C20 Gender Working Group Communiqué on the Global Health Summit of May 21st 2021

The Global Health Summit, co-hosted by Italy (chair of the 2021 G20) and the European Commission, aims at sharing lessons from the COVID-19 pandemic and developing and endorsing a ‘Rome Declaration’ of principles that will serve as a guide to foster multilateral cooperation and avoid future health crises.

The COVID-19 pandemic has shown the centrality of health and quality public health systems in our collective wellbeing and the interconnectedness and codependence of our social and economic systems. The ongoing health crisis has exposed the lack of preparedness in responding to large scale health emergencies and the impact that decades of underfunding had on public health systems and their territorial articulations, as well as the inequalities in the access to life-saving medicines, vaccines, diagnostics and related health technologies, aggravated by the trends to privatization of health care services and the appalling corruption occurred in the response to Covid globally. Furthermore, it has exacerbated and therefore brought to light the structural inequalities and systemic challenges existing globally before the pandemic. The crisis quickly propagated to other health related aspects and other critical domains, setting back the efforts made in the past decades. For instance, reports show there has been a 30% overall reduction in the coverage of nutrition services in the early months of the pandemic, which could result in millions of women facing poverty and starvation because of their over-representation in the informal economy, as it was stressed by French President Macron during the launch of the Generation Equality Forum in Mexico on 29th March 2021.

This situation is in fact particularly affecting women, girls, LGBTIQ+ individuals and marginalized communities experiencing intersecting forms of discrimination. Since the outbreak of COVID-19, emerging data and reports shown that due to the containment measures all types of gender based violence, particularly intimate partner violence, have increased. Moreover, women's mental health has been particularly impacted due to increased household responsibilities and unpaid work, fable or non-existent social protection, and higher rates of unemployment and poverty. Data gathered across the world shows how the provision and utilization of reproductive, maternal, newborn, and child health (RMNCH) services have been disrupted, as well as access to sexual and reproductive health and rights such as contraceptives and safe abortions, resulting in a surge of unintended pregnancies, especially in low and middle-income countries. It is particularly regretful that amidst this setback in the situation surrounding women’s reproductive health, some developed countries have announced cutbacks in development aid targeting family planning by 85%, and funding for HIV/AIDS by 80%. Due to pandemic-related disruptions in prevention programs

including sexual and reproductive health, **2 million FGM cases** could occur over the next decade that would otherwise have been averted\(^6\), as well as an additional 13 million **early marriages** between 2020 and 2030\(^7\) and the discontinuation of **HPV vaccination**, with its impact on women’s lives. In May 2020 the Assembly of WHO approved a resolution signed by all ministries of Health recognizing SRH as “essential services” and urging governments to not interrupt these services\(^8\). Moreover, the UN Independent Expert on SOGI concluded that COVID-19 had a disproportionate impact on **LGBTQI+ persons**, exacerbating patterns of social exclusions and multiple forms of violence\(^9\).

Given the above, **the C20 Gender Working Group calls** on the G20 leaders to move beyond the emergency-based logic of pandemic preparedness and resilience and keep in mind the broader concept of the **right to health and wellbeing**, taking into account the 2030 Agenda basic concept of **leaving no one behind** and ensuring a gender approach in addition to the One Health approach. It is therefore strategic to ask for a commitment to enhance and promote gender medicine\(^10\), both in terms of research and innovation, as well as in training and communication. Despite the fact that women represent close to 70% of the Global Healthcare Workforce, women and girls are not at the center of preventive and curative health policies as agents of change: commitments must be made in order to include them in all decision making processes. **We discourage** an approach only focused on the securitization of health in response to the current pandemic crisis, which not only strays from the root causes of pandemics and other current and future environment-related crisis, but also risks endangering the respect of human rights worldwide, especially women and girls’ rights.

We solicit governments to support the proposed temporary waiver of certain intellectual property rights (**TRIPS waiver**) for COVID-19 products at the World Trade Organization and to endorse the **“Solidarity call to action to realize equitable global access to COVID-19 health technologies through pooling of knowledge, intellectual property and data” (C-TAP)**, therefore ensuring equitable global access to COVID-19 health technology related knowledge, intellectual property and data. The ACT-Accelerator (**ACT-A**) shows the opportunity to build a multilateral response for health and the necessity to work with further multilateral actions and solidarity. Notwithstanding the importance of identifying the gaps in the financing system for the global commons for pandemic prevention, surveillance, preparedness and response, governments need to ensure that these resources are additional and not undermining existing health programs, such as SRHR, safe abortion services, nutrition, HIV/AIDS, TB, malaria and other chronic diseases.

We ask G20 States to explicitly commit to strengthening public health systems to ensure the full continuity of essential health care in the context of epidemic shocks. We advocate for **strengthening pandemic alarm systems**, especially changing the alarm system logistical system on the global, regional, and local levels in order to prevent another future pandemic, and to protect

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\(^10\) An interdisciplinary approach that explores the impact that gender has on the state of health and disease, on the impact of risk factors, on the onset, course and prognosis of diseases, as well as on the effects – in terms of efficacy and safety – of therapies.
groups in vulnerable situations and women and girls globally. Further, we advocate for enhancing the community approach; promoting the empowerment of communities; creating women’s community-based health centers with trained and gender balanced staff; promoting comprehensive sexuality education; ensuring water, sanitation and hygiene (WASH) are available in all healthcare facilities as a fundamental prerequisite for quality health care, especially for women and girls including female frontline health workers\(^\text{11}\); guaranteeing Universal Health Coverage (UHC) and Universal Health Access (UHA), including to sexual and reproductive health services and access to safe abortion services, as well as access to open data on the abovementioned issues to track progress.

We know that when women and girls can make the most fundamental choices about their bodies, they not only gain in terms of autonomy, but also in terms of advances in health, education, income and safety, as well as gender equality as a whole. These add up to a world of greater justice and human well-being, which benefits us all. Therefore, G20 governments have the opportunity to ensure that the Rome Declaration will be a transformative tool capable of strengthening our collective response to future health crises and challenges as well as changing our approach to health and environmental sustainability, in order to build a safer, more inclusive and equitable world.

11.05.2021

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