



ASSOCIATION OF GERMAN DEVELOPMENT
AND HUMANITARIAN AID NGOS

The G20 and Global Health

A Global Responsibility to implement the Sustainable Development Goals

Position Paper of German Civil Society Organisations

This position paper by MSF and VENRO (German NGO umbrella organization) builds on the former position paper [“The G20 and Global Health”](#), published in summer 2016 ahead of the G20 summit in China. At the summit in Hangzhou, the G20 had agreed on the so called [“G20 Action Plan on the 2030 Agenda for Sustainable Development”](#). The G20 group thus formally committed to implementing the “Sustainable Development Goals (SDGs)” of the “2030 Agenda”, denoting health as a “Sustainable Development Sector (SDS)” to be embedded in the work of the G20 “Development Working Group”. Furthermore, the German government formally announced the [2017 G20 agenda](#), placing the topics “antimicrobial resistance (AMR)” and “lessons learnt from the Ebola crisis” in the health track of the deliberations leading up to the G20 Heads of State Summit in Hamburg on 7-8 July 2017.

As internationally operating non-governmental organisations working in the fields of development and humanitarian assistance, we strongly confirm our conviction that global health issues should be discussed in both the G20 development track as well as in the health track, to underscore that health is not only an outcome, but also a precondition for human development. However, health should not predominantly be described as a threat to security, but as an opportunity and a right, an enabler of potential, and a precondition for growth in prosperity. Health is much more than crisis management: Every person has a right to health!

We continue to call on the G20 to include the following important global health issues in the agendas of the G20 development and health tracks: Universal Health Coverage (UHC) and Health Systems Strengthening (HSS) as agreed in SDG3; global pandemic preparedness and response; antimicrobial resistance (AMR); research and development (R&D); ending the epidemics of neglected and poverty-related diseases (NTDs, PRDs); and finishing the 'unfinished business' of the Millennium Development Goals (MDGs) in the spirit of the SDG principle of 'Leaving No One Behind'. We furthermore call on the G20 to strengthen the World Health Organization (WHO) to enable a coherent global health policy that is adequately financed.

In this updated position paper, we propose key recommendations to be considered by the stakeholders involved in the G20 process of 2017.

Leave No One Behind

In September 2015, as part of the SDGs, all United Nations member states, including the G20, committed to “endeavour to reach the furthest behind first”. Those furthest left behind in the MDGs were children and women (MDGs 4 and 5), but also persons with disabilities, without official documentation, those in hard-to reach geographical areas, prisoners, ethnic minorities, people discriminated due to their sexual orientation and identity or due to their drug consumption behaviours. To reach the 2030 agenda's global health goals and to provide for access to health care and health products, no one should be left behind. Structural exclusion of vulnerable and marginalized groups

should be removed and relevant communities should be included to participate in the planning and implementation of policies through the inclusion of civil society organisations at all levels. The development of programs and the inclusion of civil society need to be sufficiently financed.

Recommendation 1

The G20 members should commit to realising the concept of Universal Health Coverage (UHC) in their own countries and worldwide - respecting the “2030 Agenda” principle of ‘Leaving No One Behind’ and prioritising the most vulnerable by completing the 'unfinished business' of maternal and child health, while applying a human rights-based, gender-transformative and inclusive approach; by tackling neglected poverty-related and non-communicable diseases and by removing the barriers vulnerable groups as well as structurally excluded populations still face. Furthermore, the G20 should strengthen equality, sexual & reproductive health and rights of all people within the framework of gender policy and global health policy; and commit to strengthening domestic financing based on tax-based, pooled funding mechanisms in all countries, whilst committing to needs-based global health aid to reach in particular the most vulnerable.

Recommendation 2

The G20 should not only address Health-System Strengthening, but also health-system destruction. Increasing numbers of military attacks on health facilities represent a fundamental violation of international humanitarian law and an assault on the very foundation of our civilization. We urge the G20 to ensure the implementation and operationalisation of the United Nations Security Council resolution 2286 including prompt, effective, and independent investigations into attacks on civilians and medical care.

Strengthen Health Systems – Tackling health emergencies

The world today is still not prepared to confront global rapid-onset health emergencies. When Ebola broke out in West African communities in 2014, a shortage of health workers in the region was only part of the problem. The affected health systems themselves were not prepared for crisis management and surveillance, lacking resources and medical equipment. A strong health system would have been able to rapidly detect the threat, to quickly mobilise an effective response starting at the community level, and to coordinate important stakeholders from health- and non-health sectors. Strong, resilient health systems protect countries against health emergencies. They comprise appropriate response capacities, qualified staff well-trained for the needs of the community and marginalised groups, as well as medical services and adequate medical products that can be accessed by and are affordable for all people.

Recommendation 3

The G20 should make explicit in the health ministerial and final communiqués that effective pandemic emergency preparedness and response goes beyond global health crisis management. Resilient local and national health systems based on Universal Health Coverage (UHC) are key to effective, sustainable, and cost-efficient prevention of epidemics. We welcome the intended aims of the “Coalition for Epidemic Preparedness Innovations (CEPI)” to develop vaccines to prevent or respond to disease outbreaks. The G20 should ensure that CEPI policies guarantee affordability and access for all people in need.

Recommendation 4

International discussions on preventing epidemics must not be guided by global health security objectives but should safeguard and alleviate the suffering of individuals and affected communities. We call on the G20 to support effective approaches that put the needs of patients at the very heart of any measures.

Recommendation 5

The G20 should furthermore affirm the coordinating role of the WHO, including also important stakeholders beyond the health sector. In order to carry out its global health emergency coordination mandate, the WHO [Contingency Fund for Emergencies](#) should ensure that the current funding gap of 66 per cent is closed. The G20 should furthermore commit to substantially raise WHO core contributions and motivate others to follow. Furthermore, WHO must not only be mandated with global health emergency coordination, but also fully funded for this purpose.

Antimicrobial Resistance (AMR)

Diseases that can be treated today may soon become untreatable. AMR is a universal problem affecting all countries, regardless of their income status. New antibiotics are desperately needed, but the commercial research and development (R&D) system is failing to provide them. A vast gap in research also exists for both neglected and poverty-related diseases as well as new and emerging diseases such as Ebola: adequate diagnostics, vaccines and drugs are lacking. Existing medical products are often not suitable for poorer countries, e.g. due to high temperatures or because they are simply not affordable. Actions taken against AMR therefore need to tackle both research and development as well as affordable access while considering the needs of poorer countries, e.g. for treating antibiotic-resistant forms of tuberculosis (TB), which in 2015 accounted for more than one third of deaths due to AMR. TB is today the leading cause of death from infectious diseases worldwide.

Recommendation 6

The G20 should ensure that publicly and philanthropically supported funds and incentives provided for research and development for AMR – and antibiotic-resistant TB in particular - will encourage the development of new antibiotics and efficient and effective diagnostic tools that are considered 'public goods' and are therefore affordable and accessible for all patients in need. The G20 should support new models for biomedical research and development, such as the "3P-TB-project", which decouple research costs from final prices and sales volumes (de-linkage). All efforts should be coordinated under the lead of WHO to improve access to up-to-date and affordable medicines.

Recommendation 7

G20 governments should fully support WHO to take the lead in developing and convening negotiations for a 'Global Development and Stewardship Framework' that will implement principles agreed upon by Heads of State via the UN High Level Declaration on Antimicrobial Resistance.

We participate in and support further efforts of the thematic working group on global health in the framework of the Civil-20 process.

Contact:

Ärzte ohne Grenzen e.V.
Médecins Sans Frontières (MSF)

Am Köllnischen Park 1
10179 Berlin
+49 (30) 700 130-191

medikamentenkampagne@berlin.msf.org
www.aerzte-ohne-grenzen.de

Verband Entwicklungspolitik und Humanitäre
Hilfe deutscher Nichtregierungsorganisationen
e.V. (VENRO)

Stresemannstr. 72
10963 Berlin
+49 (30) 2639299-10

sekretariat@venro.org
www.venro.org