



C20 Global Health and Finance WGs Communiqué on the HLIP Financing the Global Commons for PPR Report and the G20 discussion on financing global public goods

The persistent pandemic crisis magnifies the limits and the contradictions of the global response. The G20 mandated the High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP) to ‘propose how finance can be organized, systematically and sustainably, to reduce the world’s vulnerability to future pandemics’. The HLIP report and the decisions the G20 will take in the light of the proposals will not only provide possible changes to the available financial channels and facilities but can have a major impact on the global health architecture. For these reasons, the C20’s main concerns and recommendations on the topic are represented as follows¹.

Bolstering human rights and reaffirming the centrality of the UN System

1. Human rights must be the ethical and political compass to orient the strengthening of the global health architecture. Any solution must be designed and implemented in order to reduce any vulnerability, barriers to gender equality, inequalities in access to health care and must ensure that no one is left behind. Health solidarity, and not just health security, human rights, gender transformative lens, community systems, and a people-centred approach must be the guiding principles for justice, as well as conditions for policies effectiveness.
2. This implies that the leading actor of any initiative developed within any global architecture has to be the United Nation system. The role of the G20 must be played in total support of the World Health Organization (WHO). G20 cannot cover any leading role by taking over the WHO.
3. This means as well that communities and civil society must be actively involved in the political processes to help designing and delivering the response. This includes the financial side of the institutional and political solutions. We did not see an adequate reference to this essential dimension in the HLIP report and the subsequent debate.

Strengthening the existing opportunities combining PPR, prevention and PHC

4. Prevention, Preparedness and Response (PPR) have to be pursued in the perspective of global public health, in the framework of the holistic One Health approach, and must be strongly linked to Primary Health Care (PHC) policies. This means ensuring the fundamental role of public health systems and of public institutions, both at national and global level: governments with health ministers and WHO.
5. We do suggest avoiding the establishment of new institutions, while we strongly recommend strengthening the relevant UN institutions and processes.
6. The responsibility of setting up and chairing a PPR coordinating mechanism must be reserved for the WHO. We disagree with the proposal to give the G20 the task of creating and mandating a Global Health Threats Board. We think that a new Board should not be established, rather, the WHO should be strengthened, as the coordinating entity for global health, and its financial solidity and independence ensured, while widening and safeguarding in the global health architecture the participation of communities and civil society.

¹ Detailed recommendations from C20 on global health and financial issues can be found in the C20 Policy Pack.
<https://civil-20.org/2021/wp-content/uploads/2021/08/C20-Policy-Pack-2021-Building-a-sustainable-future-for-all-1.pdf>.



7. The C20 is equally concerned about the establishment of a new Global Health Threats Fund, as a Financial Intermediary Facility (FIF) under the management of the World Bank. For such a facility we suggest instead using the existing Global Fund to Fight AIDS, Tuberculosis and Malaria that has a proven practice of planning with countries and includes the participation of civil society and communities.

Providing resources

8. Health is underfunded, both at the national and global level and this results in lack of coverage and in weak response to the threats. It has been almost half a century since the Alma-Ata Declaration and we are nowhere close to Universal Health Coverage (UHC) and to the fulfilment of its commitments. In the meantime, vaccines are still unequally distributed and the response to the pandemic is still not effective.
Clarity is required about the mechanisms for investments, in particular on the source of the needed additional resources. Public commitment and clarity are fundamental to meet the needs quantified by the HLIP.
9. At the national level, a global public commitment is needed to fund health expenditure with at least 1% of GDP.
At the global level, a global initiative with a systemic approach is needed to reduce financial weaknesses and provide sustainability.
10. Speaking about health financial architecture without targeting the sustainability of tax revenues and the widening of fiscal spaces of low- and middle-income countries (LICs, MICs) is useless. We need to increase and or consolidate the financial strength of governments, to make them able to design and implement domestic health policies. Overemphasis on global mechanisms like FIFs can deter governments' responsibility.
11. A strong initiative is needed to fight fiscal havens and strengthen tax justice, targeting corporations which hide their income is necessary. An initiative that must be, largely stronger than those currently in place or announced. At the national level this implies increasing progressive taxation to participate in the fiscal co-responsibility.
12. More daring initiative on debt relief must be undertaken. The fiscal space of a large number of countries is harmed by an unsustainable debt burden. The DSSI is not solving the issue and the Common Framework is not adequate.
13. The SDRs issuance will provide resources to the governments in proportion to the size of their economies. This way, Low Income Countries will receive just a little portion of the issuance. We requested a stronger issuance, in order to provide more resources to these countries without costs. A shared commitment on the use of a meaningful part of High Income Countries' SDRs could provide resources for prevention and PPR both at both global and national levels in LICs and MICs.

The challenge of the vaccines

14. Production and distribution of vaccines are still far from global needs. COVAX and ACT-A are still underfunded. COVAX has so far failed to provide the necessary responses also because vaccines production is low for the demand. Without a TRIPS waiver and opening everywhere, production cannot be increased.



We renew our call to approve in the WTO the TRIPS waiver proposal promoted by some members of the G20 and endorsed by the majority of the world's countries. The later the waiver is implemented, the later we will be able to cover the world's needs while the threat of new variants is growing, vaccines are lacking for LICs and the richest countries are already talking about an additional booster shot.

Institutions, Citizens and Stakeholders

15. The leading role in health policies and related mechanisms must be played by legitimate democratic public institutions (see para 2-6). The C20 is concerned about the increasing role left to the private sector.
16. While the engagement of the private sector in respecting the human rights and implementing the related 2030 Agenda Principles is essential, private corporations cannot be included in decision-making processes without facing conflicts of interest. The illusion of substituting limited public funds with private contribution is not consistent. The natural financial contribution of corporation to the public good is through the fair tax payment. Liberalities and donations must be de-linked from the involvement in the public decision making process. Similarly, the role of private foundations and charities can be very helpful, but should not influence the public choices.
17. Governments and Parliaments should ensure participatory processes to design health policies, including prevention and PPR 'with' people and communities, in order to make these policies effective and sustainable. Civil society can play a vital and not replaceable role in facilitating the relationship between public institutions and citizens gathering their diversity of voices.
18. Within public systems, financial institutions have a relevant mandate in order to provide financial services, innovative financial solutions, financial accountability. They do not have a political mandate to 'shape' the public policies. That is why we renew our concern about the role played by financial institutions in shaping the global health architecture. This includes the Ministers of Finance in the upcoming G20 Joint Finance and Health Ministers' Meeting or the possible role played by the World Bank in a possible future FIF, without rigorous distinction of mandate.

The degree of vulnerability due to the intensity of the inequalities is outrageous. We call on the G20 and all international actors to undertake due responsibility to create effective conditions for global health, protection and inclusion, working carefully guided and inspired by the human rights.