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T7 Task Force Global health

POLICY BRIEF

RENEWING THE GLOBAL HEALTH ARCHITECTURE & FINANCING FOR THE 21ST CENTURY

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Abstract

Some 75 years after the World Health Organization (WHO) was created to serve as the directing and coordinating authority in international health, the global health institutional architecture has become increasingly fragmented, confused, and inefficient. Many of the organisations, agencies and platforms have overlapping or closely aligned mandates, and operate in direct competition with each other for funding. COVID-19 has revealed many of the weaknesses of this system, but it also creates an opportunity to initiate once-in-a-generation reforms to consolidate and harmonise arrangements. Central to any reform efforts, however, must be a resolute, unwavering commitment to multilateralism, that is matched with practical, sensible measures to ensure a better prepared world for future health emergencies caused by pandemics, climate change, and biodiversity loss. The G7 as a group of democracies with strong historical ties to multilateralism must be at the forefront of such reforms and build inclusive alliances to uphold its values base.

Challenge

Multilateral cooperation to collective security challenges is the only practical way to ensure that each country's national security, economic development, and trade interests, are secured and protected. Unilateralist policies that have resulted in, amongst other things, pervasive vaccine inequity, have only served to prolong the pandemic, contribute to excessive human morbidity and mortality, impede global economic recovery, erode trust in multilateral systems, and disrupt social functioning across communities and even entire countries. Global inequality has worsened as a result, reversing progress in poverty alleviation and fomenting disenfranchisement. We are also now seeing how Russia's actions in Ukraine are undermining global cooperation in finding consensus on financial solutions to the pandemic's economic impact and the Ukraine war.

While the world has understandably focused on dealing with the acute impacts arising from the pandemic, COVID-19 is not the only pressing health issue requiring mitigation. Microbially resistant pathogens have continued to spread even as we have witnessed the reappearance of diseases like polio in parts of the world where it was previously eliminated.¹ Noncommunicable diseases (NCDs) have continued unabated; and due to the disruption to health services caused by COVID-19, misdiagnosed and underdiagnosed illnesses will cause significant burdens on health systems for many additional years to come even as G7 countries confront increasing demand for services due to changing demographics and ageing populations.

Notably, however, these are simply the immediate challenges. While various climate-related health impacts such as heatwaves, floods, bushfires, and the like, are already being experienced, we also know that other consequences arising from the climate emergency are on the medium and longer-term horizon. Warming temperatures will increase the geographical spread of vector-borne diseases and contribute to the emergence of new pathogens. Rising sea levels, which are already damaging arable farming lands, will further exacerbate food and nutritional insecurity. Likewise, the loss of biodiversity, desertification, and salination of viable water sources will contribute to mass population movements.² Our citizens and the health systems that service them are currently underprepared for these challenges, and much greater effort will be needed to mitigate the worst effects of the challenges that we already know we must anticipate and plan for.

In sum, while the COVID-19 pandemic is not yet over, the health challenges that countries worldwide confront – including the G7 – are profound. Whereas economically G7 Members are more resilient than most, none of these health challenges can be fully mitigated by national action alone. Multilateral cooperation is essential to improving the health and wellbeing not only of G7 Members, but ensuring a safer, healthier and greener world for all peoples. In this context, and as the world's leading economies, the measures the G7 institute not only shape how other countries respond, but they have a direct and immediate impact on determining whether the world's health governance structures and financing arrangements are responsive, resilient, equitable, and fit-for-purpose. This also means that G7 countries must establish trust: they must fulfill commitments made and be leaders in implementing "back home" the measures they call for at the global level.

Proposals

1. Deliver on existing G7 Health Commitments

In June 2021 G7 Leaders committed to providing 1 billion doses of COVID-19 vaccines to assist low and middle-income countries vaccinate their populations. 870 million of these doses were to be shared via COVAX, while the remainder would be distributed via bilateral arrangements. Notably, G7 Leaders also pledged to deliver half of these doses by the end of 2021. According to the COVID-19 Joint Taskforce established by the International Monetary Fund, the World Bank, the World Trade Organization and the WHO though, by 17 January 2022 only 30% of the promised vaccines had been delivered to recipient countries.³ By contrast, a spokesperson for the People’s Republic of China stated on 3 March 2022 that his country had already provided more than 2.1 billion doses of Chinese COVID-19 vaccines to over 120 countries and organisations.⁴

We recommend that G7 Members move decisively to fulfil their existing pledges, particularly on COVID-19 vaccines, to end to the pandemic by December 2022. Aside from alleviating preventable human suffering and death as well as putting the global economy on a firm footing for recovery, fulfilling these existing commitments will (re)build trust in multilateralism, which serves all G7 Members’ interests. This includes increasing G7 financial and in-kind support to the ACT-Accelerator and its COVAX facility to meet the current US\$16 billion funding gap⁵ by June 2022, as well as fulfilling existing pledges in adopting an end-to-end approach that boosts supply of COVID-19 diagnostics, therapeutics, personal protective equipment, and raw materials. We commend the progress that has been made in working towards a partial TRIPS waiver; but the progress made to date remains too little far too late, and a much more equitable set of intellectual property and trade-related arrangements now need to be developed and fully implemented prior to the next global health crisis. This will require leadership and coordinated effort across multiple multilateral fora; it cannot afford to wait. We further recommend that G7 Members fulfil their commitment to invest in cutting edge research and innovation, particularly in the fields of vaccines, diagnostics, and treatments, by progressing and expanding the G7 Research Compact.

2. Rebuilding an Independent and Authoritative World Health Organization

Despite periodic missteps, the WHO remains – and must remain – the central pillar of the global health architecture. Comprised of 194 Member States, WHO enjoys near-universal membership and legitimacy; but it is regularly undermined by governments that assign the WHO new responsibilities even as those same governments challenge its effectiveness and authority, and its funding is held hostage to domestic political agendas. All Member States recognise the current situation is untenable, that funding has not kept pace with expectations, and that the WHO’s authority needs to be strengthened for the organisation to fulfil its mandate. Yet, consensus has so far proven elusive on how to address WHO’s financing,⁶ and Member States remain divided about the most appropriate mechanism to strengthen the organisation’s authority to manage pandemics even as a pandemic remains underway.⁷

In this regard, COVID-19 revealed several shortcomings in the WHO's existing authority, prompting calls to further revise the International Health Regulations (2005) and initiating negotiations on a pandemic treaty. As we look ahead, we can see the challenges associated with a changing climate will also require a stronger, authoritative, and independent health organisation. Member states have progressively recognised the WHO needs to assume a much greater role in mitigating the health consequences of climate change – not only dealing with the impacts arising from a changing environment that are already being felt, but to be empowered to anticipate, plan for, and respond to the climate-induced health outcomes of the future. In this context, the COP26 Health Programme supported by the UK government in its COP26 Presidency, the WHO, the non-governmental organization 'Health Care Without Harm' and the UNFCCC Climate Champions, served as a good start.

Within this same context, the WHO needs to be authorised to adopt a much more explicit planetary health focus, ensuring the organisation is enabled to engage comprehensively in addressing the complex interdependencies that exist between environmental, animal, and human health. Therefore, WHO should aim to better assist governments and humanity prepare for the threats ahead and ensure health for all and for future generations. Efforts are already underway to strengthen a One Health approach within the organisations and with partners FAO, OIE and UNEP. Likewise, the efforts underway for the development and adoption of a new pandemic treaty offers some potential to further strengthen the WHO's planetary health authority to better deal with acute health crises associated with novel pathogens. But let us be clear: these incremental measures will not, in themselves, solve the challenges we confront in strengthening health systems to better respond to both future health crises and climate change⁸. They must be acted upon, supported politically, and sustainably financed by WHO Member States to enable the organisation to become the global health leader humanity needs.

To that end, the most direct means of addressing WHO's financing is for Member States to raise assessed contribution (AC) levels. We recommend the G7 plays a critical leadership role by actioning an increase of their ACs to 50% of WHO financing by 2028,⁹ and agreeing a target of 75% by 2034. Given the overall budgetary contribution that G7 members make to the WHO, their actions in collectively or independently raising their own ACs will both contribute to the WHO's sustainable financing as well as prompt other like-minded countries to follow. We recommend that member states should avoid embarking on the same chicken and egg debate that has stopped all such efforts in the past: playing out reforms against financing. All governments assert the health of their citizens is politically and economically important. Ensuring the WHO has access to sustainable financing is one small overall contribution to achieving this domestic objective and helps keep the world safe. WHO's needs are only a tiny fraction of the overall monies requested in 2022 for emergency measures, replenishment, and other pledging processes. We maintain it is untenable that a normative organisation like the WHO should be forced into a replenishment model of financing, which is antithetical to creating a strong and independent organisation. The G7 should contribute to efforts to redesign existing WHO governance processes such the conduct of the Executive Board and World Health Assembly procedures; and examine whether additional powers are necessary for the WHO Director-General.

Pursuant to the above, we concur with the recommendations put forward by another T7 taskforce that G7 Members immediately establish an intergovernmental G7 Planetary Health Taskforce¹⁰. From our viewpoint the purpose of the taskforce would be to provide strategic advice into what steps G7 Members can proactively take to strengthen environmental, animal, and human disease surveillance domestically and internationally, while also providing expert input into the One Health High-Level Expert Panel,¹¹ and the intergovernmental negotiating body for the proposed pandemic treaty. The taskforce will be entrusted with enhancing the science-policy interface between G7 members both domestically and collectively, developing a common vision and action package to inform new measures to strengthen planetary health disease surveillance and response capacities together with other partners, as well as prepare for the adverse impacts of biodiversity loss and a changing climate.

Recognizing the existing and future health impacts from climate change, we also recommend G7 Members advocate for the integration and accreditation of the WHO in existing mitigation, adaptation, and financing arrangements such as the Green Climate Fund (GCF) as well as increased participation in related intergovernmental meetings. The lack of health representation was previously acknowledged by the GCF as adversely impacting their funded project portfolio,¹² despite the fact population health remains one of the key areas officially recognised as being significantly impacted by a changing environment. Authorising WHO to engage more robustly with the GCF to advise on appropriate population health and health system resilience measures will assist in addressing international gaps. At the same time G7 Members can play an important leadership role by publicly adopting ‘health in all policies’ approaches within their own domestic arrangements,¹³ as well as promoting and elevating climate-related WHO recommendations in upcoming intergovernmental climate negotiations.

3. Enhancing Global Health Coordination

Whereas the diversification and increased specialisation of global health institutions is often assumed to lead to economies of scale and increased performance,¹⁴ specialisation also leads to siloed approaches that fail to recognise interconnected dependencies. The associated proliferation of new global health entities has culminated in agencies with overlapping mandates and functions that has also been accompanied by an equally differentiated allocation of spending across institutions vying for funding, relevance, and prominence. COVID-19 must give us pause to take stock and critically evaluate whether the current arrangements are appropriate and fit-for-purpose for improving health outcomes. Form must be (re)shaped to follow essential and better coordinated function.

To that end, we recommend the G7 establishes a Working Group to consider the merits of an independent Inter-Agency Global Health Standing Committee (IGHSC). The objective of the Working Group would be to evaluate and propose whether an IGHSC can be used to improve coordination between global health agencies’ funding needs, donors, mandates, responsibilities, and priorities.

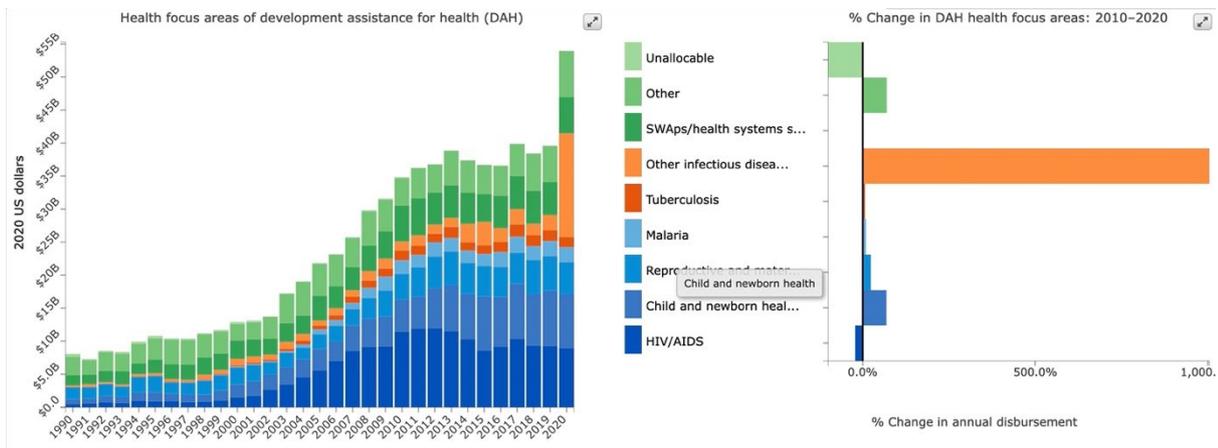
It is conceivable, for example, that an IGHSC could be delegated responsibility for working with all global health platforms and actors (i.e. the Global Fund, CEPI, WHO, Gavi, Unicef, etc) to develop annual budgetary requirements and then match those needs with government funding agencies and donors. This type of

measure would enable these organisations to focus on delivery of programs and services – what they were created to do – as opposed to convening pledging conferences and hiring marketing consultants for fundraising activities. Concurrently, for G7 members it would provide a high-level mechanism to coordinate funding requests, assist with streamlining activities, and avoid duplication of effort. An IGHSC would provide a platform to work with G7 and G20 members and donors to ensure funding requirements are matched with the mandates of the respective organisations, as well as need, including during health emergencies and other related humanitarian disasters. Over time, the IGHSC could produce recommendations on streamlining and harmonising institutional and financial arrangements to ensure better coordination, increased efficiency, and improved health outcomes.

4. Restructuring Global Health Financing

Despite consistent growth in official development assistance for health (DAH) over the past 30 years (see Figure 1 over),¹⁵ historical spending patterns – both domestic investment and foreign aid – left the international community woefully unprepared for COVID-19.¹⁶ The weaknesses in the global, regional, and national health systems revealed by the pandemic need to be addressed; and new financing strategies and incentive mechanisms are needed to strengthen preparedness and response capacities to mitigate future health emergencies generated by novel, resurgent and resistant pathogens. In 2021, G7 leaders committed to a “step change” in approach to financing quality and sustainable infrastructure at Glasgow,¹⁷ but the reality has not yet matched the rhetoric. At the start of 2022 the global economic outlook is far from positive,¹⁸ a situation now further compounded by the Russian invasion of the Ukraine. We also know, however, that the cost of further delay and inaction is exponentially higher.¹⁹ As such, an ambitious and far-reaching infrastructure package is urgently needed.

For example, most estimates for strengthening global preparedness extend from between USD\$1 to \$2,²⁰ and \$5 per person per annum; whereas others have indicated the more realistic figure is \$75 billion over the next five years with sustained, ongoing investment on existing levels in ensuing years to address four major gaps and ensure the world is better prepared for future pandemics.²¹ Notably, however, these estimates are broadly predicated on known infectious diseases; they fail to adequately plan for impacts arising from phenomena such as antimicrobial resistance (AMR), which requires multisectoral strategies and investments to mitigate, let alone adequately prepare for the impacts arising from climate change, the loss of biodiversity, and other related environmental disasters with impacts on health.

Figure 1: Development Assistance in Health (IHME 2022)

In addition to creating the IGHSC Working Group discussed above to examine existing global health financing needs and encourage harmonisation, we recommend G7 Members work in collaboration with membership of the G20 on the creation of a well-resourced, self-sustaining pandemic preparedness and response investment fund that will address core capacity gaps and provide a framework for rapid containment and response. While there are a range of propositions for where this fund would be based (i.e. the World Bank, WHO), our strong recommendation is that any new fund does not contribute to further fragmentation or duplication, but rather seeks to consolidate multilateral health cooperation. A recent proposal suggests the joint governance of such a fund by the World Bank and the WHO.²² To that end, we suggest further consultation is immediately pursued to identify the most appropriate arrangements that will ensure such a fit-for-purpose preparedness financing initiative. Further, given the identified replenishment problems with the WHO Health Emergency Contingency Fund,²³ any new round of discussions must also include consideration of sustainable financing arrangements through new taxation measures on global activities (i.e. cryptocurrency transactions) to directly fund global public health goods. With respect to immediate next steps, we specifically recommend the G7 leads by example in committing to meet at least US\$6 billion of the estimated \$10.5 billion in additional annual financing needs to create a more efficient global pandemic preparedness and response system,²⁴ effectively meeting half of the immediate identified funding need. A key G7 role is essential as the present political climate makes G20 agreements very difficult.

Implementations

In the short-term (within 12 months), the G7:

- Fulfill pre-existing pledges on dispersing COVID-19 vaccines, therapeutics, diagnostics, and technology transfers via the ACT-Accelerator and COVAX facility to end the pandemic by December 2022.

- Commit to increasing assessed contributions to the 50% of World Health Organization’s operational budget by 2028, rising to 75% by 2034.
- Build consensus on the creation of the US\$75 billion Pandemic Preparedness and Response financing facility.
- Commit to providing US\$6 billion of the estimated \$10.5 billion additional annual financing to strengthen global pandemic preparedness and response immediately, including the WHO contingency fund.
- Establish a Working Group to explore the creation of an Inter-Agency Global Health Standing Committee to work towards the harmonisation and improved efficiency of the existing global health architecture and financing requirements.
- Commission a series of working groups to strengthen the WHO’s authority and independence including, i) developing a consensus on the content and scope of a pandemic treaty and any additional powers the Director-General may need to respond to pandemics, and ii) reforms to streamline Executive Board and World Health Assembly procedures so as to input the discussions in the WHO governing bodies.
- Advocate the WHO is fully integrated into intergovernmental arrangements to give effect to the COP26 health programme, including strengthening the work of WHO in mitigating the effects of climate change.
- Establish a G7 Planetary Health Intergovernmental Taskforce to enhance the science-policy interface for G7 members domestically and collectively, to provide expert input and advice to members on actions to be taken to better prepare for biodiversity loss and future health crises. The Taskforce will also interact with the One Health High-Level Expert Panel and the International Negotiating Body for the pandemic treaty.

In the medium-term (1-3 years), the G7:

- Implement a ‘health in all policies’ approach in domestic policy making, including increasing universal health coverage and mental health services.
- Progress and expand the G7 Research Compact to facilitate increased cooperation in research and development.
- Strengthen and support an integrated global health architecture for pandemic preparedness and response
- Successfully conclude intergovernmental negotiations on a pandemic treaty.
- Develop action plans, accompanied by sustainable financing, to strengthen G7 health systems to ensure greater resilience against acute health crises and climate impacts. Sustainable financing and

development assistance also need to be allocated for assisting low-income countries meet these same challenges.

Disclaimer:

All authors are responsible for the content and recommendations contained within this policy brief. The policy brief has been written as part of a consultation process for the T7 Taskforce for Global Health, led by Taskforce’s Co-Chairs Ilona Kickbusch, Anna-Katharina Hornidge and Githinji Gitahi, but it does not represent the official position of the Taskforce or the authors’ employers.

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