



Health Working Group
Issue Note



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RESILIENT HEALTH SYSTEMS

1. Introduction

Brazil would like to seize the opportunity of its presidency of the G20 Health Working Group to enhance the Group's role as a promoter of solutions to multilateral issues, including the achievement of the Sustainable Development Goals. In order for it to happen, we need to collectively make progress in achieving universal health coverage, and strengthen our national health systems, making them more resilient and inclusive, with a focus on primary health care, and leaving no one behind. Building Resilient Health Systems worldwide is the overarching goal Brazil's G20 HWG Presidency will pursue. This implies enhancing international cooperation in the health sector.

We intend to build on the discussions and commitments from the previous G20 presidencies and to foster common position among G20 countries for broader multilateral current discussions. All of these efforts should avoid duplication of work and keep and enhance the role of the WHO at the center of global Health governance.

Consequently, the priorities of Brazil's G20 presidency for the Health Working Group have been defined based on three central narrative axes that underpin them all: (1) the achievement of the Sustainable Development Goals, with a pronounced focus on Goal 3; (2) the strengthening of national health systems for more inclusivity, people-centeredness, resilience, effectiveness, and quality, with an emphasis on primary health care, and with a view to reaching Universal Health Coverage; and (3) the pursuit of health equity.

The priorities for G20 Health Working Group, in order to help achieve the goals established above, were announced by Minister Nisia Trindade during the Gandhinagar Ministerial in 2023 and these are:

1. Pandemic Prevention, Preparedness, and Response, with a focus on local and regional production of medicines, vaccines, and strategic health supplies;
2. Equity in health;
3. Digital Health, for the expansion of telehealth, integration, and analysis of data from national health systems;
4. Climate Change and Health.

2. Priorities

Let us explore the context and meaning of these four priorities.

2.1 Pandemic Prevention, Preparedness, and Response, with a focus on local and regional production of medicines, vaccines, and strategic health supplies

Pandemic Prevention, Preparedness, and Response to health emergencies is a recurring priority of the G20 presidencies for Health Working Group since its inception in 2017. It has gained momentum due to the COVID-19 pandemic and its global impact, highlighting the need for countries to develop capabilities to prevent, prepare for, and respond to health emergencies and pandemics, thereby increasing the resilience of their health systems and advancing the reduction of inequalities, including equitable distribution and access to affordable, safe, effective, and quality vaccines, therapeutics, diagnostics, and other health technologies.

Building on the work of previous G20 presidencies, the Brazilian G20 presidency aims to contribute to the discussion of PPR from the perspective of how local and regional production of medicines, vaccines, and other strategic health products can be crucial during a future health emergency or pandemic. How can G20 countries contribute

to driving structural changes in the development and production of vaccines, therapeutics, diagnostics, and other health products, especially in developing countries?

The disruption of the supply chain as well as the inequality in the distribution and access to COVID-19 vaccines during the pandemic, demonstrated the need for solidarity, intensified international cooperation, and the creation and reinforcement of local and regional production capacities, particularly in developing countries, including through voluntary technology and know-how transfer agreements, with a view to access.

Research and development and national and regional production of strategically important health products, diversified geographically, have the potential to improve access and protect populations in developing countries from external factors, especially during health emergencies and other crises. Furthermore, by harnessing government funding power, the health sector can be a driver for development.

In addition to the potential spillover of scientific and technological knowledge production in health, including human resource development, into other areas, given large financing by public resources, it is possible to guide R&D towards the common good, where the economy also serves life.

2.2 Digital Health, for the expansion of telehealth, integration, and analysis of data from national health systems;

Promises and pitfalls of digital health are under the scrutiny of global health stakeholders over the past decade, with the coronavirus pandemic playing a role in shifting even more attention towards digital solutions.

Successful integration of digital technologies in health and/or the digitisation of healthcare presents remarkable opportunities to leverage the achievement of universal health coverage, with key elements of care scalability and accessibility.



Artificial Intelligence, telehealth, and other emerging technologies and innovations have a unique potential that should fit the purpose of making processes more efficient, based on country-specific challenges and capacities, and aiming for patient-centrality and the quality of health services.

A sustainable digital transformation must ensure the building of capacity of health actors within countries, especially LMICs, and needs to stimulate the culture of digital interventions that will serve to tackle health inequities, whether through novel, planned or existing implementation initiatives supported by local research and innovation.

Additionally, to drive progress forward in this domain, the digital infrastructure of national health systems has to be strengthened also in perspective to the analysis of databases, aiming to enhance collection, monitoring, and evaluation, to fulfill data's true potential for improving service quality and reach.

The interoperability of digital health can support the design of a wide-range of health public policies, especially primary health care, going beyond and improving track-and-trace practices, connecting and spearheading the use of electronic records, pharmacy and laboratory information, communication and clinical decision support systems.

On Brazil's views, the complex nature of digital health systems must not discourage governments and stakeholders to move the needle towards the democratization of digital health, harnessing the power of scalable solutions taking into consideration real-world sources and a collaborative perspective to facilitate the infrastructural development to the feasible use of digital tools, even in low-resource settings, and with the main goal to ensure quality health services to those in most need.

2.3 Equity in health

Apart from the various inequalities among people and regions within a single country that contribute to health outcomes, there are disparities between countries and regions, including between the Global North and Global South, as long as access to both



health goods and services is concerned. This is particularly true when it comes to the production and funding of knowledge, research, and innovation. This ultimately hinders the access of vulnerable populations, especially in developing countries, to the health goods and services derived from these advancements.

According to the WHO Global Observatory on Health R&D, the high-income group of countries has approximately 59 times more full-time equivalent health researchers per million inhabitants than the low-income group of countries. Furthermore, in terms of grant recipients categorized by income group, low-income countries received only 0.2% of all grants.

Regarding COVID-19 vaccines for example, as of March 2023, less than 30% of the population in low-income countries (LICs) has received at least one dose of a COVID-19 vaccine, while 69.7% of the global population has received a single COVID-19 vaccine dose.

However, it's not only developing countries that suffer from inequality in accessing health innovations. Developed countries also face difficulties in accessing high-cost medications, such as advanced therapy medicinal products (ATMPs) and cell and gene therapies (CGTs). Even though the scientific evidence of their efficacy and effectiveness is immature, these products offer hope for those suffering from rare diseases, for example.

In this regard, Brazil believes that the G20 can play an important role in developing innovative solutions to enhance access to both health innovations and essential technologies for our populations, so that no one is left behind. Cooperation and collaboration among the countries in the Group can generate benefits for global health, the achievement of Sustainable Development Goals, and Universal Health Coverage.

2.4 Climate Change and Health.

Climate change is a global problem but does not affect everyone equally. The poorest people and those in most vulnerable situations are the most affected by climate change. They are the ones who are most likely to be displaced from their homes, lose their livelihoods, and suffer from the health impacts of climate change. The solutions to climate change can not create new inequalities, and the poorest and most vulnerable people can not be left behind.

Extreme temperatures, flooding or lack of water, the expansion in vector/water/air-borne diseases, and other environment-related threats are some of the immediate ways that populations experience climate impacts.

These stressors - primary and secondary - have relevant cascading effects on public health, to the individuals [especially communities facing vulnerable situations]* and the healthcare systems, both an integrative part of a broader socio-ecological setup.

But national health systems cannot simply allow themselves for a shutdown or interruptions, even in the worst-case scenarios and contexts related to climate change. According to a recent report from the Kmatrix's Adaptation and Resilience to Climate Change dataset that monitors global spending to support adaptation in healthcare sectors, in the fiscal year 2020-2021, USD 21.78 billion was spent in transactions that could support health and health-care adaptation (5.6% of total adaptation-related spending), and USD 111.2 billion (28.5%) was spent in transactions with the potential to deliver adaptation in health-relevant sectors. In a reversal of trends from previous years, the share of spending in these two sectors with respect to total adaptation-related spending decreased slightly (by less than 0.1%).

Aside from the direct effects and the urgent responses that national health systems need to endure in exposure to disasters - which are more frequent and more intense -, there is a growing concern on how these systems, when less prepared, can lead to disproportionate poor health outcomes. Climate change, health and equity are inextricably linked and there are several ways to approach it.



By enhancing adaptation capacity and consequently reducing vulnerability in countries to health challenges that are likely to worsen with the impact of climate change, the chain of cause-and-effect can be tackled or at least not perpetuate imbalances on social determinants of health.

Large disparities on public health infrastructure, access to adequate nutrition, reliable sanitation and safe water are underrepresented in instruments such as the Paris Agreement, and reflect important elements for the margin of action to prevent and prepare for climate change impacts.

Access to necessary technological apparatus is indispensable to address the current constraints to the climate and health adaptation nexus. Capacity building, mentoring and integration across sectors are key to achieving health systems strengthening, climate-smart interventions, and to avoiding siloed initiatives.

In this regard, the promotion of health and well-being among populations isn't solely the responsibility of the health sector; it also encompasses other sectors, including adaptation and mitigation measures to face abrupt large-scale shifts caused by climate change, as well as to close the gaps that undermine effective global preparedness.

Historically, LMICs have been shouldering a disproportionately higher burden on climate and environment disruptions that affect health outcomes. Resurgent epidemics, level of exposure, adaptation capacity, and presence and magnitude of hazards are components of risk without the corresponding representation inputs, as most current climate-sensitive tools are modeled and created for and by Global North institutions.

Healthy ecosystems are needed everywhere, but political commitments and scholarly efforts are necessary to move forward iteratively evidence-based support to decision-making that triggers more specific, micro-scale innovation and technologies, tailored to social contexts, identifying key vulnerabilities and assessing available resources in responding to the drivers of health inequities and risks posed by the marked impact of climate change episodes.

Ensuring appropriate equity on access to knowledge and technology has the capacity to allow countries to be prepared, to respond, and to recover from dire social-ecological situations, and to take stock of adaptation delivery and interventions that could effectively manage health vulnerability to changes in the magnitude and pattern that are being imposed by global crisis.

3. *Expected Results*

Instead of putting forward proposals for each one of the priorities outlined above, effectively siloing them off, Brazil would rather bring to the table proposals that relate to two or more of those priorities at the same time.

A) The first proposal would be to establish an **Alliance for Regional Production and Innovation**. It would be a network that would connect main stakeholders in developing vaccines, treatment and strategic health inputs to a number of diseases which are strongly socially determined. Its main purpose would be to try and bridge market gaps.

The list of diseases would encompass:

- arboviroses, with a focus on dengue;
- malaria;
- tuberculosis;
- Chagas disease;
- leprosy;

It would also deal with mRNA platform, viral vector, and high capacity final processing plants.



It is meant to gather representatives of a) governments, b) international organizations, c) international financing institutions, d) research and development centers, as well as e) private sector companies and f) state-owned companies.

Its main activities would be to foster partnerships a) to promote research and development and b) to promote advanced market arrangements, so as to make new products economically viable.

In order to allow the Alliance to start working, Brazil volunteers to serve as its Executive Secretary.

We understand this proposal would have a positive impact on the four priorities listed above, since it would a) expand regional production, contributing to a better preparedness for the next pandemic, b) have a strong component of equity promotion, c) allow for the incorporation of digital health innovations and d) constitute a significant adaptation initiative in tackling the climate change impact on Health, since the area of prevalence of some of those diseases has changed due to climate change.

B) On digital health Brazil would like to propose a more systematic approach towards the Global Initiative on Digital Health (GIDH) established by the WHO during India's G20 Presidency, with the proposition of **goals for the implementation of the GIDH** and to facilitate coordination in line with other existing frameworks.

C) The mission of the Global Initiative on Digital Health (GIDH, or "Guide") is to foster better coordination in the digital health sector, providing governments and partners tools, building blocks, and platforms needed for sustainable health system digitalization. There lies an opportunity to expand and refine the Guide, specifically:

1. Expand and continue Guide's current activities: identifying lighthouse countries for focused digital transformation efforts, developing digital health policy and strategy repositories, creating Lusophone and Spanish language guidance to support digital transformation, and nurturing regional Communities of Practice for quality-assured technical support.



2. Frame Guide's digital development goals and policy targets: help to drive consensus among policymakers with clear common, technology-agnostic goals of digital health transformation strengthening the value-proposition of investments in digital public infrastructure, enterprise architecture, training and governance. There is an opportunity to ensure that we close the technical and resource gaps to enable all member-states to benefit from planned and government-enabled Digital Transformation.

Additionally, two high-level seminars on Digital Health will be hosted by the Government of Brazil to discuss trends in, and the available evidence for, digital practices and interventions in health, with a focus on Artificial Intelligence (seminar 1) and Telehealth (seminar 2), during the first and second in-person HWG meetings

D) Finally, on the climate change and health nexus, Brazil would like to highlight two key aspects of it.

A high-level seminar will be held to address the issue of equity. The main existing known adverse effects on health will be examined under the equity lens and will offer views and action-oriented conclusions related to:

1. Infectious diseases: links between climate change and the emergence and spread of emerging and re-emerging infectious diseases in urban peripheries.
2. Heat waves: health impacts of heat waves, which are becoming more frequent and severe due to climate change, and affect more homeless, elderly, and others.
3. Impacts of climate change on access to clean water, as well as strategies for adapting to water scarcity and improving water management.
4. Impacts of climate change on mental health, such as the psychological stress, depression, and suicide caused by extreme weather events and the loss of homes and livelihoods due to climate-related disasters.



Brazil would additionally like to draw the members' attention to the need for a stronger implementation of OneHealth commitments. The One Health approach lies at the nexus of people, animals, plants, and their shared environment as a multisectoral and multidisciplinary approach that strives for optimal health outcomes for all. It recognizes that the well-being of each is intrinsically interconnected.

India and Indonesia, during their respective G20 presidencies, elevated the position of One Health, underscoring its importance in uniting global health and sustainability efforts. Building upon the strategic dialogues during previous G20 presidencies on One Health, Brazil decided to maintain the momentum during its G20 presidency in 2024.

The Quadripartite (FAO, UNEP, WHO, WOA) collaboration on One Health, has been the cornerstone of One Health advocacy and strategic planning at global level. The collective leadership and technical competencies combined with the launch of the [One Health Joint Plan of Action](#) in 2022, has provided support to the previous G20 presidencies on how to better reflect One Health in the developmental agenda and ensure there is a paradigm shift and systemic change in the way we prevent, prepare, and respond to future health risks at the human-animal-environment interface.

Aim and objective:

The primary objectives of the One Health events during Brazil's G20 presidency are as follows:

Highlight Robust Governance and Coordination Imperative: The event seeks to underscore the vital role of robust One Health governance and multisectoral coordination mechanisms as the foundation for One Health actions at all levels. It will spotlight how effective coordination and governance are essential in addressing global challenges, such as food security and climate change.

Enhance Understanding and Knowledge Sharing: The event aims to facilitate an in-depth understanding of the best practices, evidence, data, and innovative approaches related to One Health implementation. Participants will have the opportunity to share their experiences and insights in addressing the complex health and development challenges at the human-animal-environment interface.



Format:

A **High Level Seminar on One Health** is proposed to be convened jointly by the Government of Brazil and the Quadripartite, a 1-day event preceding the G20 ministerial meeting. This gathering aims to bring together a diverse range of stakeholders, including national policymakers, international and regional intergovernmental organizations, One Health experts, academics, private sector representatives, civil society organizations, and community leaders. The primary objective is to facilitate the exchange of best practices, groundbreaking evidence, data, and innovative approaches related to One Health implementation. Furthermore, it seeks to foster discussions on how to create an enabling environment for One Health at the global, regional, and national levels.

It is proposed that this Summit is structured around three key pathways for driving change in One Health implementation, in line with the OH JPA:

1. Strengthening Governance, Policy, Legislation, Financing, and Advocacy.
2. Enhancing Organizational and Institutional Development, Implementation, and Sectoral Integration.
3. Strengthening Data, Evidence, Information Systems, and Knowledge Exchange.



4. Calendar

MEETINGS WITHIN THE SCOPE OF THE G20 HEALTH WORKING GROUP AND TENTATIVE LOCATIONS AND DATES

G20 HWG MEETINGS	OBJECTIVE	DATE/LOCATION
1st Meeting of the G20 HWG	Presentation of the Brazilian presidency's priorities for the HWG and discussion of working documents	Virtual. 22 February 2024
2nd Meeting of the G20 HWG	Discussion of HWG deliverables; 1st Session of the Digital Health Seminar	Brasília, DF. 8 to 10 April 2024
Virtual Meeting of the G20 HWG	Discussion of the revised version of the working documents	Virtual. May 2024.
3rd Meeting of the G20 HWG	Discussion of HWG deliverables; 2nd Session of the Digital Health Seminar.	Salvador, Bahia. 3 to 5 June 2024.
Virtual Meeting of the G20 HWG	Presentation of the initial draft of the G20 Health Ministers' Declaration	Virtual. July 2024.
Virtual Meeting of the G20 HWG	Negotiation of the text of the G20 Health Ministers' Declaration	Virtual. August 2024.
Virtual Meeting of the G20 HWG	Negotiation of the text of the G20 Health Ministers' Declaration	Virtual. September 2024.
4th Meeting of the G20 HWG. G20 Health Ministers' Meeting. Health and Finance Ministers' Meeting (JFHTF)	Negotiation of the G20 Health Ministers' Declaration. Ministerial Meeting of the HWG. High-Level Seminar on One Health.	Rio de Janeiro. 29 and 30 October (technical); 31 October 2024 (Ministerial).