C7 contribution to the 2nd G7 Health Working Group meeting

3-4 May 2024

The international civil society gathered in the C7 believes it is necessary to recall the important time in which we are celebrating the Italian G7 Presidency. As a constituency we have chosen to work synergistically on the process-G7/G20, counting on the participation of over 700 civil society organisations from more than 70 countries involved in seven Working Groups: Climate, Energy Transformation and Environmental Justice, Economic Justice and Transformation, Global Health, Principled Humanitarian Assistance, Peace, Common Security and Nuclear Disarmament, Human Mobility and Migration and Food Justice and Food Systems Transformation to tackle the different drivers and root causes of poverty, inequalities and injustice. As we are still facing a number of critical, structural and systemic challenges with large groups of population such as women, children and youth and the most marginalised carrying the heaviest burden of these crises, we cannot fail to remember how these processes have been marked since their beginnings by recommendations that asked the global leadership to introduce a paradigm shift in development, with democratic processes to address the root causes of the current polycrisis.

As civil society representatives at global level, we call on the G7 governments, as proposed by the Italian Presidency, to contribute to strengthening the Mediterranean and African regions cooperation, policymaking, and democratic participation by involving civil society.

As C7, we feel the historical responsibility to invite the governments to foster and direct systemic, transformative and generative change in international policies and multilateral system, so the G7 can play a useful role in building consensus on accelerating the action needed to advance the agenda for sustainable development and prevent the multi-layered crisis from reaching catastrophic levels. It is therefore essential to promote peace action at a global level, with the framework of Human Rights and the protection of the environment, which clearly set the universal commitment for justice, global health and equal treatment for all.

Short analyses of the current challenges

Currently, 4.5 billion people lack coverage for essential health services[1]. An 18-million-person shortage in the global healthcare workforce continues to impede progress in achieving UHC, disproportionately affecting LMICs, including access to medical technologies for prevention, diagnosis and treatment. Health policies and practices are inequitable and lack inclusivity and systematic attention to the most vulnerable, underserved and marginalised populations, who are often prevented from accessing health care due to systemic discrimination and criminalization.

By 2030, the direct health costs of climate change will surpass US$2-4 billion a year globally[2]. Climate change poses serious challenges to global health including increasing malnutrition. Migration, internal displacements, humanitarian emergencies and subsequent interruptions of access to health care continue to escalate and cause higher risks of communicable and non-communicable diseases (NCDs) with poor access to timely, gender-specific and gender-transformative, culturally sensitive health services. The international community remains ill-equipped to sufficiently address the interconnectedness of human, animal and environmental health posing a threat to equity, human safety and gender-specific prevention and response to global health emergencies.

[1] WHO, World Bank, 2023 Universal Health Coverage (UHC) Global Monitoring Report

[2] https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

Meanwhile, the space for meaningful civil society engagement[3] is shrinking with a negative impact on global, regional and country-level health governance. This is compounded by the lack of robust transparency and accountability mechanisms for national, regional and international commitments. The lack of sustainable and predictable financing for global health emergencies of today and tomorrow, coupled with the absence of sustained financing for the WHO, multilateral partners, as well as civil society and affected communities, contribute to the degradation of health.

Political commitment continues to wane and implementation remains unsteady to the point that health is repeatedly referred to as an "unfinished agenda" and the finalisation of a meaningful Pandemic Accord is jeopardised. The G7 must step-up leadership to guarantee resources and strengthen efforts to make health equity and UHC a global reality prioritising human rights, sustainability, and transparency. The G7 is called on to fulfil the commitment to spend at least 0.7% of GDP[4] on Official Development Assistance (ODA) with at least 0.1% on ODA for health[5].

The recommendations below underscore the protection and advancement of health equity and global solidarity by rebalancing geopolitical inequities and decolonizing health to guarantee the right of everyone to the highest attainable standard of physical and mental health[6]. The G7 must firmly re-commit to put people and communities at the centre of global health strategies and responses as agents of innovation and change, so as to *Leave No One Behind.* This includes, but is not limited to women and girls in all their diversity, LGBTQ2IA+, vulnerable groups (children, youth, persons with disabilities, people living with HIV, older persons, Indigenous Peoples, refugees, internally displaced persons, migrants, and people in complex humanitarian settings), and key populations (people who use/inject drugs, men who have sex with men, transgender people, sex workers and people in prisons and other closed settings).

C7 policy asks and recommendations

We urge the G7 to take action in the following areas:

Health Equity

- Remove all forms of discrimination and criminalization from health policy frameworks at all levels and enable multi-sectoral policies and practices to accelerate accessible healthcare for all.
- Adopt a universal rights-based, accessible, intergenerational, gender-affirming framework in healthcare delivery in alignment with international human rights instruments.
- Collect disaggregated, intersectional data as evidence to inform decision-making, and the transparent tracking of progress made to achieve UHC.
- Prioritise financial investments for resilient health and community systems.
- Enable R&D and manufacturing of medical technologies including vaccines, treatments, and diagnostics in LMICs.
- Enable access to essential medicines and treatments by removing Intellectual Property barriers and including conditionality clauses to public funding for medical research.

[3] https://governance-principles.org/
[4] https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm
[5] https://iris.who.int/handle/10665/42435
[6] https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health#:~:text=The%20right%20to%20health%20and,of%20physical%20and%20mental%20health.

Global Health Architecture (GHA)

- Enable the accelerated implementation of mechanisms for meaningful participation of civil society and local communities at all levels and phases of global health governance.
- Prevent the further fragmentation of the GHA. Fully enable and connect existing mechanisms, especially those that effectively involve civil society and affected communities, such as The Global Fund to Fight AIDS, TB and Malaria (The Global Fund), UNAIDS and Unitaid. Recognize their crucial role in strengthening health systems through innovative and equitable approaches.
- Accelerate holistic approaches to reduce disparities by building on intersecting factors, such as climate change, housing, ageing, access to clean water and sanitation, antimicrobial resistance (AMR) and emerging infections.
- Support the Quadripartite organisations[7] and champion intergovernmental coordination to strengthen One Health stewardship.
- Implement clear, transparent and independent monitoring and accountability measures, including of PPR financing, the Pandemic Accord and the International Health Regulations.
- Strengthen WHO's leadership and coordination in global health through sustainable, predictable and unearmarked financing, and strive for a more inclusive WHO by revising and strengthening the Framework of Engagement with Non State Actors and guard against commercial conflicts of interest.
- End AIDS, Tuberculosis, and Malaria, as well as polio and Neglected Tropical Diseases (NTDs) and other major epidemics. Make ambitious commitments to fully fund the upcoming replenishments of The Global Fund, Global Financing Facility (GFF) and Gavi.
- Commit to allocating 5% of GDP to health and 1% to primary health care as recommended in the UHC2030 Action Agenda to strengthen financial protection to ensure everyone can access the health services they need without financial hardship[8].

Universal Health Coverage

- Ensure the right to person-centred health care across the life course, with fully functional and well-equipped health facilities guaranteeing available, accessible, and affordable services and medicines. Prevent and reduce life-threatening and life-limiting conditions and improve end-of-life care, particularly in LMICs.
- Prioritise health promotion and preventative public health measures (including WASH, good nutrition, vaccinations, mass drug administration (MDA), HIV pre-exposure prophylaxis, screening programs and early diagnosis and treatment) to avoid and reduce the impact of NCDs, mental health, dementia, NTDs and other infectious diseases, and to promote healthy ageing.
- Support the adoption and the implementation of the World Health Assembly Resolution on social participation.
- Ensure gender-sensitive, gender transformative health systems prioritising investments in sexual, reproductive, maternal, new-born, child and adolescent health.
- Recognize sexual and reproductive health and rights (SRHR) as essential services in any health policy, including in all humanitarian, conflict and environmental crisis settings and as a critical component of

[7] Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO), and the World Organisation for Animal Health (WOAH)
[8] https://www.uhc2030.org/what-we-do/voices/action-agenda-from-the-uhc-movement/

UHC[9]. Take concrete steps to ensure access to quality SRHR interventions by analysing SRHR needs among all people, throughout the life course, by mapping available resources and systems constraints.

- Enhance and support gender medicine as crucial to overcome the gender bias surrounding health research and education, as well as the provision of services and therapies, which often incite worse health outcomes for women in all their diversity and gender-diverse people.

Climate and Health

- Integrate public health considerations in cross-sectoral actions in critical climate frameworks like Nationally Determined Contributions.
- Enable One Health leadership and stewardship along the *entire* scope of Pandemic PPR.
- Address the root causes of disease (re)emergence and spill over at the human-animal-environment interface as the most cost effective way to achieve health equity.
- Strengthen food sovereignty and scale-up quality nutrition care for the most vulnerable and underserved, especially children under-five, adolescent girls and women in climate-affected communities.
- Commit to just transitions and anticipatory actions to strengthen sustainable communities' resilience. Strengthen emergency-responsive social protection systems that support migrants, internally displaced people and rural communities and respond to immediate and long-term climate impacts that affect access to food, nutrition, clean water, health security, and the spread of infection and vector borne diseases, e.g. malaria.
- Transform food systems to deliver affordable, healthy diets while protecting the planet, including transition to sustainable food supply chains and adoption of climate resistant and bio fortified indigenous crops.
- Rapidly scale up climate finance, going well beyond the US$ 100 billion due by 2020, with negotiation and delivery of an ambitious New Collective Quantified Goal. This should also include finance to address health and other social losses and damages, and for resilient, low-carbon and sustainable health systems as reiterated in the COP28 Climate and Health Declaration.

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[9] https://cdn.who.int/media/docs/default-source/reproductive-health/uhl-technical-brief-srhr.pdf?sfvrsn=ceca4027_1&download=true