



## **C20 Global Health Working Group inputs to the G20 Health Working Group 2<sup>nd</sup> Meeting, 25<sup>th</sup> & 26<sup>th</sup> March 2021**

In 2021, the G20 agenda rests upon three main pillars: People, Planet, Prosperity. Within this, lies the commitment to take care of people and of our planet, while ensuring a strong, inclusive, and sustainable economic recovery. In an increasingly globalised and interconnected world, **the health and well-being of people through rights-based, intergenerationally-inclusive, and gender-transformative approaches are essential for economically beneficial and sustainable solutions, as highlighted by the systemic vision of the 2030 Agenda.**

Since 2016, the C20 Global Health Working Group (GHWG) has alerted the successive G20 fora held on the importance of strengthening public and primary health and community systems, and that health is a basic public good and fundamental human right. Although countries differ, equitable access to essential quality health and nutrition services, including water, sanitation and hygiene (WASH); sexual reproductive health and rights (SRHR); and mental health must be guaranteed everywhere and for all.

As the C20 GHWG, we have the overarching goal of **Universal Health Coverage (UHC)**. We see health as a **global public good** and we put **vulnerable groups<sup>1</sup>, marginalised communities, and key populations<sup>2</sup> at the centre of global health strategies and responses.**

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

Ahead of the 2<sup>nd</sup> Health Working Group of the G20 on 25<sup>th</sup> and 26<sup>th</sup> March 2021, the C20 GHWG submits the following points to be incorporated in your discussions:

1. **One Health (OH) approach.** The G20 should recognise the strong correlation between human, animal, and environmental health<sup>3</sup> as a preliminary condition for health for all to counter the risk of new zoonotic infectious diseases, a threat already highlighted by the World Health Organisation (WHO) more than ten years ago. The OH approach must be strategically streamlined to improve the health of communities and their environment, and the G20 must act to increase capacity for implementation and monitoring. **A multi-disciplinary approach considering environmental health, agroecology, veterinary medicine, molecular biology, health economics, trade and the use of modern technologies are necessary requirements to make this concept operational.**
2. **Equitable Access.** Past and present pandemics – including HIV/AIDS, Ebola, tuberculosis (TB), malaria, and COVID-19 have taught us the paramount importance that **people's lives come before profit.** Global equitable access to tools and diagnostics, vaccines, and treatments is essential for all diseases to end epidemics for everyone everywhere, especially in conflict and post-conflict areas and in humanitarian emergencies contexts.

New strains of SARS-CoV-2 threatens current progress and risks the effectiveness of existing treatments and vaccines. **As countries roll out their COVID-19 vaccinations, we call on world**

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<sup>1</sup> **Vulnerable groups** as specified in the 2030 Agenda include children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons, and migrants.

<sup>2</sup> **Key populations** are defined according to WHO as people who inject drugs, men who have sex with men, transgender people, sex workers and people in prisons and other closed settings.

<sup>3</sup> 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.

**leaders to urgently fund the ACT-Accelerator and other health mechanisms (including the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, and UNITAID).** We also call on leaders to commit to give away all excess doses of vaccines to COVAX once countries have secured enough doses to meet domestic demand in strengthening efforts collectively as a global response<sup>4</sup>.

The experiences of COVID-19 highlighted the inequities of access to healthcare including infection prevention and control, research and development priorities, and trade-related intellectual property rights (TRIPs) – including ensuring conditions on transparency and fair access around public funding, sharing of technology and know-how, licensing, and the importance in investing in the manufacturing capacity in low- and middle-income countries for effective scale-up. **We call on the global community to learn from the lessons of COVID-19 and translate them into action so that all have access to comprehensive, equitable, affordable, and quality health commodities, services, and care across all diseases.**

3. Global Health Solidarity. Population growth, rapid urbanisation, 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, and we call on an approach and solutions towards holistic global health systems, and agreed practices (particularly, but not exclusively, with regards to antimicrobial availability, usage and development, and rapid access for all to healthcare) that are based on principles of equity and rights, and acknowledges and supports the diversity of culture, geography, epidemiology, economics, and sexual orientation and gender identities.

A disease with no respect for borders requires a collective response and multilateral cooperation is the key to overcoming global challenges and building resilience. Thus, rather than Global Health Security, **we see this as Global Health Solidarity towards achieving the 2030 Agenda** so that no health solution, health system nor policy should exacerbate further the livelihoods of vulnerable groups, marginalised communities, and key populations, based on different cultural and/or social norms. Migration status and citizenship, or the lack thereof, should not hinder migrants, asylum seekers and refugees' access to health services, including SRHR. 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 and most effective way to contain pandemics, save lives, protect health systems, and restore economies.

Global Health Solidarity thus needs to be people-centred, with robust health systems which will protect against future pandemics as well as strengthen responses to existing global health issues. **We call for a future health architecture that promotes multi-sectoral action, integration, innovation, and rights-based and gender-transformative approaches**, which will help countries deliver health and development solutions everywhere for strengthened health systems and increased country capacity and preparedness for rapid, effective, and quality responses while ensuring the continuity of essential and primary healthcare even in the event of shocks.

Recovery from COVID-19 must provide an outcome that will provide better for all. We must also recognise that investments made in the name of building back better will ultimately be the responsibility of all so that future generations have solutions that are sustainable and policies that are cognisant of future needs.

We wish you fruitful deliberations, look forward to seeing these elements result in firm commitments by G20 leaders in an action plan, and working with you closely to ensure and strengthen a sustainable and resilient global health community.

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<sup>4</sup> In the opening remarks at the [media briefing on COVID-19 \(25<sup>th</sup> January 2021\)](#), WHO Director General Dr Tedros stated that the global economy could suffer losses of US\$9 trillion if vaccines are not equitably distributed with nearly half those losses being absorbed by wealthier countries, "... so it is the best interest of every country to support vaccine equity".