

C20 Positions on Health Financing (2014-2023)

Initial briefing for the C20-2024



HEALTH FINANCING IN THE C20

The C20 started calling attention to health and access to health care as a fundamental right in the negotiations toward the 2014 summit in Brisbane, Australia, the second year of the engagement mechanism. Health is prominently mentioned as one of the pillars to reduce social and economic inequalities and promote inclusive growth: “creating a fair and just society will require G20 members to establish and build social protections for all citizens, by building and maintaining universal access to effective health, education and welfare systems, encouraging fair and sustainable employment, and establishing and maintaining appropriate labour market laws, regulations and protections.”

It is important to make it explicit that the C20 does understand the importance of public and private infrastructure investment to lift economic development, but calls attention to a broader concept of infrastructure: “sustainable and inclusive economic growth is possible only when there is ongoing investment in both economic and social infrastructure. Infrastructure investment should include public projects such as housing, education, communications, internet access and healthcare, in addition to those dedicated to trade, energy or transport. [2014 (Melbourne, Australia)]

The following year, during Türkiye’s G20 presidency, the C20 expanded on the concept of social protection floor as basic infrastructure for economic development: “commit to tackling the multidimensional nature of inequality by way of facilitating access to social protection and public services, including education and health, especially for the most-excluded groups, e.g. through progressive tax systems and investment in public infrastructure.”

At the same time, civil society started asking the G20 about the financial needs for climate adaptation and mitigation, including health preparedness, while the countries keep on dedicating billions of dollars on fossil fuel subsidies, “shifting these subsidies to renewable energy, energy conservation and pro-poor investments will have multiple benefits for climate, health and finance.”

Since civil society seems to be the only global actor that knows quite well that, despite all good intentions of private philanthropy and multiplying effect of global trade, social problems are mostly solved by public investment and policies. It is public moneys that kick start recuperation, adaptation, and growth in a large scale in any country: “more broadly, public climate finance will need to be scaled up, and new and innovative sources of finance identified and introduced, to help to avoid the diversion of ODA from its intended purpose.” [2015 (Istanbul, Turkey)]

The next C20 built its content from the two previous years discussions and went more technically specific in the demands by civil society, continuing the understanding of health as crucial component of social protection floor: “besides economic indicators, social indicators shall also be incorporated. In addition to meeting the minimal needs of the low-income population for food and clothing, the most basic security shall be provided in their education, healthcare and housing.”

Furthermore, without explicitly recommending an architecture for health financing, the C20 encapsulated the asymmetries of taxation and capital allocation suggesting that “to mobilize adequate resources, governments shall create a level playing field through taxation and investment, launch anti-corruption campaign and narrow the income gap by expanding such public services as education and healthcare. There is a need to establish fair tax systems and intensify international cooperation in cracking down illicit capital outflows and tax havens and regulating and stopping the spread of tax evasion and avoidance.” And with special attention given to the emergent risks in health, the C20 explicitly suggested: “closer international communicable disease-response cooperation programs shall be developed for the prevention and treatment of communicable diseases, such as malaria, tuberculosis and HIV/AIDS infection and other common diseases like heart disease, diabetes and cancer. The overall quality and accessibility of public healthcare shall be upgraded. The global system of development and pricing of medicine shall be improved to make appropriate and affordable drugs available to each and every individual.” But the communiqué fell short to show how all these demands could be done. [2016 (Qingdao, China)]

The German presidency of the G20 saw a substantial growth in civil society participation in the C20 mechanism. Because of the importance given by the government of Angela Merkel to health issues, health had its own working group among the advocates and activists who gathered in the Hanseatic city of Hamburg in June 2017, with several worrisome assessment on the on going lack of finance for facing the global health problems. As the Policy Pack states, “many of the recent global health gains will be at risk if the world's largest economies do not strengthen and better fund the multilateral health organizations and health systems. The consequences of inadequate preparedness to tackle outbreaks and antimicrobial resistance will not respect borders and will put global health at risk.” In hindsight, it is almost as if civil society advocates were foreseeing the near future.

Antimicrobial resistance (AMR) was a big issue in Hamburg, particularly because of the growth of Tuberculosis in the world. “Supporting innovative R&D models for TB that go beyond incentives based on high prices and sales represents an opportunity for the G20 to tackle the broader AMR burden and ensure that health technologies become ‘public goods’, affordable to all in need (...)”

the development of a mechanism to develop a TB regimen would have the potential of widespread applicability to address other AMR market failures.” Once again, public capital is necessary to correct concentrated market decision-making. Therefore, the C20 called on the G20 “to support the proposed 10% increase in assessed contributions, as well as the reform and strengthening of WHO, based on global health need.” And “to ensure that effective pandemic emergency preparedness is coupled with resilient national health systems based on universal health coverage (UHC), respecting the 2030 agenda principle to leave no one behind and the needs of the most marginalized and vulnerable populations.” The C20 could not be more assertive on its recommendations, as history shows. [2017 (Hamburg, Germany)]

The Argentinian G20 presidency did not continue the push on discussing health as a main topic. As it was explained at the time by the Brazilian sherpa, “Brazil did not fully support discussing health in the G20 for it being mostly dedicated to economic and financial issues, despite recognizing the interlinkages. We did not want it to broaden the subjects of debate so much.” Nevertheless, two countries, India and Australia, announced national measures to finance health: “India has launched Ayushman Bharat, a National Health Protection Scheme aimed at providing universal health insurance to increase access to quality health and medication including timely treatments, leading to improvements in health outcomes and quality of life.” And Australia “has launched a National Health and Medical Industry Growth Plan to create new jobs and improve health outcomes by investing in genomics and health and medical research, accelerating health innovation, and enhancing collaboration between researchers and industry.”

The C20 in Argentina feature health and gender with prominence in the Policy Pack. With a history of strong women’s civil society organization, the text contained decisive language to “ensure access to Sexual and Reproductive Health and Rights (SRHR) information and services for women and LGBTQI people. This must involve comprehensive sexuality and relationship education (including education and campaigns around consent) and access to quality sexual health services (including contraception and abortion services).” In a moment when abortion rights were being lost in the U.S.

The text on UHC, TB, and HIV/AIDS was built from previous C20 texts, but for the first time NCD (non-communicable diseases) is mentioned in the official civil society text, calling attention to a silent epidemic driven by social and commercial determinants, as is defined by PAHO: “scientific evidence proves that obesity and nutrition disorders, are the main risk factor for NCDs and require prevention and support throughout the continuum of care. In particular, childhood obesity is one of the most serious public health challenges of the 21st century. Governments need to commit themselves with the implementation of concrete public policies, to prevent

childhood obesity and to develop healthy environments. Globally, in 2016 the number of overweight children under the age of five years, is estimated to be over 41 million.”

Civil society is aware the solutions for UHC is fundamentally based on public resources. “Investments in infectious disease care and prevention can leave a legacy of stronger health systems and advance the course to achieve UHC. Recognize the critical role of the Global Fund to Fight HIV/AIDS, TB and Malaria to end the three diseases as major global health threats and achieve UHC by 2030, and support its full replenishment in 2019 by increasing contributions from all G20 country.” Though here it is already evident the crux of health financing, there is no global framework for it, but a patch of different initiatives. “This includes the core financing of WHO and increasing contributions for multilateral organizations such as GAVI the Vaccines Alliance, the Global Fund, GFF and UNITAID whose investments in health systems, laboratory infrastructures, roll-out and scale-up of new tools and technologies, benefit countries health capacities.”

But it issued a comprehensive call about NCD for the G20 to “take measures to tighten regulation to prevent NCDs by promoting the adoption of effective measures according to WHO recommendations. There is also a need for transparency policies to avoid conflict of interests between food, tobacco, alcoholic and sweetened beverages multinational corporations and public health. In addition, G20 countries should agree on specific regulations to protect children from misleading information from food corporations by restricting marketing campaigns and implementing a front-of-pack labelling easy to understand.” It just fell short to connect such products with the need for excise taxes to curtail their consumption while financing health with the extra revenues. [2018 (Buenos Aires, Argentina)]

The C20 in Japan built the recommendations from the three previous Policy Packs and communiqués, echoing most of the demands from the other years. But it included a very specific recommendation regarding TB: “commit to concrete action plans to deliver the commitments of the UN High-Level Meeting on TB, including diagnosing and treating 40 million people with TB and 1.5 million people with drug-resistant TB by 2022. This includes fully financing the Global Fund in its 2019 replenishment. Further, agree a definition of contributing ‘appropriately’ to TB R&D as 0.1% of gross expenditure on R&D, and aim to meet this target. G20 countries could then pool collective contributions towards a common objective, such as diagnostic, drug or vaccine trial and development.” This demand shows the importance of consistent flow of finance to tackle the world’s health problems. [2019 (Osaka, Japan)]

The Saudi Arabia G20 presidency was marked by the Covid-19 global pandemic. The C20 was quite attentive to some financial consequences, “as a result of the global pandemic, institutions

are channeling huge quantities of funds into health and sanitation systems around the world, which requires close monitoring and oversight to ensure accountability and equity.” The pandemic “exposed the weaknesses of public health systems that have been privatized, poorly regulated and in many cases, subject to swinging cuts as a result of austerity.” And as it became quite evident, “health systems in all countries are being overwhelmed, with a lack of health care capacity for patients and a lack of personal protective equipment (PPE) for health workers. With tens of thousands of confirmed cases across Africa and Latin America, there are concerns about the capacity of the health systems to respond as case numbers grow.”

The C20 kept the concept of health as a fundamental social protection measure. Besides reaffirming the demands on SRHR (from 2018), the Policy Pack addressed GBV (Gender-based Violence) as an specific demand to “access prevention and response services, including GBV survivor services such as temporary shelter, safe housing, and financial support.”

The C20 also asked for “effective and early pandemic alert systems to be strengthened, for example in calling for global pandemic alert meetings on the response and mobilization of resources for prevention, including in low- and middle-income countries.” [2020 (Riyadh, Saudi Arabia)]

The second year of the Covid-19 pandemic started with a great scientific breakthrough. Partnerships between private pharmaceutical companies, public laboratories, academics, foundations and the World Health Organization created the conditions of possibility for a record-breaking multiple SARS-CoV-2 vaccine development and deployment. The feat promised a more stable future, which materialized with new problems. Vaccine coverage became a contentious issue of intellectual property rights and private appropriation of publicly funded research. The G20 was presided by Italy. The G20 communiqué mentioned health forty-eight times, and health finance becomes a crucial topic. The pandemic and the economic disruption that ensued from it dissipated the resistances to have the topic as crucial.

The Italian C20 then concentrated on a holistic approach to health, named One Health, aimed at: “1. 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); 2. Defining preparedness plans, starting from the most vulnerable context and the less resilient countries, through the One Health Approach; 3. Planning a globally coordinated and collaborative response to health crises and emergencies; 4. Defining common global strategies to support the equitable access to control tools (VTD), including a continuous investment in health promotion and diseases prevention to achieve the Universal Health Coverage.”

The C20 Italy reminded the world that “since 2016, the C20 GHWG has consistently alerted successive G20 forums on the importance of strengthening health systems which is critical in achieving the SDGs and reminds that stronger and even more coordinated and financed collective action is needed to halt and reverse the impact from the COVID-19 pandemic, address other health crises, and build upon previous G20 commitments.” And also made a convincing link between health, food systems and climate. “The G20 should contribute to build resilience with focus on strong communities and food systems more able to withstand climate- and conflict-related shocks. Urgent action is needed to deliver dramatic cuts in emissions and keep global temperatures from rising above 1.5 degrees,” states the Policy Pack. “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.”

The conclusion is as synthetic as is logical to remind world leaders about their long standing debt on these deliverables. “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 nutrition⁴, 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,” as it continues with the vaccine apartheid and the folded Covax initiative.

Furthermore, linking with the digitalization of life, the C20 called attention to the need “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.” Regulating the field, particularly in the age of A.I., should become a priority. [2021 (Rome, Italy)]

In 2022, the C20 Indonesia used the wording “health financing” for the first time whether in a policy pack or communiqué. Here it was in both.

The Policy Pack goes deep into the importance of health financing with recommendations on how to achieve consistent inflow of revenues. “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.” It also expressed concern with “blended finance,”

because of “the restricted space accorded to communities and civil society in many of these innovative financial tools.”

The C20 also calls out the failures of certain high profile initiatives. “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/AIDS, TB, malaria, Ebola, SARS and COVID-19.” Notwithstanding, even the long established GFTAM still struggles to get replenishment funds enough to reach its goals. If this is the trend, the same problem happens to increase investments to PPPR (Pandemic Prevention Preparedness and Response.)

Intellectual property rights has raised as the contentious issue related to global health coverage and access to life saving products. As stated in the Policy Pack, “TRIPS is the most significant barrier to equitable and sustainable access to health care products and Covid-19 tools.”

To conclude, the C20 calls once again developed countries to fulfill their pledge of dedicating 0.7% of their GNI to ODA, and each country “to dedicate at least 5% of their GDP in public spending on health (HLMUHC-2019, para 34.)” [2022 (Bali, Indonesia)]

The India G20 was quite different from all other summits. The usual working groups gained new names, following a cultural integration to Hindu mythology and narrative. The C20 followed suit, in this case following the holistic approach laid out by the C20 during the Italian presidency. The One Health approach was synthesized this time as the way to “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 C20 India recommendations did not follow the Indonesian approach to health financing, but contained substantial content on the priorities for achieving a proper balance for healthy living, such as “establish robust, inclusive, inter-sectoral, 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.” This has the potential to prevent the next pandemic. Also, “create a Global Framework for Addressing AMR – including surveillance, monitoring and strategic planning, similar to the Framework Convention on Tobacco Control by 2025.” Another topic addressed is mental health, “we are in the midst of a global mental health crisis, particularly among youth which cannot be left unaddressed by G20 leaders,” though it has been reported more emphatically, the text does not identify the causes of growth for collective despair.

And finally, “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, reproduce and ensure supply globally.” At the same time, the Policy Pack praises the positive possibilities offered by digital innovation despite the proof of unrelenting harm caused by the current state of monopoly power. “However, advances in digital technology, machine learning, and artificial intelligence can dramatically reduce inequities in access, provided G20 leaders ensure that these technologies are deployed with health equity as a core principle.” [2023 (New Delhi, India)]