Preamble

There are many critical lessons to be learnt from the COVID-19 pandemic and the world’s ability to respond. Following on from many global initiatives that have been created throughout this pandemic, including the IHR review committee and IPPPR report and the ACT-Accelerator, The G20 Health and Development Partnership (G20HDP) wishes to highlight five principal lessons. These impact not only our pandemic preparedness and response, but how we view the value of future global health investments. Based on the lessons learned, the G20HDP has outlined a set of 10 recommendations to Heads of State and Government ahead of the Global Health Summit and the World Health Assembly Week:

LESSON 1: The first lesson is the importance of breaking down the existing silos in the global health community and working in partnership aligned with UN SDG17 for the common good to achieve the UN SDG goals by 2030 and Universal Health Coverage. All stakeholders must continue their efforts to concurrently address emerging and enduring health threats.

- The ACT-Accelerator initiative is the obvious manifestation of this new approach, and it must be continued and strengthened, with sustainable funding.
- However, if the ACT-Accelerator framework is to be continued, it must not become a power struggle amongst competing players in the global health community. This will undermine its effectiveness and will drive funding away. ACT-Accelerator structures need to be considered in the context of building and strengthening the global health ecosystem.

LESSON 2: The second lesson is the role played by research, product development and innovation. Much of the scientific success for COVID-19 was built on research investments for other disease areas, including poverty-related diseases which have been previously neglected. Sustainable, ongoing investment in research capacity will be fundamental in preparing the world for future global health shocks, such as the growing threat of antimicrobial resistance (AMR), and the world’s capacity to respond effectively to existing and potential deadly new pathogens. The public and private sectors both play critical and complementary roles.

- This will require sustained, multiannual investments in R&D capacity, in advance of new pathogens or resistance emerging. If we only invest at the time a new health challenge presents itself, we face massive risks and financial inefficiency.

LESSON 3: The third lesson is the role of transfer of knowledge, data and expertise. These interconnected communications are now increasingly necessary in national and global health systems and seek to transform the resilience of health systems. A clear example is the need to share pathogens and their genetic data immediately once they are detected, to start the R&D process.

- The health of our citizens in the digital age requires the rapid adoption of tools that allow the rapid assessment of risk, efficient testing and inclusive and accessible clinical responses that can be fast tracked.

LESSON 4: The fourth lesson is that investing in the health of global societies and economies is an essential expenditure in the sustainability of our communities and our economy.
● It is clear that investing in strengthened healthcare systems is more cost efficient than the cost associated with mitigating a devastating pandemic.

● A common set of metrics is needed to measure the socioeconomic effectiveness of sustainable health investments; as with the green finance agenda, we need new mechanisms to help bridge the gap in our health and investment strategy.

LESSON 5: Finally, learning from the global financial crisis of 2008/2009 and of this health pandemic of 2020/2021, the world must avoid creating a plethora of new institutions which will merely add to the lack of transparency and increase inefficiencies, confusion, and waste valuable resources.

It is essential that we invest in and strengthen existing institutions like the World Health Organisation (WHO) and mechanisms such as the ACT-Accelerator, and the Global Preparedness Monitoring Board (GPMB). These must be truly fit for purpose, and enhanced coordination between these entities will bring transparency and public confidence in the world’s responsiveness to growing health challenges; not least as a regulatory requirement to implement the International Health Regulations (IHR).

To support this approach, the G20HDP makes the following concrete recommendations for consideration by the G20, the G7, the Global Health Summit and the World Health Assembly 2021.

Recommendations

Pandemic Preparedness & Response

1. **Commit to rapidly scaling up the development of and ensuring equitable access to COVID-19 vaccines, treatments, and diagnostics.**

   Fully fund the ACT-Accelerator (ACT-A) to allow ACT-A to expand access to existing, proven COVID-19 vaccines, treatments, and diagnostics and to fund innovation to R&D and ensure country readiness. Funding access requires an estimated additional US$22.1 billion in 2021, including $3.2 billion for vaccines, $3.2 billion for therapeutics, $8.7 billion for diagnostics, and $7.3 billion for health systems.

2. **Support a set of policy and governance structures to strengthen preparedness for and rapid response to future outbreaks and emerging epidemics.**

   Endorse recommendations of the Independent Panel on Pandemic Preparedness and Response (IPPPR) and the Global Preparedness Monitoring Board (GPMB) that focus on the functioning and implementation of the International Health Regulations (2005) to strengthen surveillance, communication, collaboration, and rapid response to emerging epidemics; consider adding global R&D and equitable access to health tools as part of ongoing IHR implementation discussions. Implement IHR with mutually reinforcing community, national and regional elements, with leadership, commitment, and responsibility at the highest levels of government.

   Use the lessons learned from COVID-19 and prevent future pandemics in light of emerging challenges in infectious diseases including HIV, TB, malaria and Neglected Tropical Diseases as well as Non-Communicable Diseases (NCDs). Stress the importance of prevention such as healthy lifestyles, testing and management in addressing NCDs as factors enhancing resilience, with a focus on cardiovascular diseases as the number one killer worldwide.
3. **Strengthen a sustainable R&D infrastructure to bolster preparedness and rapid response to future outbreaks and emerging epidemics.**

Create a sustainable international health emergency response infrastructure able to rapidly respond to outbreaks of existing and newly emerging epidemics and deliver necessary health technologies end-to-end, from pathogen identification, product design and development, to large scale manufacturing, coordinated and accelerated regulatory review, and global equitable distribution and access.

Prioritize policies and investments in R&D into vaccines, treatments, diagnostics, and other health technologies, including by encouraging institutionalization of R&D funding streams in ODA budgets of G20 Member States devoted to epidemic/pandemic preparedness and major poverty-related diseases at risk of AMR, to ensure that innovative health tools are affordable and available and equitably distributed to all those in need.

Strengthen laboratory and clinical research capacity, especially in low- and middle-income countries (LMICs), to enhance surveillance, epidemiology, testing and product development.

Increase and sustain regional capacity for manufacturing, including through a global network of manufacturing companies and a commitment to increase manufacturing capabilities in LMICs.

Facilitate international collaboration and harmonization of regulatory procedures, including increasing regulatory capacity in LMICs through technical support and supporting initiatives for enhanced harmonization.

Strengthen national surveillance systems for preparedness: identifying, predicting, and detecting the emergence of pathogens with pandemic potential based on a ‘One Health’ approach and enhanced utilization of digital technologies.

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**Sustainable Financing**

4. **Acknowledge that investments in health are investments for sustainable socioeconomic growth and support that economic interdependencies between health and the overall economy should be structured, measured, and monitored within G20 countries using a common framework of metrics to promote independent accountability and oversight of governance, of sustainable financing mechanisms.**

Urge the G20 Presidency to consider the four-step framework developed in the “If We Can’t Measure It, We Can’t Fix It” report by the G20HDP, Harvard University and WiFOR Institute as a concrete starting point to apply a set of common metrics that help to improve the resilience of health and social care systems to promote health investments as a positive contributor to sustainable economic growth to achieve the UN SDG3 targets by 2030.

Urge integrating an agreed set of metrics into national and multilateral economic oversight mechanisms such as those of the International Monetary Fund (IMF), the EU, and national governments in the G20 to close existing funding gaps that exist reaching the SDG3 targets.

Ensure that parliaments and the public must have transparent access annually for an independent assessment of their governments’ level of health system resilience, pandemic...
preparedness, and response for which the metrics can help to assess societal wellbeing, economic resilience, and growth.

Support newly created initiatives such as the G20 Sustainable Finance Study Group and the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response specifically to assess gaps in health financing and commit to additional urgent action in 2021, to fund and finance: global health security, including through the establishment of sustainable blended financing mechanisms that aggregate and leverage public, private and philanthropic sources.

**AMR**

5. **Recognize AMR as a global health security threat with a potential pandemic impact.** Ensure that evolving global mechanisms for pandemic preparedness as proposed by the G20 and other multilateral fora include AMR as part of their remit.

   Address multidrug-resistant tuberculosis (MDR-TB), extensively drug-resistant tuberculosis (XDR-TB) and increasing antimalarial and antiretroviral resistance as a part of the AMR response, including investment in new health technologies.

6. **Continue to evolve and implement strategies including the “One Health for AMR” cross-collaboratively with the global health community, including National Actions Plans on AMR.**

   Exchange best practices among G20 states and governments and identify collaborative opportunities to create public private partnerships and blended financing models. Understand that best practices are not “universal” and will vary in LMICs.

6. **Invest in pull incentives, such as subscription models for antibiotics, other antimicrobials, and diagnostics; continue to ensure leaders endorse ongoing push incentives to ensure sustainable investment into R&D.**

   Ensure sustainable and long-term investments into AMR R&D and publish national roadmaps to implement incentives and market reforms for antibiotics, other antimicrobials and diagnostics over the next five years and report progress annually at G20 summits.

   Urge G20 states and government to ensure equitable and proportional commitment to other G20 economies with the technical support of the G20 AMR R&D Hub to enhance coordination.

**Digital Health**

7. **Support in transforming health systems and services for the digital age.**

   With the rapid expansion of digital technologies (especially in the COVID-19 era), health systems and services are inseparable from digital and data systems—the world must adapt to meet and scale up the opportunities presented by digital technologies and the expectations of an increasingly connected global community.

8. **Help to bring global digital transformation, data sharing, and use to areas of highest impact for health outcomes and global health security.**

   Digital transformation goes beyond tech to rethink how health systems function and how health services are designed—to address the health emergencies of today and tomorrow. G20 states
and governments must meet the health needs of individuals, reduce the overall costs of health systems, and create a healthier world for everyone.

9. **Prioritize investing in enabling governance, policies, and capacities that support digital transformation.**

   Digital investments routinely fail due to underinvestment in the enabling environment. This cannot neglect the broader context in which these tools are applied.

10. **Commit to greater health equity and global trust through globally recognized ethical and person-centred guidance and standards for digital transformation and data solidarity.**

    Digital technologies, and the data they enable, can expose entrenched inequities within health systems, provide ways to overcome their root causes, and increase public trust in these systems. However, digital technologies and data can also reinforce and introduce new sources of inequity and distrust when not designed with intention.

    Invest in the global health workforce and in health systems strengthening to achieve resilient, high quality health systems to facilitate trust; capacity building and the transfer of knowledge, data and expertise; and for dedicated assistance and response, especially in fragile settings.