

Global Health Summit

21 May 2021 | Rome



Global Health Summit – Civil Society Consultation

(20 April 2021 12:30 p.m. – 3:30 p.m. CEST)

Main Recommendations

Recognising the right to Universal Health Coverage (UHC)

Pandemic preparedness and response should be articulated as part of the progressive realisation of the universal right to health and embedded in the global commitments to UHC. Guaranteeing access to affordable, quality health care and products for everyone in itself is reliant on the provision of primary health care (PHC), which guarantees routine access to strong essential health services, including early diagnosis and treatment, which ultimately promotes health, prevent disease and ensure global health security. Sexual reproductive health and rights (SRHSR) services must be strengthened, as women and girls have been disproportionately affected by the pandemic and are facing new barriers to access to these services, fundamental for achieving gender equality. As we collectively move forward with 2030 Agenda health-related commitments, resource allocations must acknowledge the needed synergies of UHC, PHC and health security, particularly focusing on women and girls and the most key and vulnerable populations such as elderly persons, young people, migrants, refugees, LGBTQI populations, PLHIV and others..

Working multi-sectorally and beyond health to leverage the “One Health” approach

Root causes of epidemics include zoonotic factors, environmental changes, population movements and weak public health systems, all of which favour emergence and transmission. The current crisis has highlighted the need for the global community to reassess its infrastructure around pandemic preparedness and requires it to engage through a multi sectoral approach, collaboration and action on the premise of “global health solidarity” that goes beyond “global health security” based on principles of human rights and gender equality”. In addition, the need to strengthen existing structures to coordinate and provide technical support to health, such as WHO needs to be invested in. The “One Health” approach would offer this much-needed multi-sectoral frame required to mainstream pandemic prevention beyond health through a wider consideration of its determinants.

Leveraging resource mobilisation and financing sustainably

A reform of the global financial architecture is needed. Immediately filling the \$19bn funding gap for ACT-A should be seen as an important outcome on pandemic response for the Summit. Leaders must deliver the deployment costs of vaccines and other COVID tools. Current political attention should be leveraged for long-term funding such as a Pandemic Preparedness Fund, which could be implemented by pre-existing organisations with the comparative advantage and existing implementation structures. All countries should promote tax reforms to increase domestic resource mobilisation up to 5% GDP for health, with an explicit commitment to end “out of pocket” spending. This could include progressive taxation

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and stringently addressing corruption, and introducing effective corporate taxes to prevent illicit financial flows and avoid global tax evasion. Furthermore, tapping into funding sources, including financial transaction tax and solidarity taxes is needed. Given the inequities in vaccination coverage and the economic impact of COVID-19 in countries, there should be a strong consideration of debt relief and/or cancellation for LMICs, including on concessional loans offered to help with vaccine rollout which are not currently being taken up, and a political stance to avoid austerity policies and extend the benefit from stimulus packages and incentives introduced in high income countries.

Increasing donor coordination and commitments: Rome Roadmap

Official development assistance should be met, and scaled up to reach the 0.7% GDP target. While the crisis has seen a proliferation of initiatives and funds, the current ambition to reach at least 70% global immunisation coverage lacks a clear roadmap. Appropriate preparedness for the future must equally elevate the level of ambition and develop a blueprint for collective immunity, effectively shifting from a “Rome Declaration” to a “Rome Roadmap”, where implementation follows commitments. New pledges and commitments risk undermining trust if not upheld or implemented, and they must be also considered in the view of a potential International Pandemic Treaty, taking into account the costs of global inaction. Avoiding parallel arrangements that conflict with commitments to secure universal access to health and entailing a simplified and coordinated approach to how resources are pooled across shared priorities will ensure donor coherence.

Investing in Health systems strengthening (HSS)

COVID-19 has exposed the devastating impact of years of chronic underfunding of health systems. Responding to pandemics should be anchored into building health systems capacity and strengthening available structures to create long-term system resilience. Failure to invest in HSS not only risks squandering past significant gains in health – including for HIV, tuberculosis and malaria, and it leaves systems less equipped to respond to future pandemics. Short term systems investments should expedite vaccine delivery and rollout costs, estimated to be about five times the cost of a dose, and currently not covered under COVAX. Longer-term investments in HSS should cover whole systems. The protection and scale-up of essential health services will also require an urgent focus on building a strong health workforce as the backbone of quality health systems, also through increased funding to education. Addressing the 80 million frontline health worker gap requires investing in capacity building, infrastructure and fair remuneration for paid and unpaid community health workers, including women.

Promoting health as a public good and international trade arrangements

There is the need for a new global compact which unambiguously puts people over profit and health before wealth. In recognition of health as a global public good, countries should urgently implement reforms to current international trade agreements that hinder the ability of

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low- and middle-income countries (LMICs) to secure critical COVID-19 products, including leveraging TRIPS waivers for emergency vaccines and treatments, making tangible commitments to the C-TAP, and supporting knowledge transfer for local manufacturing and access to vaccines, medicines and health technologies. Global compliance mechanisms to commitments should be established with incentives and sanctions. Reforms should be underpinned by a thorough and independent evaluation of the global response to the crisis, in light of the failures in delivering equitable access to health tools through a multilateral approach. To avoid the loss of up to 1.3 billion excess COVID-19 vaccine doses in 2021, countries should equally deliver on their promise of vaccine dose sharing not leaving any country behind.

Ensuring ownership and meaningful engagement

Delays in meaningfully engaging community and civil society voices can backtrack progress made toward UHC and deepen the exclusion of key and marginalised populations, which has ramifications for years to come. While pandemic preparedness and response must be globally coordinated, it should be anchored in the principle of local ownership, human rights and gender equality, where communities and civil society play a key role in ensuring inclusiveness and meaningful engagement, education on health and nutrition and accountability and transparency across investments. Regional approaches are critical to bring international solutions to fruition in a tailored way. Increased diversity in the co-creation of the Rome Declaration of principles, including more representatives from LMICs and CSOs participating in the Summit itself and its sequels is needed. While this consultation is a first step, it is not sufficient, only a Rome Roadmap would raise the ambition with shared accountability. A collective ownership of strategic discussions and policy decisions with the transparent, meaningful and inclusive involvement of communities and civil society during the Global Health Summit process and beyond is needed and essential.

Maximising the digital transformation

The pandemic has illustrated the stark digital divide between countries and within countries, and the fragmentation across ecosystems. One of the key lessons of this pandemic is that in a global public health crisis, knowledge is power. Leveraging the opportunities of digitalisation in an equitable, inclusive and people-centred manner is critical for the digital transformation of health systems to support UHC and will be key in preventing future global health crises. Investments in digitalisation for health will require coherent and interoperable systems that facilitate surveillance and decision making at global and national levels, while ensuring robust and people-centred data governance within and across countries.

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Background:

With a view to develop and endorse a ‘Rome Declaration’ of Principles to prevent future global health crises, the co-conveners of the Rome Global Health Summit of 21 May 2021 hosted a virtual consultation on 20 April 2021 in cooperation with Civil 20 (C20), the G20 Engagement Group gathering civil society organizations (CSOs) from all over the world, promoting political dialogue with the G20. Ahead of the consultation, the C20 Global Health Working Group (GHWG) submitted [a statement](#) and during the consultation, over 100 CSOs reflected around three key questions:

- *What is required at global, regional and national levels to ensure effective, multilateral, multi-sectoral cooperation to prevent, prepare for and respond to global health crises?*
- *What is needed to secure in a sustainable way, countries’ public health capacities and health systems’ preparedness and resilience in the face of future global health crises?*
- *How can the necessary resources, both domestic and global, be mobilized to address the challenges of sustainable health security preparedness and response at global, regional and country levels?*

Prime Minister Draghi and President von der Leyen opened the consultation. Each session was co-chaired by Martin Seychell, Deputy Director-General of DG International Partnerships along with Rachel Ong, Stefania Burbo, and Kurt Frieder, C20 Global Health Working Group coordinators. Sessions were introduced by Elise Rodriguez (Global Health Advocates), Rosemary Mburu (WACI Health) and Eloise Todd (Pandemic Action Network). Written submissions from participants were equally welcomed.