

## **GHTC G20 Recommendations**

As we enter the third year of the COVID-19 pandemic, we're reminded that while decades of research and development (R&D) advancement in a range of health areas and new partnership models enabled the development of COVID-19 tools at record speed, the promise of equitable access has yet to be realized. Instead of global solidarity, there has been slow and fragmented action, tepid leadership, geopolitical infighting, and woeful community inclusion. Ending the COVID-19 pandemic will require both science *and* equity, and 2022 must be the year we end the acute phase of the pandemic and leverage investments to break out of disease siloes to concurrently tackle COVID-19 as well as enduring health threats.

This pandemic has also cast the importance of a strong, unified, and fully financed global health architecture into sharp relief. And while the pandemic has continued to dominate headlines, progress toward the Sustainable Development Goals and other health priorities has stalled, underscoring the need to reaffirm the importance of investments in the ongoing epidemics including for tuberculosis, malaria, HIV, neglected tropical diseases, and other neglected infectious diseases. These investments include catalyzing product development for new drugs, vaccines, diagnostics, vector control products, and other health tools, as well as strengthening research and manufacturing capacities and ensuring more direct investment in existing innovation ecosystems, especially in low- and middle-income countries (LMICs).

The time is now to reimagine the global health architecture required to adequately address current and future crises. We urge G20 leaders to act immediately and provide the sustained, high-level political leadership and the financial and technical resources required to protect vulnerable populations around the world and secure the health of all people.

### **Priority Action Recommendations**

To end the acute phase of the COVID-19 pandemic, address ongoing health challenges and reinvest in progress toward the Sustainable Development Goals, and strengthen a more equitable global health architecture, G20 members should:

**Build sustainable financing structures, mobilize new resources for the current and future pandemics, and catalyze new investments in R&D to fight poverty-related neglected diseases (PRNDs). This includes:**

- 1. Fully and urgently fund the Access to COVID-19 Tools Accelerator (ACT-A) across all pillars, including closing the R&D funding gap.** ACT-A, the global mechanism set up to collaborate and help ensure that all countries have equitable access to COVID-19 tests, treatments, vaccines, and other lifesaving tools, remains critically underfunded. In 2022, ACT-A needs US\$23.4 billion to implement its part of the global COVID-19 response, of which US\$840 million is needed to close upstream R&D gaps for vaccines, diagnostics, and therapeutics. This funding will be used to:

- Support research and clinical trials to accelerate vaccine development, fund vaccine prequalification and regulatory authorities to facilitate market entry and ensure quality and safety, and finance the vaccine manufacturing hub.
- Rapidly scale up community-based and self-testing capacities by supporting R&D for affordable point-of-care molecular tests, ramping up local production and access to rapid antigen diagnostic tests, and strengthening external evaluation of tests against known and emerging variants.
- Expand test and treatment options by supporting efforts to broaden and accelerate the diagnostics and therapeutics pipeline and ongoing global platform trials, including developing products more viable for use in low-resource settings.

**2. Secure new sources of sustainable funding to support R&D for pandemic prevention preparedness and response.** Pandemic R&D should be funded as a strategic, multisector endeavor and should not rely on domestic health or development assistance budgets alone. Governments, multilateral institutions, and the private sector must all scale up investments in the development of medical countermeasure technologies and across the pandemic R&D life cycle. Leaders should:

- Fully fund the Coalition for Epidemic Preparedness Innovations' (CEPI) US\$3.5 billion replenishment to ramp up R&D to significantly reduce the threat of future outbreaks with pandemic potential and ensure equitable access to lifesaving vaccines. This will provide critical support to ambitious initiatives set out by CEPI in its [six-point pandemic preparedness plan](#) to build a future world that is better prepared for emerging infectious disease outbreaks.
- Invest in FIND's diagnostic development and product evaluation efforts and other R&D partners, accelerating development and global access to medical countermeasures. This includes supporting countries by strengthening laboratories and public health systems, especially increased genomic sequencing capacity and digital health tools.
- Create a new pandemic preparedness fund. The aim of the fund is to mobilize at least US\$10 billion in additional annual financing to close critical gaps in global, regional, and national preparedness for pandemic threats. Financing priorities should be informed by country as well as regional preparedness and response assessments and include investments in bolstering pandemic R&D-related capacities such as surveillance, laboratory capacity, clinical trials, manufacturing, regulatory strengthening, pharmacovigilance, and supply chain management. The Global Health Security Agenda (GHS) is a ready-made platform for countries to identify and articulate their capacity gaps and financing

requirements, and its R&D Task Force is actively working to develop tools to assess country R&D gaps that should align with the new mechanism.

- Increase assessed contributions to the World Health Organization (WHO) to at least 50% of the base budget by 2029 and increase flexibility of voluntary contributions. This will allow WHO to effectively carry out its mandate, including providing more core support to the Science Division and programs that facilitate the access and uptake of products, especially in LMICs.

**3. Increasing investment in R&D for PRNDs.** Global progress continues to be threatened as resources to address ongoing PRNDs have been reallocated to the COVID-19 response. It is vital to advance funding for R&D to address diseases like tuberculosis, malaria, HIV, and neglected tropical diseases as well as platform technologies to ensure a robust pipeline of new tools, including vaccines, diagnostics, therapeutics, vector control products, and other health technologies.

- Product development partnerships have been a key instrument in the fight against PRNDs, and countries must make further investments in this essential component of the global health architecture. This is particularly critical to ensure that products are developed with an equity lens and with the end user in mind, and include characteristics, including affordability, acceptability, and ease of administration that facilitate their uptake and delivery.
- A robust pipeline of tools is also critical to fight antimicrobial resistance (AMR), as new interventions help address rising resistance to the very tools meant to address PRNDs.
- Pandemic preparedness capacity investments could and should be leveraged to support PRND R&D. As new investments in pandemic preparedness capacities are made, they should be designed to also support a broader range of health areas during times of peace.

**4. Reprioritizing AMR as part of G20 global health strategies, investing in new tools and technologies to fight the rising threat of the silent pandemic, and developing and operationalizing national action plans.** G20 countries must provide ongoing support to the Global AMR R&D Hub in its work providing countries and investors with the latest AMR R&D landscape that helps address gaps in the market. The Hub should also pave the way for efficient deployment of tailor-made incentives for R&D and facilitate global discussion on priorities and opportunities for increasing investments in R&D. G20 members must also invest in quality-assured, new, and improved antimicrobials, novel compounds, diagnostics, vaccines, and other health technologies to fight resistance of bacterial, viral, parasitic, and fungal microorganisms. There are few new antibiotics in clinical development and waning private investment, and we must take urgent action to support the fragile antibiotic pipeline.

**Coordinate and align R&D stakeholders and ensure that the R&D needs of vulnerable populations are considered in research decision-making processes through:**

**5. Integrating R&D into pandemic prevention, preparedness and response mechanisms, and governance structures.** While COVID-19 has pushed pandemic R&D into the spotlight, a global framework or process to assess country or global R&D readiness for pandemic threats is not included in the tools we currently have to govern and coordinate global health security. R&D is not yet included in the International Health Regulations (IHR), the Joint External Evaluations (JEE), or the GHSA framework and needs to be factored into any new pandemic framework developed by WHO.

- The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) is reviewing the IHR, and countries should push for targeted amendments, which could include adding specific guidance language on R&D coordination, genetic sequence sharing, and using WHO as a convener for global research experts to share knowledge via the R&D Blueprint. R&D indicators should also be formally incorporated into the IHR and the JEE.
- As WHO member states advance deliberations around the creation of a new pandemic framework, norms and standards need to be established on access and benefits of data sharing related to emerging pathogens, coordination of rapid product development, strengthening regulatory systems, expanding manufacturing capacity, and improving purchasing and procurement to ensure timely global access to medical countermeasures.
- G20 countries should recommit to the GHSA beyond its 2024 framework, as it is the only existing multisector platform assessing global health preparedness. In particular, its new R&D Task Force should be leveraged to support countries, as well as regional assessments of R&D gaps and needs.
- As world leaders debate the establishment and adoption of new pandemic governance mechanisms, such as the proposed Global Health Threats Council or Pandemic Treaty, or reforms to existing frameworks like the IHR, it is imperative that any new global norms being established help to facilitate equitable access to medical countermeasures and strengthen the R&D capacity of countries through safeguards and conditions that enshrine access and benefits into their frameworks.

**6. Ensuring that the specific R&D needs of women, children, and other vulnerable populations are addressed.** The COVID-19 pandemic has exacerbated gender-related structural inequalities and barriers in women's health care access—a phenomenon similarly observed in past economic and health crises. The same can

be said of pediatrics and other vulnerable or neglected populations. Yet long-term, intersectoral, and structural reforms are given low priority.

- The G7 created a Gender Equality Advisory Council last year, and such mechanisms should be strengthened and expanded, including with financial capacities, to execute their mandate to advance gender-specific issues.
- Specific target product profiles for health technologies that address the needs of vulnerable populations, and investments in therapeutic formulations for children or pregnant people should also be prioritized, and institutions such as WHO can play a major role in guiding product developers and providing technical support to countries to facilitate equitable distribution and uptake of new tools.

**Scale up local manufacturing capacity for the development of drugs, vaccines, diagnostics, and other health technologies, especially in LMICs, by:**

**7. Ensuring that manufacturing capacity being built for pandemic preparedness is also optimized to support PRNDs.** G20 countries should call on manufacturers, suppliers, and other pharmaceutical and international stakeholders and organizations to engage proactively with partners globally to jointly define targets to accelerate and ramp up regional vaccine, therapeutics, and diagnostic production.

- G20 partners must invest in strengthening local production and capacity. The regional mRNA hubs being supported by WHO and other stakeholders should be further capacitated, and these hubs should also serve to support other critical disease areas, such as tuberculosis, malaria, HIV, and neglected tropical diseases.
- G20 partners must also invest in supporting national and regional regulatory bodies, ensuring that quality-assured and safe products are able to reach those who need them most, especially in LMICs.
- Manufacturing investments must be coupled with commitments by private-sector companies and governments to step up support for technology transfer and workforce development so that new manufacturing capacities have the equipment, expertise, know-how, and power to produce and deliver new innovations safely and rapidly at scale.