



HEALTH ISSUE NOTE

Key messages

The emergency caused by the COVID-19 pandemic has violently and irreversibly disrupted healthcare in both higher and lower-income countries.

The Italian government in collaboration with the WHO and other International Organisations, scientists, academic institutions, and global multilateral solidarity actors **will focus its G20 Presidency on the lessons learnt from this experience**, and will use both the G20 Health Ministers' 2021 Meeting and one or more satellite events to analyse the past course of the pandemic and to identify the way forward.

The Health Ministers' narrative will be aligned to the themes of the G20 Italian Presidency addressing ways of achieving a more inclusive and sustainable society supported by adequate investment in evolution towards an equitable, green and sustainable future - **People, Planet, and Prosperity** ("build to transform" approach).

Accompanying this narrative, the **Ministry of Health** proposes four areas of intervention:

- i) MONITORING THE GLOBAL HEALTH IMPACT OF THE COVID-19 PANDEMIC, WITH A DETAILED ASSESSMENT OF ITS CONSEQUENCES ON THE IMPLEMENTATION OF THE SDGS
- ii) DEFINING PREPAREDNESS PLANS, STARTING FROM THE MOST VULNERABLE CONTEXTS AND THE LESS RESILIENT COUNTRIES
- iii) PLANNING A GLOBALLY COORDINATED AND COLLABORATIVE RESPONSE TO HEALTH CRISES AND EMERGENCIES
- iv) DEFINING COMMON GLOBAL STRATEGIES TO SUPPORT THE DEVELOPMENT AND THE DISTRIBUTION OF TREATMENTS AND VACCINES

The Ministry of Health will continue building also on the legacy of previous G20 presidencies with a specific attention to: Antimicrobial Resistance (AMR), Patient Safety, Healthy Ageing, Universal Health Coverage (UHC), Digital Health and Value based Health Systems.



BACKGROUND

The global impact of the COVID-19 pandemic has been overwhelming. It has led to a dramatic loss of human life and to an unprecedented challenge to public health, food systems, production and availability of consumer goods, and it has mined relationships within the society and the economy in most countries in the world. More than 100 million people are at risk of falling into extreme poverty¹, while the number of undernourished people, currently estimated at nearly 690 million, could increase by 132 million before the end of the year.

The state of emergency caused by the COVID-19 pandemic has violently and irreversibly disrupted healthcare systems of all countries, irrespective of their level of income. Regardless of their organisational model and readiness level, all healthcare systems have experienced massive pressure, affecting community-based outpatient services, as well as inpatient facilities, services handling epidemiological surveillance, including identification and isolation of communicable disease cases and their close contacts, diagnostic laboratories, and services in charge of managing individual and collective preventive measures in living and working environments.

The crisis has dramatically refocused our strategies for the pursuit of health and well-being on a new sustainability model, highlighting priority inter-sectoral actions and policies that take into due account all the “determinants of health”. Urgent action is needed to strengthen the social and health system to promote the health and well-being of all by means of a “transformative resilience” approach by implementing the principles of sustainability, circularity, holistic, and ‘One Health’, and by fighting against social inequalities².

How leaders decide to stimulate the economy in response to the corona crisis will either amplify global threats or mitigate them, so they need to choose wisely. This is the moment for all of us to rise to the challenge of collaborative leadership and work together to find pathways to emerge from this emergency with a global economic reset. People and nature must be at the center of this deep transformation for redistribution, regeneration and restoration. Prosperity for people and the planet is possible only if we make bold decisions today so that future generations can survive and thrive in a better world³.

Societies need to protect themselves, and to recover, as quickly as possible. But we cannot go back to the way we did things before. Increasing numbers of infectious diseases, including HIV/AIDS, SARS and Ebola, have made the jump from wildlife to humans - and all available evidence suggests that COVID-19 has followed the same route. Once human-to-human transmission of COVID-19 began, national and international surveillance and response systems were not strong or fast enough to completely halt transmission. And as infections spread, a lack of universal health coverage has left billions of people, including many in rich countries, without reliable and affordable access to medical treatment. Massive inequalities have meant that deaths and loss of livelihoods have been strongly driven by socioeconomic status, often compounded by gender and minority status. Attempting to save money by neglecting environmental protection, emergency preparedness, health systems, and social safety nets, has proven to be a false economy.

¹ <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>

² ASviS, Position Paper 2020 ‘Salute e non solo sanità’, available at: <https://asvis.it/public/asvis2/files/Approfondimenti/PositionPaperGdlGoal3.pdf>

³ Club of Rome website: [Open Letter to Global Leaders - A Healthy Planet for Healthy People](#)

The “lockdown” measures that have been necessary to control the spread of COVID-19 have slowed economic activity, and disrupted lives - but have also given some glimpses of a possible brighter future. People want to protect the environment, and preserve the positives that have emerged from the crisis, as we recover⁴.

While it is impossible to entirely prevent health emergencies, the COVID-19 pandemic has renewed the determination of the global community that never again will a new pathogen be allowed to spread with such destructive impact. A major step up in preparation and coordination is needed across the interlocking dimensions of pandemic intelligence, health system defences, government effectiveness nationally and inter-nationally, workforce and supplies stockpiles, and platforms to accelerate research, development and equitable distribution of therapeutic and preventive counter-measures. Government effectiveness is a key determinant of pandemic outcomes. Leadership commitment is the *sine qua non* of national and global pandemic preparedness⁵.

The intertwined impacts on health, the environment, and social and economic dimensions will be a central theme of the overall narrative aiming at bringing the G20 process towards achieving a more inclusive and sustainable society, supported by adequate investment in a sustainable future: “People, Planet, and Prosperity”.

PROPOSED PRIORITIES AND EXPECTED OUTCOMES

I. Monitoring the global health impact of the COVID-19 pandemic, with a detailed assessment of its consequences on the implementation of the SDGs.

The crisis brought about by the COVID-19 pandemic has created major risks for the achievement of all the sustainable development goals of the 2030 Agenda, with particular impact on those related to health and well-being. While most countries were delaying the achievement of the Goals by 2030, now, due to the current unprecedented health, economic and social crisis, progress is even more challenging. The current global economic recession could push millions of people back into poverty and exacerbate inequalities. Enhanced formulae of social protection and inclusive growth are urgently needed to bring back recovery along the right track. SDG 3 has been impacted by a massive disruption of essential medical care including the suspension or limitation of outpatient services; community-based care; and inpatient services. The crisis is a factor of severe emotional stress generating an impact on the mental status of the population. The indirect health consequences are equally alarming, but less well documented. Routine operations have been delayed to free up intensive care beds, many services, including cancer care have also been significantly scaled back. Progress towards UHC has also been set back, immunisation programmes have been delayed, and investment in expanding services has been curtailed. Measures that countries have had to put in place to slow the spread of the virus have had a significant economic cost. Attention should be paid to the need, at each phase of a pandemic - from alert phase through pandemic phase and into transition phase when risk reduces and de-escalation begins - for a fine-grained alignment of health and economic measures so that counter-productive feedback loops are not created.

⁴ WHO Manifesto for a healthy recovery from COVID-19

⁵ WHO Assessment of Gaps in Pandemic Preparedness



Malnutrition in all its forms (SDG 2) is on the rise among vulnerable communities; access to water and sanitation (SDG 6) – despite achievements in past years - will remain a major health issue, with recent surveys reporting 2.2 billion people without safe drinking water and lacking access to sanitation⁶. Improving urban environments by reducing the number of people living in slums, increasing access to public transport, and reducing air pollution (SDG 11) is at risk of missing targets. Achieving inclusive and equitable access to education (SDG 4) is at risk with a projection that more than 200 million children will still be out of education by 2030. Women’s wellbeing (SDG 5) suffered disproportionately during the COVID-19 outbreak, with incidences of domestic violence increasing by 30% in some countries and a greater demand on women for unpaid care work.

Under this scenario, consistently with SDG 17, G20 Countries/Health Ministers should explore potential strategies to mitigate health and non-health impacts onto the most vulnerable communities, by exploring a range of key recommendations to address the complex challenges posed by the COVID pandemic.

Expected outcome - ‘Healthy and sustainable recovery’

In line with the core principles of the Agenda 2030 and based on building back better principles, a Position Paper with a set of key recommendations will be proposed to address the impact of the pandemic on the implementation of the SDGs.

II. Defining preparedness plans, starting from the most vulnerable contexts and the less resilient countries.

The COVID-19 pandemic exposed preparedness gaps at both national and global level. Many countries are not prepared to manage epidemics. In September 2020, during the Finance and Health Ministers’ Meeting, the WHO and partner organisations presented an assessment of pandemic preparedness at national and global level including recommendations for addressing evident gaps.

Detection and timely early response to outbreaks requires a ‘constant pandemic preparedness’ system kept alert through regular simulations, reviews, and stress tests. Implementation of the International Health Regulations (2005) was strengthened in the light of experience of pandemic influenza (H1N1) in 2009 and Ebola in West Africa in 2014-15, but no country has fully implemented IHR core capacities or fully funded national action plans for health security.

COVID-19 has exposed a legacy of under-investment in pandemic preparedness and the robust health and social protection systems that underpin it. Pandemic preparedness is not only about having the capacities to respond to pandemics, it is how countries use these capacities when a threat arises. Beyond strengthening pandemic preparedness, there remains much to do in terms of strengthening health system resilience. Covid-19 has accelerated a shift towards delivery of healthcare using digital technologies, yet there remain issues to address in terms of health data infrastructure and interoperability, timing, and sharing, and health data governance.

Furthermore, little attention had been paid to interactions between environmental change and infectious disease emergency, which highlighted the need to guide less prepared countries with

⁶ WHO/UNICEF Joint Monitoring Programme

a suite of predictive analytics based on the ‘One Health’ approach. A call for ‘building back better’ has sparked a demand for transformative change in preparedness and response plans pursuing human and animal health under a broader perspective, integrating living in a safer and cleaner environment, in which ecological goods and services underpin human development. Nations and local institutions are requested to better integrate human health within sustainable development planning by leveraging policies adopted by International Organisations such as the tripartite ‘One Health’ policy framework set up by the WHO, the FAO and the OIE-World Organisation for Animal Health to enhance protection against pandemics.

Expected outcome – ‘Building resilience’

“A call to Action” to consider the relevance of the One Health approach at the interface of multiple disciplines addressing public health and environmental safety, with the identification of key actions.

III. Planning a globally coordinated and collaborative response to health crises and emergencies.

Among the lessons learned from the COVID-19 pandemic is the need to prioritise investment in national and international rapid detection and verification capacity, in health risk assessment, management and communication, as well as in research and development for the identification of new and potentially threatening pathogens, particularly of zoonotic origin.

G20 Countries should promote mechanisms for collective global action through a strengthening of a coordinated global workforce comprising multidisciplinary teams rapidly deployable nationally, regionally and internationally. A pandemic supply chain network to prioritise critical supplies of essential medicines and equipment needs to be organised with due consideration of accountability and governance mechanisms, and following the recommendations of the IHR Review Committee. Factors connected with the vulnerability of marginalised populations including access to water and sanitation and preservation of a safe environmental conditions (air quality, optimisation of ecosystem services, avoidance of congestion, preservation of natural features with potential impact on mental health, etc.) should be assessed and flagged as horizontal priorities in the design of broader socioeconomic policies.

The pandemic has also emphasized the importance to invest more on a digital conversion of the health system by scaling up digital health solutions, including their integration into and the management of emergencies. Digitalization can change scenarios by supporting the entire health system. The digital technologies foster continuous adaptation to the health needs of the population, with timely allocation of resources. In these uncertain times, it is essential to share the use of digital health tools to support countries' response to the pandemic and be prepared for the post-pandemic phase and future emergencies.

We need to advance the cross-sectoral international coordination of critical health supplies deployment, the development of public health intelligence platforms, enhanced predictive modelling and epidemic forecasting, surveillance and early warning technologies, and reinforce national capacity with trained and expert workforce for acute public health crises.

Expected outcome - ‘Coordinated and collaborative response’

A Briefing Paper on the governance in health emergency situations.



IV. Defining common global strategies to support the development and the distribution of treatments and vaccines

An additional priority is represented by the urgency to support the coordination of research for the development and production of new medicines and vaccines. The typically slow pace of these processes is incompatible with the speed of the virus' spread and the need for a rapid targeted response, consisting first of all of medicines, and next of vaccines. Initiatives carried out by individual countries, or groups of countries, offer new models of possible cooperation between public authorities and private actors (industry, NGOs) to reduce the time needed for the discovery and production of active molecules and effective and safe vaccines. The 2021 G20 Health Ministers' Meeting offers an opportunity to explore ways of strengthening our countries' cooperation for the benefit of humankind.

The key priority is the access to essential medical supplies and personal protective equipment to secure the safety of frontline workers responding to COVID-19 and continued investment in the COVID-19 Tools – ACT Accelerator and its pillars: diagnostics, treatment, vaccines, and health system strengthening (including management of intellectual property rights), with the support of digital (health tracing mechanisms) and other innovative technologies, and block chains, in line with World Health Assembly Resolution (WHA73.1(3)).

Expected outcomes – 'Accessible control tools'

Open dialogue about vaccine development and distribution, in recognition of the fact that diagnostics, therapeutics, and vaccines are global public goods, and actions will be taken to their equitable and affordable access for all.

The Italian Presidency of the G20 Health 2021 will continue addressing issues such as Antimicrobial Resistance, Patient Safety, Healthy Ageing, Universal Health Coverage, Digital Health and Value-based Health Systems. These themes will be analysed in the light of recent events, to explore the specific relevance they acquired under the emergency. Consideration of these issues will relieve pressure from an already strained healthcare system. Health Ministers will discuss to what extent the COVID-19 pandemic will require a change of approach on these issues, which remain globally relevant and call for an effective and sustained response, which however must be calibrated in light of the recent unprecedented demand for health services.

WAY FORWARD TO ROMA

The Health Working Group (HWG) will hold the following meetings:

- The first meeting on January 26-27 to present the priorities and work plan for the 2021.
- The second meeting on March 25-26 to exchange views and develop together proposed outcomes.
- The third meeting on June 17-18 to further exchange views and develop together proposed outcomes.
- The fourth meeting on September 4 to agree on the final deliverables for Ministerial endorsement.

The Ministerial meeting will be held on September 5-6.

The Italian G20 Presidency may plan to host side-events to the HWG meetings, to support G20 discussions.