C20 Working Group 5 Policy Brief
Integrated Health for All

The Brazilian G20 Presidency has determined that Pandemic Prevention, Preparedness and Response (PPPR), digital health, health equity, and the impact of climate change on health are priorities for the G20 Health Working Group.

By 2030, the cost of health security linked to climate change is projected to reach US$2-4 billion annually worldwide. This will primarily affect populations in vulnerable conditions, particularly those in the most impacted regions, leading to the loss of livelihoods and lives and exacerbating poverty.

The lack of sustainable and predictable financing for Pandemic Prevention Preparedness and Response (PPPR) and global health emergencies, along with reduced financial assistance for the World Health Organization (WHO) and multilateral partners are contributing to further fragmentation. The space for civil society engagement is shrinking, negatively impacting global, regional, and country-level health governance. Urgent action, with robust transparency and accountability mechanisms, is needed.

The climate crisis tremendously impacts health infrastructure and the ability to deliver care. The G20 New Delhi Leaders Declaration commitment was to "Support the development of climate-resilient and low-carbon health systems" in line with the European Court of Human Rights, which has essentially ruled that climate protection is a human right. However, the progress on the climate agenda is lagging behind the urgent pace required and that fossil fuel combustion is the driving force behind the climate crisis and the main driver of air pollution, which the WHO has recognized as the biggest health threat of this century.

The international community is not sufficiently addressing the interconnectedness of human, animal, and environmental health that poses a threat to equity, human safety, and security for actual and future global health emergencies. In fragile countries, food insecurity is more extreme. Internal displacements and migrations, humanitarian emergencies, and subsequent interruptions of health care delivery continue to escalate due to climate disasters, as well as armed conflicts, which cause higher risks of infectious and non-communicable diseases.

In this complicated scenery, the **C20 "Integrated Health for All" Working Group supports the promotion of health equity by integrating human rights, racial and ethnic minorities, indigenous peoples, People of African Descent, Africans, Asians, People of Asian Descent, migrants, refugees, Romas, Dalits, landless and homeless populations, women and, girls, LGBTQIAPN+ people, people with disabilities, including autistic people, and those with other health conditions, such as people living with HIV and dementia into health policies and responses towards more accessible, inclusive, and equitable healthcare systems, including creating rights-based mental health support systems, and promote healthy aging while not leaving anyone behind.**

We call on G20 Leaders to address and commit to the following recommendations:

1. Strengthen Health Systems and Pandemic Prevention, Preparedness and Response.

2. Develop and implement comprehensive legal and policy frameworks to ensure self-care interventions are effective, accessible, and affordable at all healthcare levels and empower individuals to make informed decisions through accessible information.

3. Develop, implement, and finance national hygiene strategies in healthcare facilities as part of systems strengthening and pandemic preparedness, primary healthcare, and UHC investments, with sustainable long-term financing [i].

4. Enhance global surveillance systems to identify health threats and disparities and elevate public health's role in environmental health challenges[ii].

5. Increase investments in prevention, health promotion[iii], sexual and reproductive rights[iv], education, and accessibility to reduce inequities through public health policies[v] and integrate treatment and the management of non-communicable diseases, including mental health, into primary health care[vi].

6. Establish a comprehensive healthcare approach, early diagnosis access, increased therapy funding, stakeholder collaboration, supportive and accessible environments, and assessment guidelines.

7. Empower individuals, hold awareness training accessible to all, and prevent attitudinal, communicational, and information barriers, among other socio-generated harm.

8. Guarantee the sexual rights and reproductive rights for all, with accessible and affordable healthcare services, particularly for women and girls in all their diversity and LGBTQIAPN+ people, and ensure access to evidence-based, comprehensive sexuality education and family planning, contraception, abortion, STI prevention, care and free treatments, including for HIV/AIDS.

9. Guarantee racial and ethnic minorities, indigenous peoples, People of African Descent, Africans, Asians, People of Asian Descent, migrants, refugees, Romas, Dalits, landless and homeless populations, women and, girls, LGBTQIAPN+ people, people with disabilities, including autistic people, and those with other health conditions, such as people living with HIV and dementia, and other groups in vulnerable situations inclusive stigma-free and non-discriminatory healthcare. Provide sensitivity training and expand mental health services through task-sharing and training of community-based providers[vii].

10. Establish an equitable health financing, rights-based approach, to reduce the debt burden and its costs, particularly for low- and middle-income countries (LMICs) and commit to the expanded application of Debt2Health to allow these countries to swap their external debts for their investment in strengthening their national health systems[viii].

11. Address social, environmental, and commercial determinants of health through equitable health financing and technology developments.

12. Adopt concrete and enforceable measures to ensure global equitable and timely access to health technologies.

13. Commit to transparency and accountability in line with human rights standards and community participation and innovative financing mechanisms, such as the taxation of unhealthy

commodities, to finance the sustainable development of stronger health systems[ix]. Prioritize addressing ongoing pandemics and epidemics, such as HIV, malaria, dengue, and TB.

14. Foster meaningful civic engagement with targeted interventions tailored to key populations in vulnerable situations, dismantling legal barriers and eradicating stigma and discrimination.

15. Ensure equitable access to research, development, and the fair distribution of new drugs, diagnostics, therapies, and vaccines for a more resilient and inclusive healthcare system[x].

16. Pledge to provide the necessary financial resources and relief to help countries build capacity and strengthen health systems, address debt distress and austerity measures and ensure that global health financings entities like the Pandemic Fund and the Global Fund to Fight AIDS, TB and Malaria are fully funded. Special emphasis should be placed on the Pandemic Fund during its upcoming pledge in October 2024.

17. Adopt binding funding mechanisms to assure global health equity and timely access – including mandatory tech transfer, technology, and know-how to LMICs and refrain from exerting pressure or retaliation against countries that utilize TRIPS flexibilities.

18. Create an equitable Pathogen Access and Benefits Sharing System (PABS) that guarantees continuous access to crucial benefits to respond to pandemics and prevention and preparedness. Support the implementation of time-bound IP waivers during pandemics and cease attempting to introduce more onerous rules around IP in trade negotiations.

19. Adopt measures to fight ongoing pandemics and epidemics while strengthening the ability of LMICs to contain outbreaks at the source. This includes commitments to fight TB and address AMR through policies that address the lack of access to and overuse of antibiotics.

20. Leverage the proposed Alliance for Local and Regional Production and Innovation to address the priority health needs of the populations in vulnerable situations. Funding commitments to strengthen Research and Development (R&D) and production capacities in LMICs while keeping this infrastructure active during inter-crisis periods; ensure equitable access to financing, technologies, knowledge, and products; and enforce transparency in R&D, production costs, and pricing, as well as in agreements for developing, producing, purchasing, and distributing health technologies.

21. Ensure meaningful participation of civil society in global health decision-making: G20 should advocate for civil society involvement in all its processes and implementations and within the WHO.

22. Guarantee resources and efforts to make access to mental health and healthy aging a global reality. Enhance suicide prevention work and build adequate mental health support to promote community physical and mental well-being.

23. Prioritize mental health promotion and preventable public health policies with human rights, person-centered, ethno-racial, and non-punitive approach, focusing on early intervention, timely diagnosis, and comprehensive treatment strategies while responding to age-related health disorders, neurodegenerative conditions, and promoting the understanding of mental health conditions, autism, and disabilities under the social model, aiming to change social perceptions and reduce stigma and discrimination. Increase investment and resource allocation

toward mental health and healthy aging globally, developing sustainable financing models to support long-term programs, including specific attention to dementia and other prevalent conditions.

24. Combat hunger, poverty, and racial inequality in the promotion of sustainable development and inclusive societies.

25. Commit a just transition from fossil fuels to clean, renewable energy, financed by those most responsible for the problem and the G20 governments to develop and implement road maps and action plans to align national health systems with the Paris Agreement and COP 28 to fund climate-resilient, low-carbon health systems in all countries, particularly in LMICs, ensuring that no one is left behind.

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[iv] https://cdn.who.int/media/docs/default-source/reproductive-health/uhl-technical-brief-srhr.pdf?sfvrsn=ceca4027_1Cdownload=true

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https://www.emro.who.int/noncommunicable-diseases/publications/factsheets.html

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[ix] https://www.theglobalfund.org/media/12284/publication_debt2health_overview_en.pdf

[x] "Framework Convention on Global Health Alliance. (n.d.). Drafting the treaty. Framework Convention on Global Health Alliance. https://fcghalliance.org/about/drafting-the-treaty/" https://www.lung.org/media/press-releases/nys-cigarette-tax2023#:~:text=New%20York%20State's%20%241%20Cigarette%20Tax%20Hike%20Goes%20into%20Effect%20September%201stCtext=Beginning%20Sept.,per%20pack%20of%2020%20cigaret tes

Policy actions and targeted interventions are essential to break down financial and structural barriers that prevent access to healthcare for the most vulnerable. Since poverty and access to healthcare are intrinsically linked to broader social determinants such as education, housing and employment. Therefore, effective solutions must address these factors

https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to- essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health- expenses

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https://drive.google.com/file/d/1fHFJBtQOEk3763x4W3iekOYfk4hW2z2W/view?usp=drive_link