

What Can We Expect From the G20 and EU Global Health Summit

Series | COVID-19 & response strategy

ISGlobal Barcelona
Institute for
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Authors: Virginia Rodríguez and Gonzalo Fanjul (ISGlobal)*

[This document is a one of a series of discussion notes addressing fundamental questions about the COVID-19 crisis and response strategies. These documents are based on the best scientific information available and may be updated as new information comes to light.]

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The G20, an international forum that brings together the leaders of the world's major economies and agencies, will hold its yearly summit in Italy in October 2021. Between now and then, a series of specialised meetings will focus on some of the priorities facing the international community during and after the pandemic. One of the most important events in this calendar is the Global Health Summit, which will take place on 21 May and will focus on putting in place joint measures to respond to the coronavirus crisis.

The success of this meeting will be a reliable indicator of what the international community has learned and its willingness to do things differently after the many crises triggered by the pandemic. The most urgent issues are the production and distribution of vaccines and other essential tools needed to combat SARS-CoV-2. The scale of the crisis in India is a dramatic reminder of the fact that we will

sink or swim together, a principle that should inform any ethical and intelligent response to the pandemic. In the medium term, the world will have to deal with the repercussions of a **prolonged period of economic inequality and a persistent health gap**, which threaten the gains of over three decades of development and income convergence. It would be difficult to overstate the enormity of these challenges and the responsibility on the shoulders of the leaders of G20 countries, including Spain, who must tackle them ●

* Virginia Rodríguez is the Advocacy Officer at ISGlobal. Gonzalo Fanjul is ISGlobal's Policy Director. The authors would like to express their appreciation for the valuable comments and suggestions contributed by Leire Pajín Iraola, Global Development Director at ISGlobal, and Rafael Vilasanjuan, Policy and Global Development Director at ISGlobal.

1. What Is This Meeting About?

“The primary goal of the Global Health Summit is to approve the Rome Declaration, a document of principles incorporating the main lessons learned from the current crisis, addressing the most urgent challenges and laying the foundations for a system of preparedness and response in the face of future global health crises.”

The 2021 Global Health Summit is a joint initiative of the European Commission and the Government of Italy, the current chair of the G20. The goal of the meeting is to develop and endorse a document of principles incorporating the main **lessons learned** from the current crisis, addressing the **most urgent challenges** posed by the pandemic, and laying the foundations for a system of **preparedness and response** in the face of future global health crises.

The Summit will focus on three main issues:

1. Governance: What is required at different decision-making levels to ensure effective multilateral and multisectoral cooperation?

2. Systems: What is needed to sustainably secure countries’ public health capacities and the preparedness and resilience of their health systems? How can we coordinate these systems effectively to ensure an early global response?

3. Resources: What tools and capacities do we need for this purpose? What will the appropriate model cost and where will the necessary economic resources come from?

The preparation of this summit has been guided by a High Level Scientific Panel and informed by a series of consultations with civil society organisations.

The aim of the Global Health Summit and its final declaration is to define principles of commitment that may be seen as the **first step towards a future international treaty on pandemic prevention and preparedness**. The need for a treaty has already been highlighted by many others, including the Secretary-General of the World Health Organisation (WHO), the President of the European Council and the leaders of around 20 countries, including Spain. The call for a treaty was also endorsed at the Ibero-American Summit held in Andorra earlier this year. The active return of the United States to the debate on the governance and funding of global health will help the meeting to gain political traction.

This summit takes place just a few weeks after the announcement of the creation by the WHO in Berlin of a global hub for the prediction and detection of epidemics, to which partners from all over the world have been invited to contribute ●

2. What Are Pandemic Preparedness and Response Systems?

“Investment in science, R & D and knowledge transfer is a key component in preparedness and the monitoring of pandemic threats. This technical expertise should be taken into account when immediate measures are being adopted at the political level.”

Preparedness and response is a concept that originated in the sphere of humanitarian action, in which the term **preparedness** refers to the capacity and knowledge of countries, organisations, communities and individuals to identify, **anticipate** and **respond** to risks that have been identified as potentially requiring a humanitarian response.

Preparedness is a **global public good** that benefits all the countries of the world and responds to the need for equitable universal access to the knowledge and tools that will enable our planet to cope with a future pandemic. The strengthening of this capacity in all countries is also one of the targets of Sustainable Development Goal 3 (SDG) 3, Health and Welfare, approved five years before the COVID-19 pandemic engulfed the world. **In short, this equity in preparedness and response is a scientific and economic necessity as well as a moral imperative.**

The world needs to create an international framework to ensure our preparedness and response to the threats posed by pandemics. This system must be built on the **analysis of the past experience** gained from the response to COVID-19 and earlier pandemics currently being undertaken by several international expert panels: the Global Preparedness Monitoring Board (created in 2018 following the 2014 Ebola outbreak), the Independent Panel for Pandemic Preparedness & Response (created by a resolution of the 2020 World Health Assembly) and the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (hereinafter referred to as the “Panel”), created in January 2021.

The work being carried out by these groups has highlighted a **number of important areas for the objectives set by the Global Health Summit**. The following are some of the main issues identified:

- For years, pandemic response has been a

priority on international agendas and the scientific community has expressed great concern and warned about the threat, pointing to the growing impact on international health security of zoonotic viruses.

- The world was ill prepared to deal with a global crisis of this type. The deficiencies in the response can be explained to some extent, although not entirely, by the shortcomings of the existing international legal framework (principally the 2005 International Health Regulations).

- Inequality, a factor that accounts for some of the worst consequences of the pandemic in many countries, has increased rather than diminished, and this lack of equity makes everyone more vulnerable.

- During the pandemic, the role of the WHO was questioned by key international actors while, according to the Panel’s findings, the organisation was “underpowered to do the job expected of it.”¹

- There was clearly a lack of effective institutional mechanisms to ensure the connection between scientific evidence and political decision-making.

In addition to these conclusions, the analysis also identified four **areas that are vital to the task of improving and strengthening** global emergency preparedness and response capacity, from which concrete actions would emerge:

- **Global capacity in the research and development of appropriate surveillance tools:** Investment in science, R & D and knowledge transfer is a key component in preparedness and the monitoring of pandemic threats. This technical expertise should be taken into account when immediate measures are being adopted at the political level.

- **Health alerts and international response systems:** An in-depth revision of the legal framework established by the 2005 International Health Regulations aimed at optimising the use of available technolo-

¹ Second progress report of the Independent Panel on pandemic Preparedness and response, p. 4.

gies and communications tools, reinforcing the technical authority of WHO and more clearly defining the obligations and actions required of State parties.

- **More robust and inclusive national health care systems:** Strengthen the first line of response to these threats worldwide, implementing more equitable systems that represent a shift towards the principle of universal health coverage enshrined in

SDG 3. In the case of low-income countries with marked inequalities, which have been and continue to be the places that have been most severely affected by the consequences of the pandemic, international cooperation to enable them to deal with health crises is not only a question of justice, as previously conceived, but a key component of global security (*see Box 1*).

Box 1. International cooperation to avoid leaving behind middle- and low-income countries.

In early May 2021, **India** reached a new record, reporting around 400,000 new COVID-19 cases daily. At the time of writing, the cumulative totals are almost 21 million cases and over 225,000 deaths attributed to the disease. The real figures are probably much higher, fuelled by the lack of oxygen, respirators, hospital infrastructure and other basic resources required to control the disease. Following an encouraging initial phase, during which the national authorities believed that they had put the worst waves of the pandemic behind them, India has now become an area of major concern, which is spreading rapidly to other countries in the region and threatening international containment of the virus.

The case of India encapsulates all the **important lessons of this crisis**, starting with the need to remedy the mediaeval health inequalities that impede an adequate pandemic response in many parts of the world. Some of these problems are long-standing and have been an ongoing challenge in other areas, such as that of infant mortality. The supply of medical oxygen is just one example: in an open letter to the leaders of the G7, the *Every Breath Counts* coalition and the *Access to Medicines Foundation* called on the international community to urgently finance oxygen and the drugs needed to treat patients with COVID-19. This coalition—in which ISGlobal is a participant—identified **48 low- and middle-income countries as hotspots of concern** owing to their lack of treatments and vaccines. They estimated the annual cost of meeting the need for oxygen at \$6.5 billion per year (approximately €3.35 billion).

- **Creation of a worldwide distributed network of plants for the manufacture of protective equipment, diagnostics, therapeutics and vaccines, always ready to meet the demand:** Build capacities that can respond to exponential increases in demand for these products and ensure their equitable distribution during pandemics. The limitations in production capacity have been critical factors in the failed response to the current pandemic, both in the early stages (the shortage of masks

and personal protective equipment that exposed health personnel to unacceptable risks worldwide) and now, when the need to increase vaccine production capacity is becoming very clear. This challenge has led to the reconsideration of some of the principles underpinning the current approach (*see Box 2*) ●

Box 2. Will COVID-19 change the rules governing intellectual property?

Last October, the governments of India and South Africa formally requested the World Trade Organisation (WTO) to recommend a temporary waiver of patents, trade secrets regulations and other intellectual property rights in relation to treatments, vaccines and other technologies used to combat COVID-19. The aim was to facilitate the public interest as much as possible and to favour mass production through the participation of manufacturers of generic medicines.

As happened two decades ago, this proposal has been supported by low-income countries. **What is new** this time round is that a growing number of developed countries—including, surprisingly, the United States and some members of the European Union (EU), such as Spain—have also expressed their willingness to consider the measure.

In the medium term, **such a waiver could help** to increase vaccine production, provided that technology transfer is strengthened and production is incentivised in countries with less advanced economies. It would be of particular relevance in the production of components and to the possible transfer of knowledge that would facilitate increased vaccine production in developing countries which have underutilised pharmaceutical capacity, such as Mexico, Brazil and Pakistan.

However, **more needs to be done** for many reasons, one being the fact that it may be necessary to produce a lot of vaccines for a long time. In addition to modifying intellectual property rules, States must impose conditions of public interest on companies in exchange for the unprecedented investment that taxpayers have made in their innovations. The rules of the game can be changed through the introduction of responsible public procurement practices and preferred supplier contracts, ideally implemented in the framework of an integrated European system.

3. Funding the Pandemic Preparedness and Response System

“The Panel’s recommendations will amount to little more than well-intentioned rhetoric unless they are supported by an explicit, predictable and reliable economic commitment on the part of the governments concerned.”

The COVID-19 pandemic has highlighted the urgent need for a far-reaching reform of global health governance and financing, two sides of the same coin. Any such reform is, clearly, an issue that goes far beyond pandemic preparedness and response. However, the high priority of pandemic readiness on the international agenda provides a very real starting point for the process, so much so that financing preparedness is **one of the core issues in the current debate**.

The importance of multilateral agreement has been confirmed by the creation of a High-Level Panel to advise the Finance Ministries of the G20 countries. The task assigned to this new panel is to assess the financial needs of a new system of pandemic preparedness and identify possible sources of funding. However, the Panel’s recommendations will amount to little more than well-intentioned rhetoric unless they are supported by an **explicit, predictable and reliable economic commitment** on the part of the governments concerned.

We are not starting from zero. In the last two decades we have witnessed the emergence of an ecosystem of multilateral platforms, mechanisms and institutions that have mobilised unprecedented public and private financial resources to respond to global health challenges. The progress note issued in April by the Panel expressly recognises the role of these actors in financing certain key areas of the pandemic preparedness and response system described above.

- The primary responsibility of countries through their **national budgets**, including funds allocated to international development cooperation and foreign affairs activity. These constitute the basis for strengthening the capacities of national health systems with the goal of achieving universal health coverage.

- The critical role of the **private sector** in accelerating innovation and responding promptly to situations that demand a rapid increase in production capacity for essential materials and goods. However, owing to the low return on certain investments once the crisis has been resolved, the investment needed to guarantee the permanent availability of a global network of production facilities entails financial risk, which must be shared.

- Investment in science cannot, by its very nature, offer a direct correlation in terms of immediate results. For that reason, the **philanthropic sector**, which has a greater capacity than any other for absorbing risk in its investments, plays a crucial role in complementing and driving public and national R&D policies related to the generation of knowledge about infectious diseases •

Box 3. Funding the Access to COVID-19 Tools Accelerator (ACT-A).

Funding ACT-A will be a priority issue at the Global Health Summit. The initiative was launched in April 2020 to bring together the efforts of the principal multilateral organisations—public and private—under the leadership of the WHO. The work of the collaboration is organised around the four pillars detailed below.

PILLAR	OBJECTIVE	LEADERSHIP
Diagnostics	To save 9 million lives and prevent 1.6 billion new infections by ensuring equitable access to simple, reliable and affordable tests.	FIND (Foundation for Innovative New Diagnostics) Global Fund to Fight AIDS, Tuberculosis and Malaria
Therapeutics	To develop, manufacture, acquire and distribute 245 million treatments in low- and middle-income countries in 12 months.	Unitaid Wellcome Trust
Vaccines COVAX	To develop, manufacture and equitably distribute enough vaccines to immunise 20% of the world's population by the end of 2021. ²	WHO CEPI GAVI
Health Systems Connector	To coordinate the objectives of the other three pillars at country level, strengthening health care systems.	World Bank Global Fund to Fight AIDS, Tuberculosis and Malaria

The experience of these organisations in the field of research and their ongoing health interventions in lower-income countries meant that they could immediately establish a global response system a year ago and, to date, have mobilised \$14.1 billion. This **unprecedented mobilisation of public and private funders** still needs additional commitments for a further \$19 billion to meet the objectives for 2021, as explained in the report on the progress and achievements of ACT-A over the last year since its inception.

The financing framework developed by the ACT-A Facilitation Council based on fair contribution shares by country has identified **30 countries that will contribute more than 90% of the total funding**. The share allocated to Spain in that framework is €00 million, of which €25 million (28%) has already been contributed.

² See [Policy Brief 25](#) in the ISGlobal Policy Documents series.

4. What Has Spain Done So Far and What Role Can We Play in Global Health?

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Spain has the opportunity at the Summit on 21 May to consolidate the growing commitment to global health it has been demonstrating for months, particularly

during the pandemic, throughout which Spain has supported multilateral initiatives at the highest level:

€ 125
million



Contribution to the funding of the ACT-A initiative: Spain has already contributed €125 million to the collective effort of the EU to support the pillars and tools of this initiative. This contribution has been made to the two organisations responsible for the COVAX vaccine pillar: CEPI (€75 million) and GAVI (€50 million). One of the central themes of the upcoming Summit will be how to meet the financing needs of ACT-A, to which Spain's contribution is expected in the coming months.

7,5
million vaccine doses



Commitment to the Ibero-American region, announced at the recent Andorra Summit: A donation to Latin American and Caribbean countries of between 5% and 10% of the vaccine doses scheduled to arrive in Spain in 2021 (its allocation from the EU), which would amount to at least 7.5 million doses. The donation will be made via COVAX with the support of the Pan American Health Organization and will take place once Spain has vaccinated 50% of its own population.

This donation is an implementation of the Universal Access to Vaccines Plan approved by the Spanish government in January 2021. In this instance, the donation prioritises the countries of Latin America, which, as well as being Spain's privileged partners, have also been left in a limbo created by high international prices, constraints on production and nationalist protectionist attitudes in vaccine-producing regions.

Ibero-American
Epidemiological
Observatory



During the recent Ibero-American Summit, the Ibero-American General Secretariat (SEGIB) was mandated to set up the Ibero-American Epidemiological Observatory. As mentioned above, Spain has also expressed its support for an **international treaty on pandemic preparedness and response**, in addition to the support for this initiative expressed in the Final Declaration of the Ibero-American Summit.

Temporary
patent waiver



Finally, in the very topical and urgent debate on the temporary waiver of patents on vaccines within the WTO community, Spain is one of the European countries that has **been most positive on the subject of reconsidering the position of the EU and its member states**, as the US Government has already done.

Considered as distinct elements of an integrated strategy, these actions show the ascendancy that a mid-level country like Spain can achieve in the global health debate. The upcoming summit offers a unique platform for Spain to demonstrate the financial and political commitment that underpins that ascendancy. The final section of this document includes some recommendations in this regard.

First, it is important to note that all of the expert reports reviewed emphasise

the extremely negative impact and aggravating effect of inequality on the most vulnerable individuals and groups. There is, therefore, a need to complement all contributions to global health with interventions aimed at **strengthening social protection systems** by way of strategies similar to those adopted by Spain as part of the response of Spanish Cooperation to the pandemic (various types of moratoriums and a minimum living income) ●

5. Recommendations

“We propose that the Government of Spain together with all the government bodies and state agencies actively contribute to the definition of the principles of the Rome Declaration.”

Over the coming months, the Government of Spain and all the government bodies and state agencies have an opportunity to consolidate Spain’s commitment to global health, contributing as EU members to the task of incorporating the lessons learned during the current crisis into a model of preparedness and response capable of preventing future crises. To this end, we recommend:

For the Global Health Summit:

- **Actively contributing** to the definition of the **principles of the Rome Declaration**, in particular the following aspects:
 - A commitment to equity and universal access to Global Public Goods in a strategy designed to leave no one behind, which implies paying special attention to the situation of middle-income countries, such as those of Latin America.
 - Investment in science and in knowledge and skills sharing through international cooperation.
 - Formalization of agreement on these principles in an international treaty on pandemic preparedness and response.
- **Working towards a commitment on the part of the EU and its Member States** to use partnerships for sustainable development with partner countries as a tool to transform and strengthen national health systems.

- **Advocate for an ambitious proposal** to obtain concrete commitments from countries with greater resources and more vaccine doses procured from the industry to make a massive donation of vaccines in June through COVAX, thereby enabling the vaccine initiative to achieve its target of immunising 20% of the world’s population.

To contribute to the development of a pandemic preparedness and response system in the coming months:

- In 2021, Spain should consider increasing its contribution to the Access to COVID-19 Tools Accelerator (ACT-A), which would amount to a political endorsement of this global response tool.
- The creation of a new Global Health Strategy—one of the tasks included in the strategy for joint response to COVID 19 developed by Spanish Cooperation—represents an opportunity to organise these actions and to maximise Spain’s influence in the global debate. This strategy should include:
 - Contributions that Spain can make to the definition of the new model for global health governance and financing.
 - Mobilising Spain’s international and regional influence to build new preparedness and response mechanisms.
 - Incorporating knowledge translation, knowledge transfer and the strength-

ening of health systems as essential elements in the new vision for Spanish Cooperation.

- Create an Action Plan to follow up and implement, where appropriate, the conclusions and recommendations of the Commission of the Congress of Deputies for social and economic reconstruction after COVID-19. This exercise will provide a solid overview of the difficulties and challenges faced by an advanced national health system like that of Spain; the lessons learned could be a valuable road map for strengthening health systems in other countries.

- Include, in particular, measures leading to the creation and strengthening of an emergency preparedness and response system at the state level.

- Contribute to the deployment of the Ibero-American Epidemiological Observatory ●

TO LEARN MORE

- Content and objectives of the Global Health Summit to be held on 21 May: https://global-health-summit.europa.eu/index_en
- Resources and references of the G20 Independent High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response <https://pandemic-financing.org/resources.html>
- G20, Vaccines and COVID-19: Why is the success of the COVAX initiative essential? ISGlobal's series on COVID-19 and response strategy #25.

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