Keeping the SDGs in Sight Amidst COVID-19:
Key Takeaways and Recommendations for Parliamentarians and Other Policymakers
Key Takeaways and Recommendations

Keeping the SDGs in Sight Amidst COVID-19: Key takeaways and recommendations for parliamentarians and other policymakers is a UNITE Global Parliamentarians Network to End Infectious Diseases edition.

Author: Victoria Grandsoult
Production and Layout: Mad Brain, Lda

December 2020
ABOUT UNITE

UNITE is an independent, non-profit, global network of current and former parliamentarians. UNITE is committed to ensuring that no life is limited by infectious disease through unified political advocacy. Our global, non-partisan network of parliamentarians is divided into 10 Regional Chapters, each chaired by a parliamentarian leading activity in that geography. The UNITE Global Board provides governance for the organisation and consists of UNITE Founding President, the UNITE Secretariat, and Regional Chapter Chairs.

UNITE’s strategy and work are underpinned by five key pillars:

• **PROMOTE** absolute political accountability

• **RAISING** political awareness around the human cost of infectious diseases

• **INVOLVING** members in active political advocacy to influence global health policy

• **MOBILISING** global political will to end infectious diseases

• **ENSURING** strong political leadership to change laws and adequate budget allocation to end IDs
The fight to end infectious diseases as a global health threat is far from over. Communicable diseases continue to be one of the leading causes of death worldwide with a vast human and societal cost. Against the backdrop of the COVID-19 pandemic, this cost is now more apparent than ever. The introduction of this new coronavirus has created dramatic health, social and economic impacts in the lives of all citizens and countries around the world. Emphasising most of all, the importance of trustworthy leadership and governance during a time of global health emergencies.

As parliamentarians, we represent the people. At UNITE, a peer-led and global network of current and former parliamentarians, we believe we can affect concrete change by uniting representatives of Parliaments, Congresses and Senates from around the world, to rise above party politics and come together in one voice and ensure that no life is limited by an infectious disease.

The first ‘UNITE Global Summit: Virtual’, joined parliamentarians with global health experts and civil society leaders to not only gain lessons learned from the response to COVID-19, but commit to not losing sight of the Sustainable Development Goals and other communicable diseases in the midst and aftermath of the pandemic. The meeting enacted momentum needed for policymakers from around the globe to adopt life-changing policies to end the threat inflicted directly and indirectly by these diseases and conditions.
This handbook provides an overview on the Global Summit programme and topics, while offering key recommendations for policymakers. Like the event itself, this handbook aims to inform on the current state of infectious diseases, from a policy perspective, and offer clear steps to address their elimination as public health threats, as expressed from experts on the frontlines. I hope this handbook not only provides policymakers with the tools needed to affect change in their home countries, but conveys the urgent global solidarity and investment required to transform the global health order and better serve our communities.

As Founder and President of UNITE, I am honoured and humbled for the opportunity to have hosted the ‘Global Summit: Virtual’; which only was made possible through the support of our sponsors, partners, and members, including the UNITE Global Board and its Executive Secretariat. A special thank you to the RBM Partnership to End Malaria for supporting the development of this handbook.

During this time of global crisis, there remain opportunities to inspire through our actions and leadership. Let us be the politicians the people deserve and be the change we wish to see in the world. It’s time to UNITE.

RICARDO BAPTISTA LEITE MD, MP

FOUNDER & PRESIDENT, UNITE GLOBAL PARLIAMENTARIANS NETWORK, MEMBER OF PARLIAMENT, VICE PRESIDENT OF SOCIAL DEMOCRATIC PARTY (PSD) PARLIAMENTARY BOARD, PORTUGAL, HEAD OF PUBLIC HEALTH, CATÓLICA UNIVERSITY OF PORTUGAL, VICE-PRESIDENT, PARLIAMENTARY NETWORK ON THE WORLD BANK AND INTERNATIONAL MONETARY FUND, GLOBAL AMBASSADOR, G20 HEALTH & DEVELOPMENT PARTNERSHIP
Introduction

UNITE GLOBAL SUMMIT VIRTUAL 2020

Amidst the global COVID-19 crisis, the critical role of parliamentarians has never been clearer. The UNITE Global Summit: Virtual brought together UNITE’s network of current and former parliamentarians, alongside global health experts, to engage and educate on epidemic preparedness – providing a roadmap of policy actions to build back better after the pandemic.
The COVID-19 pandemic has had dramatic health, social and economic impacts on communities across the world. This global crisis has revealed a new way of life - exposing weaknesses in existing world orders, while providing opportunities to re-envision the status quo and build back a better, post-pandemic society.

We are living a moment in history where we have most of the necessary tools and technology needed to achieve ambitious international goals, along with the knowledge on where to continuously invest. We additionally have access to the intel provided by civil society and community-based organisations, mapping out the concrete needs of people living with communicable diseases across the globe. Yet, the introduction of COVID-19 has upended decades of progress in global and public health, highlighting the urgency to not only engage and educate policymakers on epidemic preparedness, but strengthen partnerships and health systems to better respond to future health emergencies.

Recognising the critical role of effective political actions and the need to leverage local and global political efforts, the UNITE Global Summit: Virtual 2020 brought together UNITE’s global network of current and former parliamentarians, alongside health experts, political and community leaders. This flagship event aimed to commit, inspire, and engage policymakers towards the achievement of
the United Nations Sustainable Development Goals (SDGs) over the next decade, while building a road-
map of clear policy actions to eliminate the threat po-
sed by communicable diseases. This alignment of a
common vision culminated in the signing of UNITE’s
2020 Summit Statement, calling on governments and
parliaments to not lose sight of the SDGs in the midst
and aftermath of the pandemic.

Members of parliaments and governments across
the world were called to show their willingness to
join together, beyond ideology, in one voice to end the
threat posed by communicable diseases. No, more
than ever, parliamentarians must demonstrate politi-
cal leadership, through legislative action, that effects
tangible and positive change in the lives of citizens.

Within this globalised frame of political action, embed-
ded in science-based evidence, a continuous
process of learning, collaboration, and solidarity is
vital to transforming global health and our approach
to eliminating infectious diseases. The UNITE Glo-
bal Summit: Virtual provided a platform to empower
policymakers to not only lead initiatives within their
own countries but reach across aisles and nations to
find common ground.

Therefore, key themes and topics addressed at
the UNITE Global Summit: Virtual included:

• When we look back at this unprecedented moment
  in history, what lessons can be learned from the CO-
  VID-19 response? How can we respond better today,
tomorrow, and in the years to come?

• The crisis has shown the deep interconnectedness of
  people, health, and the environment, and the urgent
  need for global cooperation to achieve a more sus-
tainable future. How can decision makers leverage
  this moment in time to not lose sight of the SDGs in
  the midst and aftermath of the pandemic?
• As the pandemic threatens to derail public health gains, how can parliamentarians ensure focus and resources are not diverted away from other communicable diseases, such as HIV, malaria, and tuberculosis?

• How can parliamentarians leverage opportunities to develop innovative solutions to aid the pandemic response? How can innovation be integrated into policies to build back better global health systems?

• Amidst an impactful global health diplomacy crisis, how can we address the gaps and shortfalls within existing international monitoring and response mechanisms? Why the world needs a Global Public Health Convention.

To emerge from this crisis stronger, we must reset clear global commitments to ensure that no life is limited by an infectious disease. We must turn to the SDGs as a lighthouse to guide us through.

The role of parliamentarians and the need for political leadership has never been clearer. COVID-19 has opened windows of opportunities to transform the global health order, reaffirming the role of parliamentarians as the interface between civil society, academia, media, private sector, national government, and international organisations. To ensure no one is left behind, health must be a political choice and within in all policies. Without the basic protection of health, there is no economic growth or stability, nor social development or justice. No one is safe, until everyone is safe.
Parliamentarians are the custodians of human rights, with the power to make a difference in the everyday lives of citizens.
Opening Session

How are we going to change the world?

Speakers:

**RICARDO BAPTISTA LEITE**, Member of Parliament, Portugal; Founder & President, UNITE Global Parliamentarians Network to End Infectious Diseases

**WINNIE BYANYIMA**, Executive Director, UNAIDS

**MARTIN CHUNGONG**, Secretary-General, Inter-Parliamentary Union (IPU)

**SUMMARY**

Throughout history, nothing has cost more human lives than infectious diseases. Malaria, tuberculosis, HIV, hepatitis, and now, COVID-19, are responsible for millions of deaths per year – highlighting how vulnerable we remain, and much further we must go, to prevent current and future health emergencies.

At the opening of the UNITE Global Summit: Virtual, UNITE Founding President, Ricardo Baptista Leite, began the debate by introducing a call to action: How are we going to change the world?

More than a rhetorical question, this statement represents the starting point for a mission that is embraced for all members of the UNITE Parliamentarians Network – the belief that parliamentarians can make a difference in the everyday lives of citizens. Their critical position as the interface between governments, decision makers, and civil society, coupled with their power to allocate funds, change laws and policies, provides the underpinning to produce tangible change in the world.

---

Political leaders must join together to best serve the interests of communities and nations, upholding the right to health and healthcare.

Health is an essential human right, that must be attained universally. At a time when COVID-19 has exacerbated global inequalities, marginalised populations remain unprotected and disproportionately affected by the impact of the pandemic. Combined with poor healthcare infrastructure and regressive financing models that remain in many regions of the world, the social exclusion of these vulnerable groups to sanitation, healthcare and housing facilitates exacerbates negative health outcomes and threatens personal dignity.

In 2017, the World Bank and World Health Organisation (WHO) estimated 100 million people were forced into poverty each year due to out-of-pocket healthcare schemes.¹ In Africa, for example, there are at least 40 countries charging user fees for healthcare; a barrier of access to essential health services that results in 10,000 deaths each day.²

The compounding impact of the COVID-19 pandemic is predicted to push an additional 88 million people into extreme poverty – increasing global extreme poverty levels for the first time in 20 years.³ This underscores the urgent responsibility of governments and policymakers to not only implement universal access to healthcare, but strengthen health systems to ensure they can effectively respond and adapt to disease outbreaks – mitigating their negative social, health, and economic impacts.

The coronavirus pandemic has highlighted the clear link between population health and the health of economies, while exemplifying how an invisible virus can change the course of action around the world. It is disrupting the world in such a way that existing, global inequalities are only widening as a result. Therefore, we must not lose sight of the other infectious diseases that continue to have devastating consequences for millions of people worldwide. An undeniable reality that must be countered at all costs through political leadership and socially responsible policies.


Recommendations for parliamentarians and policymakers:

• **Participate and strengthen multilateralism in defence of a peoples’ vaccine.** Global initiatives and mechanisms are essential in developing and ensuring universal access to vaccines and treatments. Supporting and investing in access frameworks, which promote knowledge and technology sharing and ensures democratic, equal, and free distribution of a lifesaving vaccine.

• **Legislate to protect the most vulnerable.** Parliamentarians are the custodians for human rights, and it is through political leadership and response that shapes trade-offs between individual freedom and collective protection. It is decisions on resources and locations that determine which sectors and groups are prioritised. And the negotiations at national and international levels will be guiding the distribution of vaccines.

• **Safeguard health budgets and healthcare.** Assure funding and investment are increased, not reduced, to mitigate the health and economic impact of the COVID-19 pandemic.

• **Support developing countries by safeguarding their capacity to strengthen healthcare systems within their own countries.** This can be achieved through innovative initiatives, such as global corporate tax reform, that implement debt forgiveness for low-income countries and facilitate a reallocation of funds towards healthcare and other essential services. Debt prevents developing countries from recovering economically in normal times and is hindering their ability to fight this pandemic and save lives.

Epidemics: What are we Learning from the Global Response to COVID-19?

SESSION CO-ORGANISED BY
CEPI & Wellcome Trust
**Epidemics:**

What are we Learning from the Global Response to COVID-19?

**SUMMARY**

In November 2019, a cluster of pneumonia cases of unknown etiology were reported by Chinese authorities in Wuhan city. The newly discovered disease, designated COVID-19, had spread alarmingly to other countries, causing not only a major public health crisis, but disrupting global economic and social stability.\(^1\) The exponential number of cases led the World Health Organisation (WHO) to declare a pandemic in March 2020. By then, the disea-

se had erupted within Europe and quickly spread around the world.

Nearly a year later, what do we know about this disease that has taken over the globe? What have we learned about the behaviour of this virus and how it can be stopped? What lessons can the world draw from this pandemic that has caught everyone off guard, even the most developed countries in the world?

It is clear the world underestimated the impact of a global pandemic. Despite moderate lethality, this novel pathogen has a high dissemination and contamination capacity. Moreover, this pandemic has caused tremendous collateral damage and a complete disruption of daily life. Although the 21st century has already seen some smaller pandemics – such as Influenza A (H1N1), SARS, or MERS – most of the world was not prepared to respond to the next. The Annual Global Preparedness Monitoring Board, the body that identifies the most urgent actions that accelerate preparedness for health emergencies, concluded in their September 2020 report that the world needs to establish systems that better detect and control disease outbreaks. The report also highlights that preparedness is not something that should be considered on an individual, or a country-by-country basis, but something that should refer to a greater public good.

We additionally know the impact of this pandemic is not equally experienced in all countries. As with other infectious diseases, the impact on the most developed and economically powerful nations tends to be lower; particularly concerning lethality rate, as their health systems are better equipped to respond. In these regions, most COVID-19 cases are asymptomatic or mildly severe; but despite this, there remain many people with cardiovascular or respiratory diseases, cancer, and obesity who are at risk of suffering severe illness from the virus. On the other hand, developing countries are fighting to maintain the
ability to respond to COVID-19, while mitigating the disruption of treatment for other infectious diseases like malaria, HIV, hepatitis, or tuberculosis. The impact of the pandemic also goes beyond healthcare access, as anticipated economic losses resulting from the crises will exacerbate existing social inequalities globally. An estimated 55 per cent of the global population has no access to social protection, meaning these losses will reverberate across societies, impacting education, human rights and, in the most severe cases, basic food security and nutrition.²

Nevertheless, the pandemic has been leveraged as an opportunity for the international community to re-join efforts towards fighting communicable diseases under a united response and responsibility: outbreak preparedness, research and innovation, and health systems strengthening. This solidarity between physicians, researchers, and scientists across different subjects was immediately visible. Sharing experiences, studies, conclusions, and discoveries has become a reality in record time, with multidisciplinary teams from around the world working together to understand COVID-19 and rapidly develop global solutions. The development of a vaccine, the most sought-after goal, requires this solidarity, exchange, and willingness of countries to work together.

International cooperation to end the pandemic is exemplified within the Access to COVID-19 Tools (ACT) Accelerator and COVAX initiatives – alliances between governments, scientists, businesses, civil society, philanthropists and global health organisations – which have become the framework and scientific support needed to rapidly achieve the collective target of developing a secure and effective vaccine for COVID-19. Launched in April 2020, participating entities within ACT-A and COVAX have joined forces to accelerate pandemic responses by supporting the development and equitable distribution of the tests

and therapeutics the world needs to reduce mortality and severe disease, while restoring full societal and economic activity globally in the near term to facilitate high-level control of COVID-19 disease in the medium term. The approach is divided into two paths: beginning upstream with research, product development, acceleration, scale up of production and rapid procurement; then downstream, to implement delivery at the country level. Learning from market monopolisation witnessed in the 2009 H1N1 pandemic response, COVAX promotes global, fair, and equitable access to vaccines by bringing together self-financing and developing countries in joint commitment for distribution; safeguarding access for 170 countries in September 2020.

This profound demonstration of global solidarity has additionally led to the production of the first three COVID-19 vaccines. Developed in record time, these vaccines are anticipated to hit the market in early December 2020 with preferential distribution for frontline health workers before the end of the year. This acceleration of development stems from an interplay of advances in genomic tools and rapid sequencing within leading, new technological advances for vaccine development. These advances will make it possible to accelerate and achieve the objectives defined by the UN, ensuring access to 2 billion doses of a safe and efficacious vaccine to immunise the most vulnerable in every country, by the end of 2021.

Regarding these challenges, parliamentarians have an enormous role and responsibility to ensure that all the pointed goals are achieved rapidly and properly, upholding substantial funding and equitable access to COVID-19 vaccines as the top priority. Governments worldwide must work together to create and develop better solutions in addressing health crises, ensuring robust preparedness for future global pandemics.

---

Recommendations for parliamentarians and policymakers:

- **Support ACT-A and COVAX for a global unified response to the COVID-19 pandemic, ensuring rapid development and fair, equitable access to future COVID-19 vaccines.** Within ACT-A and COVAX, the world is witnessing new modes of cooperation that have not been demonstrated before. The success of COVAX hinges on economic participation, pooling financial and scientific resources to safeguard against the failure of any individual vaccine candidate and secure successful vaccines in a cost-effective, targeted way. Countries must mobilise the necessary resources to reach the targeted $2 billion dollars by the end of 2020.

- **Reach across aisles and nations, sustaining the momentum and post-institutional multilateralism following COVID-19 to address other global problems.** The pandemic has demonstrated that global collective action is possible when the threats faced are real and salient. Solidarity and cooperation are the only way to advance our shared interest in ending disease outbreaks. Current examples of countries working together with NGOs and industry, largely outside the frame of traditional multinational institutions, must continue to be fostered and strengthened.

- **Demonstrate political leadership through sustained investment and strengthening of national pandemic preparedness mechanisms.** Countries must invest in their investigatory ecosystems, guaranteeing fair budgets to the national healthcare systems to strengthen preparedness. Parliamentarians should take into consideration the Global Preparedness Monitoring Board’s annual findings to avoid unpreparedness and future mistakes regar-
ding public health emergencies. The 2020 Report highlights the need to establish systems to better detect and control disease outbreaks, while elevating preparedness as a greater public good. Parliamentarians have it in their power to safeguard health budgets and address priority gaps in national level preparedness and pandemic response.

• **Secure multinational, sustainable financing institutions that ensure sufficient capitalisation and rapid availability of public goods in global health emergencies.** Governments must continue to invest in global financing mechanisms that can intervene rapidly, and pay out substantially, the necessary funds for individual countries with weaker health systems. Current national government spending on stimulus packages to mitigate the economic downtown of the crisis far exceed the global investments needed to end pandemic quickly and effectively. Therefore, a shift in mindset must come from political and world leaders to incentivise global investment in pandemic preparedness.
Leadership Opportunities for Joint Action Against Malaria and COVID-19

SESSION CO-ORGANISED BY
RBM Partnership to End Malaria &
The Global Fund to Fight AIDS, Tuberculosis, and Malaria
Malaria continues to pose a significant public health risk. In 2019 alone, 229 million people were infected with the disease, with a consequence of 409,000 deaths.\(^1\) Of the malaria endemic regions, Africa holds a disproportionately high share of the burden; housing 94% of malaria cases and 95% of malaria deaths within the same period.\(^2\) A number that, although high, has been steadily decreasing over the last decade.

The African Leaders Malaria Alliance (ALMA), a coalition of African Union Heads of State and Government, attributes this decline in cases to the efforts and leadership of several organisations – the End Malaria Council, Elimination 8, Civil Society Network for Malaria Elimination (CS4ME), The Global Fund, among others – which together committed to eradicating malaria from the African Region by 2030. Coupled with eradication efforts within the past twenty years, ALMA estimates 93 million cases, and 590 thousand deaths, were avoided within the Region each year, following collaborative and concerted efforts made by local and regional mechanisms.

Yet, despite significant progress in reducing malaria cases and deaths since 2000, the malaria community was not on track to meet the 2030 milestones within the UN SDGs nor the Global Technical Strategy for Malaria.³ Currently, progress towards all targets are further threatened by disruptions to malaria programs and service delivery, as already weak health systems in malaria-endemic areas are strained to obtain important tools due to supply constraints caused by the COVID-19 pandemic. This threatens the health of healthcare workers at the frontlines of both malaria and COVID-19 elimination efforts. Recent models estimate that disruptions caused by the pandemic could double the number of reported malaria deaths in Sub Saharan Africa in 2020, with an global increase by as much as 36% over the next five years.⁴ Moreover, it is unclear whether the community will meet the 2030 targets, though concerted efforts are being made throughout existing programs to get back on track to achieving those targets and protect existing gains from the impacts of the pandemic.

Lack of financial resources remains the leading barrier to for maintaining and extending disease eradication support programmes. It is estimated,
more than 10 billion dollars will be required to implement national malaria control strategies in 30 African countries over the next three years. Yet, in 2018, only a total of 2.7 billion dollars was invested in malaria control and eradication efforts. The Global Fund, which allocates more than $4 billion every year to the battle against infectious diseases, including malaria, fears technical partners will not secure the delivery of malaria drugs in the coming months due to the pandemic.

Malaria is curable, preventable, and treatable. Parliamentarians and government leaders must commit to providing lifesaving interventions, while simultaneously fighting to mitigate the impact of the COVID-19 pandemic. This will not only save lives, but improve healthcare systems, the economy, and society. In many African countries, malaria continues to be the leading cause of visits to health facilities, as periods of illness and spending on medication and treatment remain a challenge to financial growth and stability. In Zambia, for instance, each worker is absent from work two and a half days a year, on average, which represents 8.5 million days off work in the country. With this clear impact on productivity, eradication of malaria will increase national prosperity by ensuring a healthier workforce and stimulating economic growth.

Recommendations for parliamentarians and policymakers:

• Maintain malaria on the political agenda and ensure adequate allocation of resources. Members of governments and parliaments, in partnership with the malaria community, must mobilise sustainable domestic resources, while increasing and diversifying international funding sources. Ensuring access to testing and treatment are given priority to the most vulnerable populations and communities.

---

4WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel Institute for Disease and Emergency Analytics, Imperial College London. Report 19 - The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low-and Middle-Income Countries. (2020).
• Increase strategic investments in the development and deployment of malaria innovations and technical advances. Including, new diagnostics, vector control products, vaccines, and antimalarial treatments. Innovate new financing mechanisms, service delivery systems, and health promotion and community mobilisation strategies.

• Adapt programs and budgets to meet the increased demands and costs to carry out malaria programs effectively. Performance against malaria is directly linked to performance against COVID-19: mitigate the impact of both through joint financing.

• Accelerate the creation of legislation that ensures necessary reforms in the healthcare sector to address the challenges of malaria eradication. More screening, testing, prevention, and treatments will be essential to not reverse progress made throughout the past 20 years.

• Contribute to the creation of a regulatory environment that encourages the healthcare sector to make decisions, while providing the necessary technical and political ease to support their efforts. Governments play an important role in upholding the malaria eradication agenda.

Turning Threats into Opportunities: Accelerating Leadership to Strengthen the HIV Response and Improve Responses to Current and Emerging Infectious Diseases
Turning Threats into Opportunities: Accelerating Leadership to Strengthen the HIV Response and Improve Responses to Current and Emerging Infectious Diseases

Speakers:

**CO-MODERATED BY JEFFREY LAZARUS**, Co-Chair, HIV Outcomes; Associate Professor, Barcelona Institute for Global Health & **JULIAN KERBOGHOSSIAN**, Coordinator, Adolescent Treatment Coalition

**ADEEBA KAMARULZAMAN**, President, International AIDS Society (IAS)

**NICK HERBERT**, Co-Chair, Global TB Caucus

**SUSAN BUCHBINDER**, Director, HIV Prevention Research, San Francisco Department of Public Health; Clinical Professor of Medicine, Epidemiology and Biostatistics, University of California

**MARTINA PENAZZATO**, Pediatric Lead for the HIV, Hepatitis and STIs Department, World Health Organisation

**SUMMARY**

HIV and AIDS remain global health threats that continue to disproportionately affect the most vulnerable of populations. It is estimated that one person is infected with HIV every 17 seconds – a rate that has resulted in 55 million deaths since the onset of the epidemic 40 years ago.\(^1\) In 2019 alone, 38 million people were living with HIV and 1.7 million new infections were reported globally.\(^2\) A reality that, despite decades of progress, shows no sign of slowing down. The current numbers represent three times the 90-90-90 targets outlined within the 2020 WHO and UNAIDS strategies;\(^3\) figures that additionally risk

---

Financial investment in research for an HIV vaccine does not receive the political leadership and attention needed to accelerate development.
2019 alone⁸ – a rate that, if maintained, will prolong its eradication for 100 years. A disease strongly associated to poverty, TB has been largely overlooked on the political agenda following the introduction of antibiotics and treatment regimens that greatly reduced the number of cases in wealthier countries. However, in high-burden regions, HIV coinfection is the most important risk factor for developing active TB, increasing overall susceptibility to primary infection. A challenging reminder to world leaders that both diseases are far from being eliminated as global health threats.

Finally, ongoing efforts to address HIV and TB are currently being undermined amidst the COVID-19 pandemic, as resources and public attention are diverted to control the spread of the virus. This fuels widespread concern amongst the local and multinational organisations providing services in support of their eradication, who fear the impact of COVID-19 will further drive these communicable diseases away from the priorities of parliamentarians and political leaders. One of the key lessons from the longstanding fight against the HIV and TB epidemics, is an effective response requires direct involvement of the populations affected. As the frontline of defence and leaders on the ground, community-based organisations are the backbone to an effective response. Therefore, parliamentarians must demonstrate continued and collaborative leadership in mobilising the resources needed to not lose sight of the ongoing HIV and TB epidemics.

Recommendations for parliamentarians and policymakers:

• Proactively implement legislation, and approve budgets, to effectively address the threat of infectious diseases. Political leadership is fundamental to galvanise policymakers and elected officials, both locally and internationally, towards the elimination of new and lon-

---

HIV coinfection is the most important risk factor for developing active TB


⁶ Key population groups include men who have sex with men, sex workers, people who inject drugs, transgender people, with a focus on transgender women, and people in prisons and closed settings
gstanding pandemics, like HIV and TB. Global health security must be safeguarded prior to the introduction of a novel virus to minimise health threats.

• **Ensure the end of harmful, discriminatory, comprehensive policies and services for people living with and vulnerable to HIV.** Holistic and comprehensive healthcare is offered across HIV co-infections, HIV co-morbidities, sexual and reproductive health and rights, preventative therapies for HIV, TB and hepatitis, and mental health support.

• **Ensure better informed national public health strategies based on comprehensive and reliable evidence and shared best practices between national responses.** Including inter-parliamentary discussions of health ministries and national leaders.

• **Prioritise funding for public health services**, especially primary care and prevention and avoid potential competing priorities. Commit to ensuring children and adolescents are equally captured within national guidelines and strategic plans.

• **Allocate funds in support of research and development for HIV and TB treatment domestically**, in addition to supporting the mobilisation of resources between donor countries and nations with high burden of disease.

• **Invest in R&D for HIV vaccines and engage in generating evidence.** Success in achieving a cure for HIV will require sustained and predictable funding over several years. Sufficient resources must be allocated towards innovative financing and knowledge sharing mechanisms to address the HIV epidemic in various contexts.

---


Closing Session

Bird’s Eye View on the Continuum of Care
The goals and targets enshrined within the 2030 SDGs are interlinked, providing a framework to mobilise governments and states to advance human well-being and achieve a more sustainable future. As the pandemic now threatens to derail these targets, governments must not only implement policies that will mitigate the impact to essential health services, but find opportunities to build synergies, across geographies, to build back better health systems after COVID-19.

Strengthening health services to mitigate disease outbreaks cannot be achieved without access to suitable water, sanitation, and hygiene (WASH) conditions. Despite global efforts over several decades,
If the current trajectory is maintained, the goal of achieving universal access to safe sanitation will only be reached after 2070.

more than one in two people still do not have access to safely managed sanitation services. Deprivation of WASH facilities continues to be one of the leading factors for infectious diseases transmission, underpinning current and historic pandemic outbreaks. Lack of sanitation is often compounded within healthcare facilities, where an estimated one in five health units worldwide do not meet the sanitation and hygiene requirements to provide quality care, and a reported 70% of health professionals do not wash their hands due to the unavailability of soap. This absence of basic sanitation and hygiene undermines the dignity and human rights of every person seeking and providing healthcare services, while exacerbating health outcomes and diminishing overall progress to achieve the SDGs and universal health coverage. Moreover, deprivation of sanitation and hygiene services, a burden that disproportionately affects developing countries, increases inequalities, and plays a key role in combating disease. If the current trajectory is maintained, the goal of achieving universal access to safe sanitation within SDG6 will only be reached after 2070 – making it the most left behind goal in the 2030 Agenda.

Reinforcing the global response to communicable disease outbreaks must additionally incorporate adequate and equitable access to testing and diagnostic services. Strengthening healthcare infrastructure by implementing comprehensive surveillance systems better ensures systems are prepared for the next epidemic, rather than reactive. According to the Foundation for Innovative New Diagnostics (FIND), in most countries where the organisation has an active role, only 1% of primary health care clinics had, before COVID-19, basic diagnostic infrastructure; with only 14% hospitals able to test for a basic set of infectious diseases, such as malaria, TB, HIV, hepatitis C, or neglected tropical diseases. According to data from the Imperial College London COVID-19 Report, ina-
dequate testing and disruption in services are hampering critical gains made for these diseases. In high burden settings, HIV, TB, and malaria related deaths over 5 years may increase by up to 10%, 20% and 36%, respectively, when compared to scenarios in which there is no COVID-19 pandemic.

Therefore, innovative solutions that build synergies and capacities at the local level, and push for expedited and streamlined processes, must be fostered. Current product development partnership structures (PDPs), such as FIND and the Drugs for Neglected Diseases initiative (DNDi), join together public, private, philanthropic, and academic stakeholders to fund and develop drugs, vaccines, and other health tools. These PDPs are proven gateways to advance global health innovations for existing infectious disease threats, by streamlining processes to develop new drug regimens. Reducing development and approval timelines for drug therapies cuts the time from development, clinical trial, approval, and distribution to patients in need by two thirds. These processes are an example of global cooperation that must be leveraged in the fight against pandemics.

To secure long term and lasting gains for public health, policymakers and governments must mobilise resources to build back better health systems and ensure no one is left behind in accessing essential services. Current gains to end the global threat of infectious diseases have been well fought, but they are not enough to achieve the targets enshrined within the SDGs. Despite multi-billion-dollar spending campaigns in the response to COVID-19, there remains massive spending gaps to address research and development, diagnostic, and surveillance for other infectious diseases, particularly in low- and middle-income countries. Interoperability and global cooperation will be essential to ensure a cohesive response in the continuity of care, with improved global prevention and diagnostic measures.

Recommendations for parliamentarians and policymakers:

• **Advance efforts that eradicate basic deprivations for water, sanitation, and hygiene infrastructures**, which must be addressed continuously, as they are the root of many emerging infectious diseases. Investing in WASH programs are a no-regret policy initiative for countries: for every $1 invested, the return in terms of healthcare savings, reduced time off work, and increased national productivity is between $2-4 for water and $5-9 for sanitation.\(^4\)

• **Collaborate in data sharing on specific diseases and epidemics.** The joining of global government and institutional efforts to develop effective testing and vaccines are essential to successfully combat ongoing disease epidemics. A true cohesive, end-to-end response for R&D, as seen in the current COVID-19 response, is crucial to not lose gains made for other infectious diseases.

• **Continuous investment in pandemic preparedness infrastructure**, allowing for early and better outbreak detection and response mechanisms. This includes investment in technical solutions, such as improved testing and real-time sentinel surveillance systems; investment in response speed with the support to global regional networks; and infrastructures that allow for data sharing and sample access.

• **Fund research and development projects linked to tuberculosis, HIV, malaria, hepatitis, and other communicable diseases**, as has been achieved for COVID-19 in recent months. Innovative solutions should be pursued through partnerships between the public, private, academic, and philanthropic sectors to aggregate funding for the development of drugs, vaccines, and other public health tools. This can support securing long-term and lasting gains in public health.

\(^4\) World Health Organisation (2012), "Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage", World Health Organisation: Geneva
As health systems and personal data advance towards digital transformation, parliamentarians must secure investments in infrastructures that better prepare societies for ongoing and future infectious diseases outbreaks.
As the coronavirus continues to fuel widespread lock-downs, governments and health systems have relied on digital solutions to better mitigate the impact of the pandemic. These solutions have played a critical role in facilitating research to better understand the virus, while enabling continued economic activity and delivery of essential services, such as healthcare. To accelerate global responses, governments have a responsibility to ensure citizens, healthcare facilitates, and frontline workers have access to up to date information, while exploring innovative solutions to ensure basic human rights of citizens are upheld.

Within the United Nations Sustainable Development Goals (SDGs), health is connected, directly or indirectly, to all 17 targets. Poverty, clean water and sanitation, innovation, and others depend on the fulfilment of health as a fundamental human right. Further underpinning equitable and inclusive access to healthcare services is the need to leverage digital platforms to enhance public service delivery and accessibility, particularly for vulnerable populations.

Due to social distancing measures, the need for digital solutions is growing exponentially in all areas,
Emerging technologies offer the potential to transform personal health and identity paradigms with health being one of the most important. Digital solutions have already demonstrated a tremendous added benefit for health within the first months of the pandemic. Through genetic sequencing disseminated globally, rapid identification of the virus permitted collaboration within the scientific community to develop over one hundred vaccines currently in testing – a profound breakthrough unprecedented in recent history.

As governments have a renewed push towards the digitisation of health information systems, they must additionally invest in necessary frameworks and resources to ensure health records are not only maintained in a digital form, but appropriate regulations are in place to protect patient information. Health status is becoming something more than a personal identity held by health providers, but something that border control authorities, workplaces, educational institutions, among others, are currently interested in it. This raises concerns on how information will be shared digitally when multiple parties are interested in this data, including safeguarding access in a secure, private, and inclusive manner.

As all countries are not equally positioned to implement innovative technological solutions for their citizens, it will be vital for governments to support capacity building and foster partnerships to provide enhanced global health service delivery. Enshrined within SDG 17 – Partnerships for the Goals – only through global cooperation and investment in innovative technological development can we build a better world. Enhancing North-South, South-South, and triangular collaborative access to science, technology, and reliable data will have a significant impact on the interoperability of health systems, promoting sustainable, scalable, and cost-effective deployment of digital health.

Now, it is up to policymakers to regulate and create frameworks that ensure that digital systems work as opportunities to innovate and with legal intentions.
Recommendations for parliamentarians and policymakers:

- **Support capacity building initiatives that permit improved digital infrastructure for future epidemics.** Learning from COVID-19, both wealthy and developing countries alike were not prepared to respond and manage this global health emergency. Digitalisation can work as a catalyst to better prepare societies on health issues, through rapid and effective access to scientific data and patient information – promoting enhanced preparedness and organisation.

- **Efforts must be joined within global coordination and response mechanisms.** Countries must align national priorities to ensure rapid response for emerging disease outbreaks. Through partnerships and within a peer-to-peer approach, countries can share knowledge to better address global health problems. It is critical to create a long-term vision of health within all policies and amongst all stakeholders.

- **Do not lose sight of the SDGs, in the midst and aftermath of the COVID-19 pandemic.** Uphold the commitments made by Member States to achieve the targets within the SDGs, as health is at the centre of all 17. Parliamentarians must call on governments to maintain progress towards ending infectious diseases as a global health threat.

- **Bridge the gap between academia, science, policy, and innovation.** The world needs science-based solutions to address complex problems affecting communities, societies, and economies worldwide; with many stemming from academia. It is fundamental to share information between all relevant institutions, ensuring decision makers can implement measures that are aligned with current societal needs.
How Can Innovation Aid the Global Health Response?
How Can Innovation Aid the Global Health Response?

Speakers:

MODERATED BY ROLAND GÖHDE, Chairman of the Board, German Health Alliance (GHA)

MARIE-ANGE SARAKA-YAO, Managing Director, Resource Mobilisation, Private Sector Partnerships & Innovative Finance Department, GAVI, the Vaccine Alliance

MAURICIO CYSNE, Director, External Relations and Communications, UNITAID

JOELLE TANGUY, External Affairs Director, Drug for Neglected Diseases Initiative (DNDi)

CHRISTOPH BENN, Director, Global Health Diplomacy, Joep Lange Institute

SUMMARY

The continuous introduction of novel and complex global challenges must be met with innovative solutions that address the interrelated economic and societal factors. The SDGs lay the foundation to facilitate cooperation between governments and corporations to generate opportunities and innovative solutions for a healthier and more sustainable future for all. There is no other solution than to accelerate the development and equitable access to safe and affordable diagnostics, therapeutics, and vaccines. It has become clear that triggering innovation must be at the core of policy making, ensuring that
The ACT Accelerator was launched to bring together governments, scientists, businesses, civil society, philanthropists, and global health organisations. The ACT is organised into three partnerships (vaccines, therapeutics, and diagnostics) together with a health system strengthening Connector, to facilitate international donors to fund a coordinated response to COVID-19.¹

Results from these global partnerships and innovative finance mechanisms have already yielded remarkable outcomes. The Vaccine Pillar, or COVAX, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, aims to accelerate the development and manufacturing of COVID-19 vaccines, guaranteeing fair and equitable access for every country in the world.² Historically, the development of a vaccine to combat a novel virus would require a minimum of seven years of research and development – a rare exception witnessed for the development of the Ebola vaccine, which was shortened to three years. Currently, the world is on course to not only produce a COVID-19 vaccine, to deploy to frontline health workers by the end of 2020, but also develop 2 billion doses for global distribution by the end of 2021. Revolutionising the rate of research, development, and deployment of new vaccines, while upholding access to the countries and populations with the greatest need.

Supplemental and equal to the investments made for vaccine research and development, must also be provided for therapeutic innovation. Although critical in the response to ongoing and future disease outbreaks, vaccines

alone do not provide the coverage and efficacy needed to eliminate the incidence of cases and must be met with adequate therapeutic treatment. The Therapeutics Pillar, co-led by Wellcome Trust, on behalf of the Therapeutics Accelerator, and Unitaid, aims to achieve equitable and affordable access to safe and effective COVID-19 prophylactics and treatments to reduce deaths and healthcare burden throughout the world. To ensure successful, innovative development of therapeutics, decision makers must have a vision of the desired R&D outcome for each disease prior to production. Through target product profiling, stakeholders can ensure new therapeutics reach the target populations for which they were intended.

Perhaps the most central component in preventing disease outbreaks, and overall health systems strengthening, is the ability to detect and diagnose emerging health threats. Aggressive, systematic testing, if implemented early, can avoid extensive and economically crippling lockdowns for many countries. Today, this requires sophisticated healthcare systems and infrastructures, well-resourced laboratory systems, and streamlined manufacturing and supply chains. COVID-19 has presented unique opportunities to expand current access to testing, diagnostic, and information sharing to improve healthcare accessibility to all regions of the world through digital tools. The current capabilities to link rapid diagnostic tests to cell phones and other digital platforms permits real time transmission of results directly to centres of disease control, ministries of health, and decision makers; granting immediate accessibility to front line health workers, while improving surveillance, policy development, and decision making at the local and national level. With this creation of data through digitalised systems, however, personal data ownership and management must be protected from exploitation. If implemented equitably and safely, the digital transformation of health data presents an opportunity to be a driving engine to provide healthcare service to the most disadvantaged populations, ensuring no one is left behind.

The COVID-19 pandemic has exposed chronic problems within existing global health systems, undermining access to essential services. Only through investment in innovative solutions, accelerating the development of safe and affordable access to diagnostics, therapeutics, and vaccines, will nations build back better healthcare structures. Innovation must be at the core of policymaking, within both national and global strategies, ensuring solutions receive required resource mobilisation and are deployed rapidly. Policymakers, as gatekeepers and representatives of vulnerable populations, have it in their power to foster favourable environments for innovation – bridging the gap between innovators, implementers, and investors.

Recommendations for parliamentarians and policymakers:

- **Elevate innovation in the global health agenda,** demonstrating political commitment to invest and strengthen global development partnerships for the equitable access of diagnostic, vaccine, and therapeutic solutions.

- **Support initiatives that ensure scalability, access, and deliverability of vaccines globally,** especially to low-income countries. Special attention must be made to combat rising vaccine nationalism, ensuring COVID-19 treatments are designed to be widely accessible. Therapeutics must be affordable and suited for the specific needs of the people affected and the health systems they serve.

- **Generate equitable opportunities for innovative solutions, ensuring funding decisions are not exclusive to a select group of wealthy countries.** Researchers and public health leaders in low- and middle-income countries are the most legitimate to identify what works best for their population.

---


• **Require full transparency on R&D funding**, ensuring investments of public money for the discovery of health technologies to address COVID-19 are properly accounted for. Only through the convergence of public and private interest can innovative solutions be fostered in the best interest of future public health. Therefore, taxpayers and investors should be aligned, receiving full transparency of government spending.

• **Ensure health tools are free of intellectual property restrictions.** Removing barriers to access for up to date research will facilitate the acceleration of production for diagnostics, vaccines, and therapeutics; ultimately streamlining processes that are urgently needed in this moment.

• **Support public digital transformation solutions for the development of more effective and efficient health systems that better serve everyone.** Mobilise the necessary resources, and establish the necessary regulatory frameworks, to transform a paper-based health system into digitalised systems. This transformation has the potential to streamline all healthcare networks, particularly in developing countries, to ensure no one is left behind.

• **Respond to your constituencies and address future healthcare needs.** Timely, continuous, and sustainable investments must be made to strengthen processes that are not responding. Disregarding gaps in universal access to appropriate diagnostics, vaccines, therapeutics, has the potential to exacerbate negative healthcare outcomes in the present, and promote humanitarian and economic emergencies for the future.
Drug Policy:
Time for Parliamentarians to Press for Reform
Drug Policy:
Time for Parliamentarians to Press for Reform

Speakers:

MODERATED BY MIKE TRACE, CEO, Forward Trust

LORD SIMON WOOLEY, MEMBER, HOUSE OF LORDS;
FOUNDER AND DIRECTOR, OPERATION BLACK VOTE

SETH ACHEAMPONG, MEMBER OF PARLIAMENT, GHANA

ANNE MARIA GORETTI, INTERNATIONAL CONSULTANT,
INTERNATIONAL DRUG POLICY CONSORTIUM (IDPC)

RODRIGO VÉLEZ, Founder and General Director, Parametria

CRISPIN BLUNT, MEMBER OF PARLIAMENT, UNITED KINGDOM

ADEEBA KAMARULZAMAN, PRESIDENT,
INTERNATIONAL AIDS SOCIETY (IAS)

SUMMARY

The global “war on drugs” has been fought for 50 years, without preventing nor reducing long term drug use and supply. This historical, zero tolerance paradigm upheld by the international community has addressed psychoactive drug use with a national security and criminal justice approach. This focus on eradicating illegal behaviour has been put above protecting public and individual health and ending associated health harms. Punitive drug policies have resulted in many unintended and negative societal consequences, including increased

The criminal approach to drug consumption has resulted in significant negative societal consequences, the outcomes of which impact vulnerable and marginalised populations inordinately.

Although there is no international consensus on drug policy, as there is no “one size fits all” approach, modern paradigms must provide different strategies to addressing drug use. An important debate in which parliamentarians must be at the forefront – advocating for policies rooted in scientific evidence, upholding respect for human rights, and ensuring appropriate treatment for people who use drugs.

Punitive drug policies have historically been weaponised by the state to target the most vulnerable, underserved, and marginalised communities, primarily of colour. This criminal approach to drug consumption has resulted in significant negative societal consequences, such as over-policing of racial minorities, mass incarceration and prison overcrowding; disproportionately punishing the consumer with no solutions to decrease use or addiction. Moreover, the economic impact of enforcement and overall criminal justice expenditure is vast – with an estimated $1 trillion spent in the United States alone since 1971\(^2\) – with marginal impact on trafficking or consumption. Funds that would better serve society if redirected towards treatment programs and public health interventions.

To disentangle longstanding prejudices towards people who use drugs and “tough on crime” policies, parliamentarians must demonstrate leadership in implementing policy reforms that better serve their constituents. To bridge this divide, policymakers have it in their power to collaborate with a variety of stakeholders, including civil society organisations and activists, to better understand the needs of the communities they serve. Policy reform that offers alternatives to incarceration for low level drug offences, for example, allows for treatment and social reintegration rather than punishment; removing the individual harm and excess government spending that comes with imprisonment. In addition, harm reduction

programmes – those that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws – are a cost-effective and demonstrated public health solution to reduce death and infectious disease transmission. The effectiveness of harm reduction programmes, such as needle and syringe exchange initiatives, safe consumption rooms, and methadone treatment, are well documented in reducing negative health impacts of drug use.

As global drug use continues to rise, and compound with the economic and social impacts of the pandemic, trends in consumption must be met with a balanced, multidisciplinary, public health approach that reduces associated health harms. Policymakers have an important role in ensuring investments in harm reduction programmes are made, while advocating to implement a better and broader approach to treatment services. The COVID-19 pandemic has presented a once in a generation opportunity to discontinue business as usual and rethink existing structures within our societies. Parliamentarians must harness this moment to reform punitive drug policies, in exchange for alternatives, that can make a profound and positive impact in individual lives and societies.

Recommendations for parliamentarians and policymakers:

• **Approach drug use as a public health need, not a criminal issue.** Drug use and addiction should not be met with punitive policies, but rather seen through health and human rights lens – implementing prevention and harm reduction programmes, treatment, and reintegration services.

• **Allocate funding and resources to support the implementation of harm reduction and prevention programmes.** This includes methadone treatment, needle and syringe exchange programmes, and the establishment of drug consumption rooms.
• Reform punitive drug policies in support of legislation that promotes safer and healthier societies. Given the negative impact of prohibitionist policies and the war on drugs, there is an urgent need to explore alternatives that could deliver better outcomes. Reforms can include, alternatives to incarceration for low level drug offenses and redirecting budgets dedicated to prisons and law enforcement, in support of programmes focused on addiction and prevention.

• Consider the legal regulation of medicinal drugs, such as cannabis, to reduce trafficking and economic exclusion, while promoting greater safety for users. Although not a silver bullet, providing a regulatory framework with certain protections for consumers has the potential to advance social justice, inclusion, and human rights. From an economic perspective, regulation of medicinal drugs could result in increased tax revenue and job growth, as has been demonstrated in the United States, Uruguay, and the Netherlands3.

Towards a New Global Public Health Convention

SESSION CO-ORGANISED BY
AHF Global Public Health Institute at the University of Miami
Towards of a New Global Public Health Convention

Speakers:

**CO-MODERATED BY JORGE SAAVEDRA**, Executive Director, AHF Global Public Health Institute, University of Miami & **JOSE SZAPOCZNIK**, Professor and Chair Emeritus, Department of Public Health Sciences, University of Miami

**MICHAEL WEINSTEIN**, President, AIDS Healthcare Foundation (AHF)

**JULIO FRENK**, Former Secretary of Health, Mexico; President, University of Miami

**JORGE SAAVEDRA**, Executive Director, AHF Global Public Health Institute, University of Miami

**JOSE SZAPOCZNIK**, Professor and Chair Emeritus, Department of Public Health Sciences, University of Miami

**DAME BARBARA M. STOCKING**, President, Murray Edwards College, University of Cambridge; Former Chief Executive, Oxfam

**LAWRENCE O. GOSTIN**, Director, O’Neill Institute for National and Global Health Law; Director, World Health Organization Collaborating Centre on National and Global Health Law

**MAKSUT KULZHANOV**, Professor and Founder, Kazakhstan School of Public Health; Former Deputy Minister of Health, Kazakhstan

**AKUA SENA DANSUA**, UNITE Regional Chair for Western and Central Africa; Former Ambassador, Member of Parliament, Minister for Tourism, Minister for Youth and Sports and Minister for Women and Children’s Affairs, Ghana
Preparedness underpins the mitigation and control of infectious disease outbreaks and is imperative for global public health. Investing in the development and implementation of monitoring systems are essential strategies for world leaders and their countries to avoid future pandemics. Today, the International Health Regulations (IHR) are a global agreement that impose explicit requirements related to infectious disease surveillance and response.¹ Ratified most recently in 2005, the IHR identify minimum core capacities required at the local, national, and regional levels to report essential information and respond effectively to contain health security threats.² The IHR requires each nation to develop the means to detect, report, and respond to public health emergencies, legally binding the 193 State Parties of the United Nations. Yet, there are clear limitations – namely, poor national surveillance and compliance of Member States, poor reporting to monitoring bodies, and the lack of authoritative power for the WHO to intervene. Therefore, the need for a new Global Public Health Convention, which imposes effective and immediate global action in the management of pandemic situations, is timelier than ever.

The development of a Global Public Health Convention began in 2019, when the onset of the next pandemic was still unknown. Led by the AHF Global Public Health Institute at the University of Miami, the primary goal of this

A Global Public Health Convention should aim to address shortcomings of existing mechanisms to optimise pandemic prevention, preparedness, and response. For the last two centuries, pandemics like the Spanish Flu, HIV, and now COVID-19, have demonstrated that international collaboration is fundamental. A Global Public Health Convention aims to ensure coordination, collaboration, and compliance with international public health security agreements, such as the IHR, while effectively addressing their shortcomings. Moreover, it intends to create enforcement mechanisms to assure that all 193 State Parties comply with these regulations. What we are seeing as failures and weaknesses in the global response to COVID-19 are neither new nor surprising, but a consequence of not prioritising pandemic monitoring and response mechanisms. A Global Public Health Convention would establish a more effective strategy to address the existing cracks within national preparedness and healthcare systems that COVID-19 pandemic has exposed.

However, such a Convention should be independent of other institutions, insulated from political interference or private interests. Rather, it should be composed of a diverse set of stakeholders, from representatives of the medical and pharmaceutical industries, tourism, and other sectors representative of the global economy, as well as people of all genders and age groups. Everyone is at risk of being affected by current and future disease outbreaks. A global healthcare system should, above all, be based on shared responsibility as well as accountability, so all stakeholders maintain confidence in their good practices.

Foreseen challenges to the creation of a Global Public Health Convention include the belief that health is a sovereign responsibility of countries. Nations may not accept criticism, sanctions, or inspections on behalf of international entities. Yet, it cannot be overstated that pandemics have no borders. Mitigating their impact requires global collaboration, investment, and openness to exchange information and develop treatments and vaccines. Therefore…
re, parliamentarians have it in their power to strengthen regulation and policy frameworks to improve utilisation of existing resources; ensuring each country has its own mechanisms and reserves capable to perform simulations and implement action plans. Most importantly, to be prepared to respond to the next pandemic.

Recommendations for parliamentarians and policymakers:

- **Advocate for the establishment of a new Global Public Health Convention**, that grants health authorities the ability to coordinate and direct initiatives in global prevention, preparedness, and response.

- **Rethink global public health governance structures and advocate for new frameworks for global prevention, preparedness, and response to pandemics**. For a global health security system to be effective, individual countries must acknowledge and fulfil their own responsibility in contributing to effective global prevention, preparedness, and response efforts to outbreaks, emergencies of international concern, and pandemics. They must cede some authority to a global governing body to allow it to effectively coordinate and intervene, to prepare and respond.

- **Embrace an inclusive governance structure that includes national governments, local governments, civil society, and private sector**. This approach could aid actions to prevent, prepare, and effectively respond to future pandemics.

- **Support the establishment of an Annual Global Forum** to accelerate the late-stage pipeline of critical medical and health products, by bringing together funders, regulators, financing institutions and the global community.
• Create enforcement mechanisms to better control national responses to public health challenges. This may include incentives for countries to cooperate, or sanction for non-compliance. The capacity to evaluate countries objectively and externally should be built into the government framework for global health security bodies, such as the WHO.

• Call for independent decision-making from a self-governing global health security body. This entity – be it the WHO or a new organisation – should exist as a singular authoritative source of information, data, and technical assistance that possesses the ability to make autonomous decisions, free of political pressure. To insulate from political influence, this governing body must have a sustainable financing system, for which it has sovereign control over financial resources.

• Commit to building back stronger health systems by allocating resources and expertise, providing equitable access to quality healthcare in high and low-income countries alike. Member States have a common responsibility and accountability in strengthening essential global health security mechanisms. Preventing and controlling the spread of infectious diseases must be a political priority if we are to advance public health, inclusive prosperity, and the universal exercise of human rights.
Bridging the Gap: Urban and Global Responses to Public Health Threats

KEYNOTE STATEMENT LED BY
Fast-Track Cities Initiative
SUMMARY

Urban areas currently comprise half the world’s population – a percentage that could reach 70% by the year 2050\(^1\). In less than three decades, the world must implement solutions to manage the social, economic and health consequences of this rapid urbanisation. Overpopulated cities, coupled with weak public policies, threaten the realisation of basic rights and personal dignity if not met with adequate access to healthcare, water, sanitation, and shelter. Moreover, unprepared health systems and lack of infrastructure within overpopulated cities can promote the spread of infectious diseases and fuel epidemic outbreaks.

To combat the negative effects of overpopulation, governments must invest in institutions that internationally work on public health issues, while strengthening the role and autonomy of proximity networks, including municipalities and other types of local governance. These local structures are well informed on

Cities and municipalities must be at the forefront of advancing public health and basic human rights the reality of each city and region, which facilitates the development of targeted action policies that can lead to coordinated and integrated national or international action measures.

The concept of city multilateralism, defended by the International Association of Providers of AIDS Care (IAPAC) and the Fast-Track Cities Institute, is diplomacy in actions that are taken at the local level, to coordinate with global peers on transnational concerns. City multilateralism decentralises traditional health diplomacy models by placing cities and local authorities as essential actors. Rather than replacing international diplomacy, city multilateralism complements global governance to address the unique and increased threat of endemic infectious diseases within urban centres.

Today, more than ever, cities and municipalities must be at the forefront of advancing public health and basic human rights. This coordinated effort between municipal, national, and global governments will be key to achieving targets within global commitments, such as the SDGs, while mitigating the spread of infectious diseases. Currently evidenced within the COVID-19 pandemic, cities around the world have stepped in to lead evidence-based action plans to overcome weak responses by national governments. Parliamentarians must reinforce the leadership and autonomy of municipal leaders as local experts in addressing public health emergencies. This collaboration will facilitate and tailor national responses to local communities to face challenges more effectively.

Recommendations for parliamentarians and policymakers:

• Do not relegate municipal leaders to the sidelines. Empower and engage governors, mayors, and councillors in developing health diplomacy and pandemic preparedness measures. Municipal lea-
ders are close to the populations they serve and can better address the real needs and challenges on the ground.

• **Support city multilateralism to ensure fast-growing urban zones can serve as engines for change and innovation.** City multilateralism will safeguard the capacity of municipal leaders to step in when national responses break down. Leaders across the Fast Track Cities network are currently implementing this today around COVID-19, HIV, TB and Viral Hepatitis.
UNITE Global Board: Time for Action
UNITE Global Board:
Time for Action

Speakers:

RICARDO BAPTISTA LEITE, Founder and President, UNITE Global Parliamentarians Network to End Infectious Diseases; Member of Parliament, Portugal

MARIAM JASHI, UNITE Chapter Chair, Eastern Europe and Central Asia; Member of Parliament, Georgia

ANDREW ULLMAN, UNITE Chapter Chair, Western and Central Europe; Member of Parliament, Germany

ESTHER PASSARIS, UNITE Chapter Chair, Eastern and Southern Africa; Member of Parliament, Kenya

AKUA DANSUA, UNITE Chapter Chair, Western and Central Africa; Former Ambassador, Member of Parliament, Minister for Tourism, Minister for Youth and Sports and Minister for Women and Children’s Affairs, Ghana

IBTISSAME AZZAOUI, UNITE Chapter Chair, Middle East and North Africa; Member of Parliament, Morocco

GISELA SCAGLIA, UNITE Chapter Chair, Latin America and The Caribbean; Member of Parliament, Argentina

PIA CAYETANO, UNITE Chapter Chair, Asia and Pacific; Senator, the Philippines

LIAM BYRNE, Member of Parliament, United Kingdom; Chair, Parliamentary Network of the World Bank and International Monetary Fund
SUMMARY

Prevention, preparedness, and response to the spread of infectious diseases are the defining outcomes of this year. The pandemic has redefined existing partnerships and relationships among healthcare providers, national economies, and the everyday life of citizens. Within this context, parliamentarians assume a central and decisive role – as they have the capacity to allocate funds towards national healthcare systems, commit to the development of a prevention strategies, and ensure nations are better equipped to face current and future pandemics.

Moving forward, parliamentarians are called to demonstrate global solidarity through multilateralism, political diplomacy, and leadership. As infectious diseases do not respect borders, challenges related to public healthcare are not exclusive to a specific region, country, or city; they affect us all. Parliamentarians must cooperate globally, within a peer-to-peer approach, to address complex problems with a local impact. Reinforcement of multilateral institutions and local organisations, and improved information sharing between national health institutes, will advance global contributions to build back better healthcare systems.

Moreover, parliamentarians cannot not lose sight of the Sustainable Development Goals, as they are the roadmap for a safer, healthier, more resilient future for all. Parliamentarians must call on governments to uphold their commitments to achieving the 2030 targets, or further jeopardise established gains to end the global threat of infectious diseases. The SDGs provide a universal framework to support the realisation of our collective ambitions to create a better world. This moment in history must be leveraged as a warning, and opportunity, to make health systems, economies, and communities stronger. Parliamentarians must reach across aisles and nations to strengthen international relations, promoting global cooperation to safeguard resources for countries less positioned to face global challenges. Ad-
vancing equitable and rapid access to scientific research, innovation, vaccines, and therapeutics must fall under the authority of all nations.

**Parliamentarians are protectors of freedom and democracy, and the voice of the populations they serve.** They act as the bridge between civil society, governments, and private industries, facilitating cooperation to advance lessons learned from this pandemic, to fight ongoing and emerging health threats. Therefore, efforts towards ending the continuous threats of tuberculosis, HIV, hepatitis, malaria, neglected tropical diseases, and waterborne diseases, must be led with the same urgency as is demonstrated to end the pandemic. Only together can we ensure substantial progress in the fulfilment of the SDGs and the elimination of infectious diseases as global health threats in the coming decade.

*Members of the UNITE Global Board adopted and endorsed the 2020 UNITE Global Summit Statement: Keeping the SDGs in sight amidst COVID-19.*
The COVID-19 pandemic has provided an extraordinary opportunity to reinforce, redesign, and reinvest in the global health order. To ensure a decade of delivery and achieve a more sustainable future for all, we must join together to end infectious diseases as a global health threat.
Even prior to COVID-19, there was consensus that the world was not prepared to face a global pandemic. Despite consistent appeals from scientists, doctors, community leaders, and policymakers, the lack of investment in healthcare infrastructure remains widespread. Coronavirus highlighted the weaknesses of national healthcare systems and reinforced the importance of preserving democracy – as citizens of the same planet – so that it remains sound. Erosions of democracy have called into question free and universal access to necessary healthcare, while exposing the social and economic inequalities that undermine the battle against disease outbreaks.

Around the world, politics has replaced science. Anti-vaccine and anti-science movements have strengthened their presence in society, fuelled by political rhetoric and the rapid and unstoppable spread of fake news. Unfiltered social networks, without guarantee of objectivity, have all too often occupied the place of journalism and science. COVID-19 not only showed the fragility of healthcare systems and social organisation of countries, but it revealed the fragility of democracy, so that, if broken, can aggravate public healthcare problems. Disinformation is...
a virus that cannot be treated with medicine, but rather with unity and coordination between politicians, scientists, and the media.

The battle against the current pandemic has additionally called into question the diagnosis and treatment of other infectious diseases, such as HIV, hepatitis, tuberculosis, and malaria. Achievements accomplished over the past two decades are now in jeopardy, hampering the common goal of eradicating infectious diseases by 2030, as well as many of the UN SDGs. Infectious diseases continue to be responsible for millions of deaths each year, a result, in part, to lack of funding for research, diagnosis, and treatment of these diseases.

The COVID-19 pandemic also revealed that viruses have no passports and know no borders, affecting all countries and people equally. However, economic, and social inequalities remain a risk factor for the poorest among us. Those who are most vulnerable, whether due to poverty, marginalisation, or even age, will always be more affected by pandemics. It is therefore important that we learn lessons for the future, reinforcing countries’ commitment to prevention, monitoring of infectious diseases, and funding for national healthcare systems. Social and economic differences should not be a barrier to free and universal access to quality healthcare. It is a duty of states towards their citizens, and a duty of all to global public healthcare.

There is only a decade left to act in a fixed and effective way, to achieve the Sustainable Development Goals to which we are committed. To do so, we must call for action and involve policymakers, doctors, scientists, the pharmaceutical industry, and all stakeholders, so that we can learn the lessons from this pandemic and attain a better, fairer, and healthier future. As António Guterres, Secretary-General of the United Nations, stated in his message of endorsement for the UNITE Global Summit: Virtual, it is urgent “to ensure a decade of delivery, end infectious diseases and provide quality health care for all”. 

“Universal access to quality healthcare is a duty of states towards their citizens, and a duty of all to global public healthcare.”
CALL TO ACTION

• **Build and strengthen partnerships across sectors.** It is essential to build political networks, join forces, and push for action to end infectious diseases.

• **Prioritise investment in research and new technologies,** strengthen capacities to implement public healthcare interventions, and advocate for equitable access to new technologies and life-saving solutions.

• **Invest in preparedness and healthcare systems** for future pandemics, and also to maintain essential healthcare services that are often disrupted during emergencies. Investment in prevention and strategy are essential, as this will lead to a world that is better prepared to lead within global emergencies.

• **Prioritise healthcare as the centre of global development.** The COVID-19 pandemic has made clear that healthcare is not a cost, but an investment. Healthcare is a prerequisite for economies to survive and to thrive.

• **Push investment in universal healthcare coverage,** as it is more urgent now than ever. COVID-19 exploits the weaknesses and cracks in systems and societies, underscoring that tackling infectious diseases hinges on equitable access to universal healthcare coverage.

• **Develop a strategy for all infectious diseases,** ensuring that no one is left behind. With this unprecedented crisis, the world responded with unprecedented global solidarity. Such an approach is needed to respond to all non-COVID challenges that we face; whether economic, social, or health related.
We, as current and former parliamentarians, decision makers and organisations in global health, acknowledge that infectious diseases are one of the leading causes of death worldwide and represent a major global health threat with a vast human cost. Against the backdrop of the COVID-19 pandemic, this cost is now more apparent than ever. Infectious diseases place a significant burden on lives, communities, health systems, and businesses, that affects millions around the world each year. This burden is noticeably deepening health and economic inequalities, while fuelling social injustice across our societies.

As science and society have advanced, we have new mechanisms and ideation at our disposal by which we can protect lives from infectious diseases. The 2030 United Nations (UN) Sustainable Development Goals (SDGs) set out a clear and ambitious vision: to end poverty and other deprivations through strategies that improve health and education – of which a world free of endemic diseases is integral. The SDGs achieved commitment from all Member States and provides clear targets to guide governments into a fair, equitable, healthy and sustainable society. Tangible progress has been made.

Yet, the COVID-19 pandemic has unleashed an unprecedented crisis, impacting all facets of humanity, and jeopardizing these global commitments. It has disrupted international responses to existing infectious diseases and undermined decades of gains for their elimination. Fragilities in global partnerships were exposed and showed the incapacity of governments to join and
respond effectively to the crisis; with most foregoing a global vision of sustainable development to uphold national interests.

COVID-19 poses the greatest communicable disease threat of our time. Political leaders must mobilise and urgently invest in the resources needed to ensure existing and new health tools are utilised effectively and equitably – so no person’s life or wellbeing is endangered by an infectious disease.

UNITE, as a global network of current and former parliamentarians, is an integral part of this journey towards achieving the SDGs, through our mission of eliminating infectious diseases as a global health threat by active political intervention. We believe that we can affect concrete change through uniting the voices of members of parliament, senates, and congresses across the world, beyond party politics, to join in one voice that will ensure that no life is limited by infectious disease. Now is the time for parliamentarians to reach across aisles and borders to find common ground. Now is the time for action. To emerge from this crisis and reset the efforts needed to achieve what is a clear global commitment, we must turn to the SDGs as a lighthouse to guide us through.

We, as a network of peoples’ representatives in nations around the world, in partnership with decision makers and organisations working in global health, call on parliaments and governments to uphold the SDGs and their commitments to ending infectious diseases as a global health threat, in the midst and aftermath of the COVID-19 pandemic. Governments must demonstrate political will to control the spread of COVID-19 and mitigate its social and economic impact while not lowering the guard on other infectious diseases. We challenge Governments to rethink partnerships and global health structures to adapt to this new reality, to use evidence-based decisions to improve global health, and to actively maintain infectious diseases high on the political agenda.
CALL TO ACTION

Hereby, UNITE, as current and former representatives of the people, alongside decision makers and organisations working in global health, urgently call on governments to:

Prioritise investment in research, development, and innovation, encouraging the acceleration of critical vaccines, medicines, and diagnostics, while safeguarding equitable access for those who need them.

• Ensure sustained investment is channelled into the development and deployment of health tools, while bringing together the public and private sector, industries, global community, and public health actors.

• Advocate for policies and approaches that enable equitable access to these health tools for the most vulnerable populations, regardless of their ability to pay.

Accelerate the achievement of the Sustainable Development Goals, namely Universal Health Coverage, which need to include supporting policies that safeguard and reinforce national health budgets for public health services, and prioritise prevention, primary and person-centred health care.

• Uphold all international commitments made by nations, including the 2030 Agenda and others addressing infectious diseases and cross cutting health policies, namely HIV and AIDS, viral hepatitis, tuberculosis, malaria, waterborne diseases, neglected tropical diseases roadmap, antimicrobial resistance, public health preparedness, vulnerable populations, drug policy, and vaccination coverage.

• Ensure services are holistic and comprehensive healthcare is offered (and integrated, where appropriate)
across infectious diseases co-infections, co-morbidities, sexual and reproductive health and rights, preventative therapies, and mental health support.

- Ensure policies are aligned with comprehensive health services, including social protection, that meet the needs of key and neglected population groups, through innovative approaches like decentralization, in line delivery options, scale up multi-month dispensing and community refills of medicines for people with chronic diseases.

- Leverage a multi-sectoral approach and non-health actors’ role in ensuring continuity in access to health services and reaching Universal Health Coverage, under a vision of “health in all policies”.

- Acknowledge the centrality of water, sanitation, and hygiene (WASH) in health care facilities to ensure the safety, quality and sustainability of universal health coverage.

- Establish sustainable measures for financing to ensure future preparedness and response to epidemic infectious diseases.

**Assure global and equitable access to COVID-19 vaccines, therapeutics, and diagnostics by uniting efforts for a fast, global solution.**

- Support international cooperation through the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration coordinated by the WHO to accelerate the development, production, and equitable access to new (and repurposed) COVID-19 diagnostics, therapeutics, and vaccines.

- Advocate for the funding needed for complex testing, drug, vaccine development and manufactu-
ring; committing support for the global health organisations and their partners who are leading this effort, including the Global Fund to fight AIDS, TB and Malaria, GAVI, WHO, FIND, CEPI, the World Bank, Unitaid, and COVID-19 Therapeutics Accelerator.

Prioritise health promotion and infectious disease prevention through transparent, accountable, and inclusive global public health governance.

• Recognise the need to re-examine and revitalise global partnerships, international mechanisms, and prevention, preparedness, and response frameworks for a post COVID-19 society.

• Accelerate the discussions and development of a new Global Public Health Convention, that holds countries to a higher level of responsibility and provides global health institutions the authority to coordinate and enforce international health regulations required to prevent the human and economic harms of public health emergencies of international concern and pandemics.

Empower people and communities by acknowledging their role in the first line of defence for affected populations and as leaders on the ground. Support them fully as they are the backbone of communicable disease programmes around the world.
Keeping the SDGs in Sight Amidst COVID-19: Key Takeaways and Recommendations for Parliamentarians and Other Policymakers