines, diagnostics and related health services as “Global Public Health Goods” and allowing worldwide right to use, re-produce and ensure supply globally.

(C20 Police Pack, 2023 - pág 96, 97 e 98)