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## Global Health Summit / Global Health Advocates reaction to the draft Declaration

GHA welcomes the up-coming Rome Declaration and the efforts of G20 leaders to set principles and guiding commitments to serve as orientation for current and future actions to improve preparedness, response, and resiliency for global public health emergencies. These declarations will become the most salient and comprehensive joint-commitment that we have seen endorsed by G20 world leaders to date. However, to avoid this declaration becoming another broad statement with little practical impact, we urgently need international leaders to commit to an action plan for short-to-long-term implementation. For Elise Rodriguez, GHA's Advocacy Director: "Principles alone won't cure this pandemic or prevent the next one. The Global Health Summit must be the occasion to step up the fight against COVID-19 and move toward a global health."

Leaders have issued many strong statements about collective efforts to recover from COVID-19 and show global solidarity, but so far, those statements have not been empowered with political action and financing. The Global Health Summit (GHS) must be the opportunity to move from words to action, to give the world the decisive tools it needs to put an end to the current pandemic and get ready for the ones to come. Last year, the 73rd World Health Assembly mandated an Independent Panel for Pandemic Preparedness and Response (IPPR) to establish a report on crisis management and establish recommendations for the world to be more efficient to prepare and respond to pandemics. The report that was released last week echoes many of the messages from civil society and needs to be put into practice during the GHS.

# Urgently fill the ACT-A financing gap

In the draft Rome Declaration that we have seen, G20 leaders fail to recognize the burden sharing approach as necessary to beat the pandemic. The draft only underlines the need to close this funding gap - but lacks concrete targets for financing and dose-sharing. When it comes to actually funding ACT-A, we see large variations between actors. This initiative, which sets out to "end the acute phase of the pandemic", has only received \$14.6 billion of its \$38 billion original ask. The IPPR is calling G7 countries to provide 60 % of the 19 billion, a reasonable ask compared to the cost of inaction.

# Address IP barriers to a fair and global access

The draft Declaration commits in the preamble, and in a number of the proposed principles, to enhance equitable access to prevention, detection and response tools, by facilitating data sharing, predictable investments, or stimulating international cooperation in R&I. However, to date, the EU has actively blocked the proposal submitted by numerous World Trade

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Organisation (WTO) members to temporarily waive the patents and ramp up vaccine production, instead supporting voluntary mechanisms which have proven to be insufficient in addressing this global challenge. Indeed, the EU has been leading in terms of global distribution of vaccines, yet the top beneficiaries of EU exports include some of the richest countries in the world, such as Japan, the UK, and Canada.

Leaders should stop defending rules that prevent the world from meeting the health needs of everyone; including being protected from this virus. Currently, regional and international trade agreements lay down obligations that run counter to global health goals, such as equal access to basic health services, treatments and vaccines.

"If voluntary actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately." - Independent Panel for Pandemic Preparedness and Response

## Get ready for the next health threats

It has quickly become apparent that vaccines alone are not enough to get us out of this crisis, and certainly not enough to prepare us for future health crises. Health systems worldwide were not prepared to handle the COVID-pandemic, and health systems in low-income countries, which have been chronically underfunded for decades, have been the hardest hit. The draft declaration is established as orientation for the "financing, building and sustaining of effective health system capabilities and capacities and universal health coverage", and goes on to mention health systems strengthening in a number of the principles, and yet within the underfunded ACT-A, the Health Systems Connector has seen the least attention and funding. One of the recommendations from the IPPR to prevent future outbreaks is for the WHO to have the authority and financing to support countries to build resilient, equitable, and accessible health systems, universal health coverage, and healthier populations. Another recommendation stresses the need to secure technology transfer and commit to licensing in all agreements where public financing has been invested in research and development.

The draft declaration includes, as its second principle, the need for the full implementation of the legally binding International Health Regulations (IHR), first adopted by the World Health Assembly in 1969 (revised in 2005). These regulations aim "to prevent, protect against, control, and provide a public health response to the international spread of disease<sup>1</sup>", yet even by 2015, most countries were unable to meet the core capacities and reporting as outlined in the IHR<sup>2</sup>. Questions remain on how the Rome Declaration, or any subsequent new

<sup>&</sup>lt;sup>1</sup> More information here: https://www.who.int/health-topics/international-health-regulations#tab=tab\_1 <sup>2</sup> with an additional 600 million in loans that don't count towards meeting its fair share, since they will have to be paid back.





Treaty on Pandemic Preparedness, will be different if full financing, legally binding equitable access policies, and a dedication to health systems are not made a reality by a concrete action plan that can be implemented in each country and region.

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