



C20 Global Health Working Group inputs to the Third G20 Health Working Group Meeting, 17th & 18th June 2021

The C20 Global Health Working Group¹ (GHWG) has the overarching goal of achieving **Universal Health Coverage (UHC)**. We advocate for **health as a global public good and a human right, which is critical in achieving the Sustainable Development Goals (SDGs)**. We are firmly committed to **ensuring women and girls in all their diversity, vulnerable groups², marginalised communities, and key populations³ are at the centre of global health strategies and responses.**

More than one year into the pandemic, COVID-19 crisis continues to exacerbate health systems and spread exponentially in some parts of the world with new mutated strains, and we continue to see unequal, uncoordinated, and erratic responses to the pandemic from all countries regardless of their economic status. **We express concern over the lack of accelerated and coordinated action by the G20 leadership in advancing agreed upon principles set out in the Rome Declaration and adopted at the Global Health Summit on 21st May 2021.**

The Rome Declaration outlines principles that sets the direction for future pandemic responses and recovery efforts based on global solidarity, cohesion and synergies. **Achieving UHC requires all policies, strategies and implementation on pandemic preparedness and response to be human rights-based, people-centred, equity-focused, and gender transformative.** This is urgently needed to overcome the limitations of the current responses to health interventions and to address future pandemics. Inadequate responses by governments to COVID-19 is still impacting and/or interrupting health and social protection services – including but not limited to primary healthcare and vaccination programmes; sexual reproductive health and rights (SRHR); maternal and child health; food security and adequate nutrition; mental health; water, sanitation and hygiene (WASH); and the prevention and treatment for HIV, TB, malaria and other neglected tropical diseases. In addition, a gender-inclusive One Health Approach that includes climate change impacts on health should be urgently adopted, to include pandemic prevention, and not just on preparedness and response.

Principle 14 in the Rome Declaration commits to “increase the effectiveness of preparedness and response measures by supporting and promoting meaningful and inclusive dialogue with local communities, civil society, frontline workers, vulnerable groups, women’s and other organisations and all other relevant stakeholders”. **Transparent, accountable, safe, meaningful and inclusive mechanisms and processes must be institutionalised for the participation of women and girls, communities and civil society at all levels of decision-making, implementation, and monitoring, to ensure that policies and actions needed to strengthen health and social systems are collectively owned and monitored by governments and citizens.**

In addressing future potential health emergencies and to achieve UHC, we must put the last mile first to ensure that the most vulnerable, affected and marginalised are at the centre of health responses, and **redress any discriminatory law, practice and/or policy.** The WHO Constitution (1946) envisages

¹ The C20 Global Health Working Group (GHWG) is a working group of the [Civil 20 \(C20\)](#), a formal engagement group of the G20 and is comprised of over 550 civil society organisations around the world.

² [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. In the [Bulletin 2016;94:235 of WHO](#), it also recognises that individual factors such as sex, age, race, gender ethnicity, displacement, disability and health status can lead to increased vulnerability of individuals and communities which often overlap and can contribute to poor health outcomes.

³ [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.

“...the highest attainable standard of health as a fundamental right of every human being.” **The right to health without discrimination must be based on principles of equity and human rights, acknowledging and supporting the diversity of culture, geography, sexual orientation and gender identity, epidemiology, and socioeconomics.** Health policy, strategies and programmes, including pandemic response and preparedness must ensure that discriminatory practices and unjust power relations are addressed for equitable health outcomes that leaves no one behind and does not further exacerbate inequalities.

We are extremely concerned that the progress towards maximising the global production of COVID-19 tools, including vaccines, diagnostics, therapeutics and PPEs remains slow. The TRIPS waiver proposal initiated by India and South Africa continues to be debated at the World Trade Organization despite the support from more than 100 countries, despite the recognition of the need to accelerate production based on limiting the application of export barriers, promoting voluntary licenses and making use of compulsory licensing. **We call on G20 leaders to fulfil their commitments to equitable access and put lives before profits by supporting the temporary TRIPS waiver⁴; supporting the C-TAP for sharing intellectual property, trade secrets and know-how of COVID-19 products; fully funding the Access to COVID-19 Tools Accelerator (ACT-A) pillars, and the relevant health mechanisms that are supporting efforts in the COVID-19 landscape such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI and UNITAID; and meet commitments to invest in, and maximise the global production of COVID-19 tools, including minimising gaps in production and supply chains.** This includes for G20 countries to support countries to invest in thermostable control tools in order to make the roll out of vaccines, therapeutics and diagnostics (VTDs) accessible to low- and middle-income countries, where the cold chain cannot be maintained, and more diffused, therefore resulting in reduced gaps in the access of VTDs for women and girls, vulnerable groups, marginalised communities and key populations.

Sustainably financing health systems will improve health security, increase efficiencies and achieve effective outcomes and healthy people. **Beyond postponing debt servicing requirements, the G20 must support initiatives for debt cancellation in low-income countries** to free up resources for strengthening health, community, and social protection systems. G20 countries and the wider international community must prioritise flexible financing and technical support needed to strengthen the capacity of national health systems and domestic resource mobilisation efforts by **supporting governments to increase fiscal space for health and prioritise progressive taxation to invest in sustainable and resilient health systems and national health insurance schemes.** Furthermore, financing for UHC needs to ensure universal, inclusive, quality and adequately financed primary healthcare systems; specific action points to abolish patient fees/direct patient payments, and the reduction and progressive abolition of out-of-pocket expenses⁵; and investing in community systems strengthening as part of health systems.

The C20 GHWG call on the G20 to realise their commitments to previous G20 forums and to ensure that solidarity, fair and equitable access are genuine cornerstones of our commitment for a better, safer, healthier and equitable world.

⁴ The C20, L20 and W20 issued a Joint Statement supporting the TRIPS waiver on 4th June 2021, <https://civil-20.org/c20-l20-w20-joint-statement-urgent-call-for-trips-waiver-opening-now-access-to-vaccines-and-treatments-is-crucial/>.

⁵ [Advocacy Messages](#), Civil Society Engagement Mechanism for UHC2020. Accessed 27th May 2021.