



Third Health Working Group Meeting

June 17-18, 2021

CONCEPT NOTE

PRIORITY FOUR – ACCESSIBLE CONTROL TOOLS

DEFINING COMMON GLOBAL STRATEGIES TO SUPPORT THE EQUITABLE ACCESS TO CONTROL TOOLS (VTD), INCLUDING A CONTINUOUS INVESTMENT IN HEALTH PROMOTION AND DISEASE PREVENTION TO ACHIEVE THE UHC



The Rome Declaration has underlined that “... *sustained investments in global health, towards achieving Universal Health Coverage and with primary healthcare at its centre, One Health, and preparedness and resilience, are broad social and macro-economic investments in global public goods, and that the cost of inaction is orders of magnitude greater.*”

This Concept Note aims to frame a discussion around promoting and strengthening¹ partnerships, to ensure that no one is left behind in the provision of and access to health services and to promote a dialogue among G20 members on common global strategies to support the equitable access to control tools (vaccines, therapeutics and diagnostics - VTD) to face future potential public health emergencies, and end the current pandemic.

It is time to recognize that when low and middle-income countries miss out on fair access to vaccines, tests and treatments, the virus can spread like wildfire, and new variants can emerge. This threatens everyone in the world.

An Open Dialogue on common global strategies is the expected outcome to promote, by working in partnerships, equitable, affordable, acceptable, and universal access to control tools, as well as continuing support for health promotion and disease prevention in the context of work to achieve UHC.

The COVID-19 health crisis calls for urgent actions to reinforce the whole global health architecture to ensure the “well-being of people and the planet”, as well as Health Care systems at national levels, through a process of **transformative resilience**, which also builds in equity from the start. Furthermore, this process should also include a re-thinking and reinforcement of the concept of global health security based on principles of **solidarity and sustainability** through rights-based, people-centred and gender-inclusive approaches.² COVID-19 highlighted the value of emergency protection and coordinated efforts at multiple levels put at the service of communities. It is clear we need to improve “resilience” and achieve truly “sustainable” health systems.

¹ Partnerships including cooperation between intergovernmental bodies, international organizations, public and private sector, and civil society.

² As mentioned in the Rome Declaration adopted during the Global Health Summit, 21 May 2021



People, in all their diversity, vulnerable groups, marginalised communities, have to be at the centre of global health strategies to help countries achieve, and sustain, **Universal Health Coverage (UHC)(SDG 3.8) for all, through inclusive and equitable access**. The global equitable access to control tools must be accomplished quickly and their effective use guaranteed starting from increased local, regional and global production capacity.

Then, to ensure vaccination acceptance, rebuilding trust in public institutions and experts, as well as implementing the most effective strategies to address vaccine refusal and reluctance, we need also to strengthen the research activities in the field of “vaccine hesitancy”. Monitoring the trend of the phenomenon and analysing its determinants it is a strategic action to guide public health policies through evidence-based strategies at multiple levels of intervention.

UNIVERSAL HEALTH COVERAGE

In September 2015, Heads of State and Government, meeting at the UN General Assembly adopted the Sustainable Development Goals (SDGs)³. In doing so, they pledged to leave no one behind. They expressed their determination to mobilise the means required to implement the UN 2030 Agenda for Sustainable Development through a revitalized Global Partnership for Sustainable Development, based on a spirit of strengthened **global solidarity**, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders, and all people. However, this ambition is far from being realised.

Achievement of the SDGs will only be possible when a strong foundation of universal health coverage is in place (SDG 3.8 - achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all). Health systems also need to be reinforced in line with the target of achieving UHC.

Even before the COVID-19 pandemic progress towards achieving the SDGs was off-track, and with some estimates that progress in some areas could be set back by decades, and going in reverse in some areas, making the achievement of SDGs ever more urgent. Further, a growing

³ [UN Resolution 70/1](#)



body of evidence shows that COVID-19 has widened health inequalities as well as access gaps, both to health services and to COVID-19 control tools such as vaccines, therapeutics and diagnostics.

The COVID-19 pandemic has highlighted health system weakness in all countries, at the same time it has shown us that **cooperation, international collaboration and partnerships** offer important benefits for all of humankind, ensuring **“NO ONE IS LEFT BEHIND”!**

It is crucial to look at the effects of the pandemic on the most vulnerable countries and communities. The effects of the current pandemic have been disproportionately exacerbated on these segments of the population. Poverty is rising, inequality is growing, and the pandemic has upended the essential services that secure the health, education and protection of children and young people. The longer the pandemic lasts, the more intense the impact on women, children, and those living in poverty. During the last year, health services have been put under historic pressure, schools have closed, and poverty has risen considerably. As inequality continues to grow, **the future of a generation of children is at risk.**

As we are working to recover from this pandemic, we cannot afford to further erode decades long progress in preventing other infectious diseases and their health and economic impacts through vaccination. For example, adolescent vaccination, including HPV, has dropped significantly across the globe and too many boys and girls have missed opportunities for vaccination due to lockdowns and other pandemic measures. We must redouble our efforts to catch up these missed vaccinations and to rapidly expand efforts to protect even more of our communities from HPV-related cancers and diseases in order to achieve the 2030 WHO Cervical Cancer Elimination Goal of 90% HPV vaccination coverage rates.

Persons with disabilities are disproportionately impacted by COVID 19, both directly because of infection, and indirectly because of restrictions to reduce the spread of the virus. Persons with disabilities are a diverse group, and the risks, barriers and impacts faced by them will vary in different contexts according to, among other factors, their age, gender identity, type of disability, ethnicity, sexual orientation, and migration status. The vulnerabilities refugees and migrants face, such as lack of access to essential health and other basic services, are exacerbated by the



pandemic. Violent conflict displaced 660,000 people between April and May 2020 alone, adding further burdens to fragile states already hosting half of the world's refugees. The COVID-19 pandemic has challenged the overall response capacities of health systems and further highlighting existing inequities in access and utilization.

Another major health challenge is healthy ageing, also considering dementia, and the importance of improving care pathways, creating dementia-friendly environments, strengthening research and development, and sharing best practices, with a special attention to the burden women as caregivers. There is a need to shift the paradigm to focus on forward thinking, planning and investment into health infrastructure (diagnostic, digital, therapeutic standards, and human capital) towards better and more prevention.

It will be essential to ensure continued support from both the public and private sector for new and existing innovative, sustainable financing mechanisms to support health systems strengthening and to enable all countries to achieve the health-related SDGs, towards “partnerships” – in line with SDG 17. Countries should also consider placing a greater emphasis on value-based health care policies.

Governments and partners should continue to work together to put communities at the heart of health systems. This includes paying particular attention to the need to anticipate, mitigate and respond to the differential impact of the pandemic among women and girls and ensure women's leadership and contribution are central to an equitable recovery.

Universal, inclusive, quality primary health care is key to the prevention and response to health crises. Some health systems which have focused more on primary health care (PHC) have demonstrated resilience, being more able to quickly adapt and maintain essential services by rebalancing clinical loads across levels of care, detecting cases early, managing simpler cases close to the community and employing triage to protect hospital capacity. Adequate investment in primary health care will contribute to universal health coverage. To focus on the most vulnerable, the so-called ‘zero-dose’ children who do not receive any vaccinations, those who are likely not to receive any other services and those suffering deprivations, leads us to the most underserved communities where large numbers of these children live – communities in remote



rural areas, in urban slums and those experiencing conflict and instability. These underserved communities should be at the heart of any primary health care efforts. Furthermore, all countries should consider the need for comprehensive innovative health planning, and investment in new financial and infrastructural capacity to achieve people-centred, health systems, that are able to respond equitably and sustainably to people's needs.

In particular, consideration should be given to accelerating investment in digital technologies with the potential to transform the way health care is provided. The health workforce also needs to be expanded and equipped with the skills needed to deliver health care in transformed health systems.

GLOBAL PUBLIC GOODS

Any health emergency will not be over until everyone is safe, and for this, we need a rapid targeted response, starting with the **most vulnerable**. A joint effort is needed to define common global strategies to support the development and the equal distribution of vaccines, therapeutics and diagnostics, with **new models of possible cooperation between global health agencies, public authorities and other actors (industry, NGOs, agencies)**, to improve the discovery and production of effective and safe vaccines, new active molecules, and innovative diagnostic tools. Additionally, we should also focus on increasing international, regional, and local production of diagnostic tools, therapeutics, and vaccines. The COVAX Vaccine Manufacturing Task Force and the COVID-19 Technology Access Pool (C-TAP) has become an urgent requirement to enhance availability and access to tools.

Ensuring equitable access to the necessary health products to tackle pandemics requires a range of tailored and sustainably funded solutions. Interventions which accelerate access to health products through collaboration with key players in global health and transform how people engage with their care (e.g., rapid self-testing and test-and-treat), resulting in lives saved and better health for all especially in LMICs, should be prioritized. Successful responses built on lessons from previous outbreaks also constitute important take-aways in the context of the current and future pandemics.



In addition to vaccine production, scaling up the development, supply and access of therapeutics and of diagnostic tests is essential to save lives. As the COVID-19 pandemic is showing, treatments which prevent patients' health from deteriorating and from requiring hospital care are indispensable to prevent the collapse of entire health systems and to avoid deaths.

Beyond the pandemic itself, COVID-19 has also exposed the impact of years of sustained neglect in testing for all diseases. Diagnostics has been shown to be the weakest link in the care cascade for tuberculosis, neglected tropical diseases, diabetes, and hypertension, to name a few. Testing capacity is available in just 1% of primary care clinics in LMICs. For 50% of the top 20 diseases worldwide, there is still no appropriate test available that could reduce mortality rates significantly. Progress towards the UN Sustainable Development Goals is receding in the face of the pandemic, global health security remains a major risk, and the achievement of universal health coverage (UHC) by 2030 is in jeopardy.

Support from the international community, including through international cooperation, is required to boost and accelerate product development and market entry.

Only a robust support at the highest level to research and development (R&D) and innovation would be able to accelerate and achieve the paradigm change that is needed to urgently ensure access to all tools to fight this and future global pandemics.

Ensuring global access can only be attained through sturdy investments in research and innovation of necessary health products and technologies, and if a diverse manufacturing capacity and technology transfer of know-how, expertise and data, are achieved across different geographies.

Manufacturing capacity of vaccines, therapeutics and testing must urgently be built in low- and middle-income regions. Voluntary licensing, technology transfer and know-how are key to boost production capacity for life-saving health tools.

Innovation from and partnership with industry is fundamental to a rapid and effective pandemic response and to continue to invest for the long term in diversified innovations aimed at improving the safety and efficacy of Vx, Tx and Dx.



There is a need to invest in research and development as global goods responding to global needs. Investing in thermostable control tools (vaccines, diagnostics and treatments) will make in particular fragile countries - where the cold chain cannot be maintained - more resilient to fight health threats, with a benefit for the whole of humanity. The availability of these tools in community health centres will reduce difficulties in accessing health services for women and their children, thus contributing to achieving gender equality.

However, if business as usual is applied, most countries would not be able to access lower- cost production of life-saving diagnostics, medicines and vaccines. As the world is experiencing with the current pandemic, these life-saving products and tools face shortages, if depending exclusively on the limited production by few companies in some countries.

The leading role of communities, political leaders, and international organizations is to ensure that solidarity and equitable access is the genuine cornerstone of our commitment for a better, safer, healthier, and fairer world.

QUESTIONS TO OPEN THE DIALOGUE

- 1. Learning from the COVID-19 pandemic, what would be the best solutions to promote and support, by working in partnerships, equitable, affordable, acceptable, and universal access to control tools (VTD)?**
- 2. Based on the experience of the impacts of the pandemic on the most vulnerable countries and communities, it is fundamental to continue to support and promote the Universal Health Coverage (UHC) (SDG 3.8) for all. Therefore, which are the key strategies and recommendations to propose?**