First G20 Health Working Group Meeting

27th January 2021 - Consultation

1. The pandemic has demonstrated the case for greater efforts to achieve the health SDGs. Which of the health SDGs has been shown to be deserving of needing more international attention?

The health crisis driven by COVID-19, combined with a weak UHC, has determined a dramatic slowdown in the realization of all SDGs.

Some remarks on SDG3 targets:
- 82 million children did not receive oral rehydration, and at least 80 million children under the age of one are expected to miss routine immunisation services for basic vaccines, such as measles, polio and diphtheria as result of disruption caused by COVID-19, undermining SDG target 3.2 of ending deaths of children under five
- Many infectious disease programmes such as AIDS, TB and malaria have been severely affected by the COVID-19 pandemic undermining SDG 3.3. As an example, WHO estimates that global TB deaths could increase by 400,000 in 2020 alone, with longer-term repercussions throwing the delivering of SDG3 and the UN High-Level Meeting commitments even further off track
- Health system disruptions in 114 low- and middle-income countries could lead to 47 million women being unable to use contraceptives. This would then lead to 7 million unplanned pregnancies, consequently affecting education possibilities and livelihoods of women. 4 million pregnant women were unable to receive childbirth care and an estimated 26 million women and adolescents may lose access to family planning (SDG 3.7).

Some remarks on SDGs tightly linked to health:
- SDG2 ➔ Malnutrition in all its forms is on the rise among vulnerable communities. By 2022 COVID-19 could result in 168,000 additional child-deaths due to malnutrition and 2.1 million additional maternal anaemia cases
- SDG4 ➔ The world is facing the biggest global education emergency of our lifetime with far-reaching consequences for today’s school-aged children and for the future development prospects of all nations. However, the most marginalized children, including girls,

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displaced and conflict-affected children and children with disabilities in low- and middle-income countries are particularly vulnerable to never returning to school (an estimated 10 million children may never return to school). Schools not only provide children with a space to learn. For many children school is also a safe place where they can receive meals, access healthcare, including mental health services and play with their friends. Teachers can be children’s frontline responders and protectors, but with school closures, children are missing out on these essentials the school environment can offer. Such “educational catastrophe” has direct impacts also on SDG1, SDG2, and SDG5.

- **SDG5** The pandemic has affected disproportionately women and girls. Lockdown, stay-at-home orders and other measures implemented during the COVID-19 pandemic have led to what the UN has called a “shadow pandemic” of rising gender-based violence. Domestic violence has increased by 30% in some countries (UN Women, 2020) (SDG5.2). Dramatic slowdown in: i. ending FGM (likely 1/3 reduction in progress and 2 million additional cases by 2030); ii. child marriages (the disruption of efforts together with wide-reaching economic consequences will result in an additional total of 13 million child marriages taking place between 2020 and 2030 - SDG5.3) and iii. ensuring universal access to sexual and reproductive health and reproductive rights (SDG5.6).

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2. With the COVID-19 pandemic affecting the foundations of health systems, how can we build back better by promoting a transformative approach towards a healthy and sustainable recovery, and share examples of promising approaches?

- Build on recent dynamism to champion research that can fast track COVID-19 recovery and the delivery of SDGs, dramatically scaling up investment and building capacity for global health research, including for neglected diseases. The economic case for investment in global health R&D is even more evident when taking into account the substantial investments and the unprecedented levels of international collaborations that have been made into the response to COVID-19 in recent months. Many of the advancements were possible thanks to historical investments and partnerships on research for other infectious and neglected tropical diseases. The G20 can help ensure that COVID-19 R&D investments can also benefit other infectious diseases.

- Adopting innovative approaches in the management of intellectual property rights. A more direct path to the vaccine and pandemic-related goods would be to waive the specific intellectual property rights (IPRs), which hold back wider manufacture. South Africa and India have been spearheading an initiative at the WTO Trade-Related Aspects of Intellectual Property Rights (TRIPS) Council for a Waiver on COVID-19 vaccines and related technologies, gaining co-sponsorship with Kenya, Eswatini, Mozambique, Pakistan, Bolivia and broad support among the majority of WTO members. Several initiatives have been supported by civil society, industry as well as faith leaders as Pope Francis, to enlighten TRIPS Waiver as the key issue. Lessons learned by COVID-19 must lead to a rethink and overhaul of the trade and investment regime globally. Shared scientific

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3 Treatment Action Group (2020) TB Research Investments Provide Returns in Combating Both TB and COVID-19, 
knowledge will leverage collective efforts to advance R&D and enhance broad sharing of the benefits of scientific advancement and applications based on the right to health
- Recognition, by G20 leaders, of diagnoses, therapeutics and vaccines as global public goods. It should also imply to identify concrete actions to ensure equal access to them, avoiding nationalistic policies that prioritizes domestic needs at the expense of global needs
- Where national essential nutrition services have been disrupted by COVID-19, support governments to prioritize efforts to bring coverage levels back up and to address the implications of those disruptions. This is especially critical for communities in countries with weak and under-resourced health systems and with already high levels of under-five mortality, malnutrition and inequalities. This includes strengthening routine maternal, child nutrition and health interventions, such as counselling on breastfeeding and infant and young child feeding (IYCF), community-based screening and assessments for acute malnutrition, micronutrient distribution, vitamin A supplements and immunisation.

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3. What should be the role of the HWG in catalysing, supporting, or initiating international initiatives?

The HWG should:
- Work to ensure adequate financial support for a strong multilateral UN-centred framework coordinated by WHO. It should also support existing global health mechanisms such as the Global Fund, the Global Polio Eradication Initiative and GAVI, the Vaccine Alliance, which have been at the centre of a globally coordinated effort to respond to the COVID-19 pandemic
- Foster an open dialogue about the best ways to accelerate and spread vaccine development and distribution, in recognition of the fact that all COVID-19 related diagnostics, therapeutics and vaccines are to be made available to all as global public goods. The G20 needs to collectively embrace bold actions to grant their equitable and affordable access for all
- Recognize the need for broad health investments to support pandemic preparedness, clearly defined and quantified, in order to ensure health system strengthening (for example increasing the number of skilled workers in low- and middle-income countries)
- Recognize that adequate nutrition is crucial to healthy and productive lives, and strengthen the commitment to the UN Decade of Action on Nutrition.

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4. What existing G20 health-related initiatives (e.g. on digital health, value-based health care, AMR) and UN initiative/s (i.e. Decade of Action on Nutrition) can best support the SDGs?

- Global health multilaterals were able to adjust existing programs and rapidly disburse additional resources to respond to COVID-19 and lead new initiatives like the Access to COVID-19 Tools Accelerator. They must form the foundation of efforts to “build back better” and strengthen global pandemic preparedness
It is crucial for the G20 countries to endorse and promote the WHO COVID-19 Technology Access Pool (C-TAP), which aims to compile in one place pledges of commitments made under the WHO Solidarity Call to Action to voluntarily share COVID-19 health technology-related knowledge, intellectual property and data. It is important following up what agreed by the 2020 G20 Agriculture and Water Ministerial on One Health Approach: “In line with the One Health approach, we call for strengthened mechanisms for monitoring, early warning, preparedness, prevention, detection, response, and control of zoonotic diseases, and developing science-based international guidelines on stricter safety and hygienic measures for zoonosis control. Moreover, and without prejudice to applicable international rules on wildlife trade, we call upon the Tripartite to develop a list of wildlife species and conditions under which they could present significant risks of transmitting zoonoses and to issue guidelines towards mitigating these risks.”

We flag, moreover, the language of the Biodiversity Summit at the UN last year and the Leaders’ Pledge for Nature, which foresees that “illegal wildlife trade can also increase the risk of emergence and spread of infectious diseases. COVID-19 shows that these diseases have dramatic impacts not only on loss of life and health but across all spheres of society”...we commit to integrating a “One-Health” approach in all relevant policies and decision-making processes at all levels that addresses health and environmental sustainability in an integrated fashion”. 