# IISP Model G20 Study Guide

# Global Health & Development Working Group

## *(Sherpa Track)*

**Agenda: To explore strategies for financing and sustaining resilient healthcare systems in fragile Sub-Saharan African states, addressing challenges like pandemics, antimicrobial resistance, and systemic underinvestment. To propose actionable frameworks for equitable access to vaccines, diagnostics, treatments, and robust health infrastructure through innovative financing and multilateral cooperation.**

## Letter from the Executive Board

Dear Delegates,

Greetings from the Executive Board!

It is our honor and privilege to be your EB for the Global Health & Development Working Group (GHDWG). We hope this committee provides you with a meaningful glimpse into the intricacies and impact of multilateral health diplomacy.

If you are reading this, you are either curious about what lies ahead or have just received your committee allocation. Either way, you are already part of this journey. This committee will see sharp ideas and strong voices, and we are confident you have something important to contribute.

The GHDWG is tasked with supporting fragile African states in building resilient healthcare systems. From pandemics like COVID-19 to the growing threat of AMR and systemic underinvestment, the challenges are complex, but so are the opportunities. Together, you will work on frameworks for sustainable financing, pandemic preparedness, antimicrobial resistance containment, equitable access to vaccines and treatments, and health infrastructure development.

We hope that as a committee, we will move beyond debate toward actionable solutions. Let's make this forum meaningful by bringing your creativity, energy, and ideas to the table.

Sincerely,
***Arhaan Syed & Manmay Agarwal***
***Executive Board***
***Global Health & Development Working Group (GHDWG)***

# Introduction

Global health security is increasingly recognized as a fundamental component of economic resilience and international stability. Nowhere is this challenge more acute than in fragile states across Sub-Saharan Africa, where weak health infrastructure, political volatility, and chronic underinvestment undermine the ability to withstand crises.

Pandemics, AMR, and enduring barriers to accessing vaccines, diagnostics, and treatments expose systemic fragilities. Within the G20 framework, these issues extend beyond regional concerns: health shocks in fragile states carry global spillovers, including cross-border disease spread, trade disruptions, and migration pressures.

The GHDWG seeks to produce concrete frameworks to mobilize resources, foster innovation, and ensure sustainable healthcare foundations in fragile economies.

# History, Context and Overview

## 1. History of Building Resilient Health Systems in Fragile Sub-Saharan Africa

**1980s to Early 2000s:**

- Health systems were fragmented, primarily targeting diseases like HIV, TB, and malaria, largely driven by international donors.
- Alma-Ata Declaration (1978) and Ouagadougou Declaration (1985) promoted primary health care (PHC), but implementation was limited due to weak infrastructure, workforce shortages, and governance challenges.
- Economic crises and structural adjustment programs reduced public health spending, worsening access and equity.

**Mid-2000s to 2010s:**

- The Millennium Development Goals era brought increased funding for HIV/AIDS, malaria, and maternal-child health, but systemic health system strengthening was under-prioritized.
- Health Sector Strategic Plans emerged, emphasizing governance, sustainable financing, and cross-sectoral coordination, though fragile states remained dependent on external donors.

**Late 2010s to Present:**

- Growing consensus emphasizes health system resilience- the ability to prepare for, manage, and recover from shocks.
- Programs like ASSET (2017-2022) tested integrated interventions targeting quality, integration, and sustainability.

- COVID-19 accelerated digital health expansion, with mobile tools and data analytics improving service delivery and surveillance.
- African Union leadership, supported by G20 and the World Bank, promotes national ownership and cross-sectoral engagement.

## 2. History of Pandemic Preparedness and Response (PPR)

**Pre-COVID-19:**

- Outbreaks such as Ebola (2014-2016) and Lassa Fever highlighted gaps in surveillance, labs, and emergency financing.
- Africa CDC (2017) was established to coordinate disease surveillance, early warning, outbreak control, and capacity building.
- WHO's International Health Regulations (2005) guided core capabilities, but implementation in Africa faced resource and system limitations.

**COVID-19 Pandemic (2020-2022):**

- Exposed shortages in testing, vaccine access, and emergency funding.
- Africa CDC, ECOWAS, and SADC coordinated procurement and surveillance, but progress was uneven.
- COVAX aimed for equitable vaccine distribution, but fragile states faced delays.
- Pandemic Fund and other mechanisms were accelerated to build sustainable resilience in fragile states.

## 3. History of Combating Antimicrobial Resistance (AMR)

**2010s:**

- Surveillance systems were fragmented; WHO Global Action Plan on AMR (2015) prompted national AMR plans.
- Constraints included inadequate labs, weak antibiotic regulation, and poor diagnostic infrastructure.

**2020s:**

- Regional research emphasizes AMR's epidemiological and economic burden.
- Donors like Wellcome Trust and Fleming Fund increased funding for surveillance and R&D.
- Calls for a dedicated Global AMR Fund and One Health strategies are gaining traction.

### 4. History of Scaling Equitable Vaccine, Diagnostic & Treatment Access

**Pre-2000s:**

- EPI introduced childhood vaccines, but poor cold-chain infrastructure limited coverage in remote areas.

**2000s-2010s:**

- Gavi Alliance (2000) scaled vaccine access, but geographic inequities persisted.
- Newer vaccines (HPV, pneumococcal) were introduced slowly due to financing and delivery challenges.

**COVID-19 Era (2020s):**

- COVAX faced supply delays; African-led initiatives like AVAT (2021) and AMSP (2020) strengthened pooled procurement and supply chain resilience.
- Investments in digital supply chains improved distribution and monitoring.

### 5. History of Creating Blended-Finance Models for Health Infrastructure

**Late 2010s:**

- Public and donor funding alone is insufficient for fragile states; blended finance combines public, philanthropic, and private capital.

**Early 2020s:**

- Pilot projects for clinics, labs, and cold chains used concessional loans and private investment.
- MDBs and G20 promoted blended-finance strategies for fragile states.

**Present & Future:**

- Momentum exists to establish large-scale health infrastructure funds.
- Governance structures aim to balance national ownership and international risk-sharing.

## Contextual Challenges in Fragile States

- Structural weaknesses: hospitals, labs, and logistics often lacking; medicine imports up to 90%.
- Health spending below 5% of GDP; workforce shortages (3 doctors per 10,000 people).
- Brain drain, poor working conditions, gender disparities.
- Limited insurance coverage (<15%); high out-of-pocket spending (>60%).

## Major Countries Involved

- **Nigeria, South Africa, Kenya, Ethiopia, Ghana, Uganda, DRC**
- Regional entities: **African Union, Africa CDC**
- Active collaboration allows African nations to advocate for equitable financing, blended-finance models, pooled procurement, and inclusive health security frameworks.

## Previous Solutions Discussed

- G20 HWG (2017 onwards) focused on health crisis management, joint exercises, and initiatives like the Global AMR R&D Hub.
- India and South Africa presidencies (2023-2025) emphasized digital health innovation, equity, and sustainable financing.
- **Recommendations**: multisectoral cooperation, workforce capacity building, pandemic preparedness, and AMR containment aligned with SDGs.

## Critical Areas for Discussion

1. **Financing Resilient Health Systems**
    - Blended-finance instruments leveraging public guarantees, donor support, and private investment.
    - Mechanisms to de-risk high-risk healthcare projects.
2. **Pandemic Preparedness and Response (PPR)**
    - Integration of fragile states into global health security frameworks.
    - Regional coordination of surveillance and stockpiling.
    - Predictable emergency financing for cross-border crises.
3. **Combating Antimicrobial Resistance (AMR)**
    - Investment in surveillance, stewardship, diagnostics.
    - Potential Global AMR Fund under G20 leadership.
    - Concessional financing linked to antibiotic regulation and stewardship.
4. **Equitable Access to Medical Countermeasures**
    - Regional pooled procurement for vaccines, diagnostics, treatments.
    - Technology transfer and local manufacturing.
    - Formalized stockpiling principles with G20 backing.
5. **Global Health Infrastructure Fund**
    - Dedicated fund for hospitals, labs, and cold-chain logistics.
    - Governance structures balancing transparency, ownership, and credibility.

# Expected Outcomes

- Health resilience financing framework leveraging blended finance.
- Regional AMR Policy Initiative with continental guidelines.
- Identification of health infrastructure projects ready for blended finance.
- Formalization of pooled procurement and emergency stockpiling principles.
- Launch of a technical taskforce for global health infrastructure guarantee fund feasibility.

# Key Questions for Discussion

1. How can G20 nations design blended-finance mechanisms to attract private investment while minimizing risk in fragile health systems?
2. What steps can be taken to integrate fragile African states into the Pandemic Fund and other global health security frameworks?
3. How can Africa CDC and regional organizations strengthen surveillance and emergency response coordination?
4. Should a dedicated Global AMR Fund be established, and what should be its funding and governance structure?
5. What strategies can be used to ensure equitable vaccine, diagnostic, and treatment access in fragile states?
6. How can technology transfer and local manufacturing reduce dependency on external supply chains?
7. What governance structure is most suitable for a global health infrastructure fund targeting fragile states?
8. How can G20 countries promote sustainable health financing while ensuring national ownership and alignment with SDGs?
9. What lessons from COVID-19 and previous outbreaks can inform future health system resilience in Sub-Saharan Africa?

# For Further Reading

**Financing Resilient Health Systems**

- **World Bank Report** - *Africa Infrastructure: National Data and Indicators,* 2025
- **KPMG Africa** - *Healthcare in Africa: Trends, Challenges & Opportunities,* 2024

**Pandemic Preparedness & Response (PPR)**

- **WHO Reports** - *Global Health Security Index Report*

- **African Union & Africa CDC** - *Annual Report on Health Systems and Pandemic Preparedness in Africa,* 2024

**Combating Antimicrobial Resistance (AMR)**

- **PubMed** - *Antimicrobial Resistance in Sub-Saharan Africa: Surveillance and Policy Gaps*
- **WHO** - *Global Action Plan on Antimicrobial Resistance*

**Equitable Access to Vaccines, Diagnostics & Treatments**

- **Gavi, the Vaccine Alliance** - *Gavi Strategy 2021-2025: Equity and Vaccine Access in Low-Income Countries*
- **ONE Campaign** - *Africa Health Security Analysis*

**Blended-Finance Models for Health Infrastructure**

- **KPMG Africa -** *Healthcare in Africa: Trends, Challenges & Opportunities*
- **IQVIA** - *Transforming Healthcare in Africa: Key Trends for 2025*