GLOBAL HEALTH SECURITY AND COVID-19
Global Public Health Fund

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The 20th century shivered the World by at least three catastrophic global disasters, namely the Spanish Flue Pandemic, the World War I, and the World War II. The 21st century’s disaster started with COVID-19 Pandemic with much less mortality compared to the Spanish Flue. By October 2022, more than 621 million COVID-19 cases and more than 6.5 million deaths reported of the World’s 8 billion people. Almost all countries, large and small, high-income and low-income countries, have been impacted by this worst catastrophic global disaster in term of the countries affected and in the economic impact of a health threat.

Reported cases of COVID-19 with much less mortality compared to the Spanish Flue may not describe the real condition as the capacity of countries to detect, diagnose and cure varied widely. The Worldometer Reported variation of mortality per million population with the lowest of zero mortality in several very small countries, surprisingly only 4 in China, and very high in Peru (6.294 deaths per million people). Many people doubt of the ability of LMICs to collect and report accurate data because of lack of testing capacity with huge variation from only about 5,000 to 29 million tests per million people. Some countries did not report the number of tests. For sure, the economic losses due to COVID-19 is enormous. The UN Social and Economic Affairs estimated that COVID-19 trims the global economic output by US$ 8.5 Trillion, or about 10% of the Global GDP of 2019. Hi-income countries lost much more compared to Low and Middle-Income Countries (LMICs). COVID-19 demonstrates huge externality across the world, regardless of the strengths of country health systems.

Will the same pandemic happen again soon? How can we ensure that all countries have adequate capacity to detect, diagnoses, halt spreading, and warn other countries on the risks of the spread of similar emerging or reemerging communicable diseases? The G20 Health and Finance Ministries meeting in Yogyakarta, Indonesia, in June 2022 set a landmark of the establishment of a Global Fund, the Financial Intermediary Fund (FIF) with current commitments reaches more than US$ 1.4 billion to prepare and to prevent pandemic. The FIF seeks final approval on the use of fund and the process of reviewing proposal later this year, more likely after the the G20 Summit in Bali this November 2022 by Technical Advisory Panel. The G7

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meeting in Japan in 2023 also puts an agenda to reform the global health systems to be more resilient and when a large economic shock due to health threats occur. The COVID-19 has awakened almost all World leaders and policy makers to restructure global health financing architectures.

Lessons from the WHO’s Contingency Fund for Emergencies (CFE) indicated more than double of the commitment increasing revenue from US$ 46.3 million in 2021 and commitment of USD 114.4 for 2021-2022. and the Strategic Preparedness and Response Plan 2021 (SPRP2021) was funded at only about US$ 2 billion with the gap of more than US$ 1 billion. The question is “could we prevent the future loss of $ 8.5 Trillion from similar Pandemic, if it happens? What technologies, coordination, synchronized actions, effective and equitable funding to ensure all countries could prevent huge losses again?

**Global Externality and Inequity**

The COVID-19 Pandemic demonstrates rapid and huge global externalities of a communicable diseases to various fields of human lives. Our current advance in medical and public health technologies were inadequate to respond swiftly to prevent huge losses from of COVID-19, although similar pandemic of Spanish Flue occurred a century ago. The higher mobility of people across the globe in the coming years increases much higher risks if similar pandemic occurs again. When the Spanish Flue (H1N1) Pandemic happened, about one-third of about 1.5 billion people were affected. At that time, people of the world had much less mobility compared to current cross continent travelers. Travel times and capacities of vehicles to transports people and goods in the future are multiple times more than in a century ago. The faster and the higher number of people traveling across the globe, the higher the risks of all countries of suffering from a similar pandemic. People of LMICs, which comprise of about 75% of the World population, will have more opportunities to travel in between LMICs and to high-income countries (HICs), putting mush higher risks of human and economic losses. The three variants of SARCOV-2 Virus of COVID-19 indeed spreader from three LMICs (China, India, and South Africa). It is, therefore, the World should prepare and to provide a global fund not only for prevent and to prepare response (PPR) but also to provide all necessary goods and services equitably in all countries affected.

Current COVID-19 responses demonstrate high social and economic disparities across the world. By October 2022, 68.3% the world population received at least one dose of a COVID-19 vaccine, but only 23.3% people in LMICs the same dose vaccines. Intellectual property rights (IPR), donor preferences, and inability of LMICs to purchase vaccines creates high inequity.
The HICs also suffered from huge economic losses from the Pandemic. Therefore, all countries must be responsible to ensure there is a global fund available to procure diagnostics, testing, preventing, and treating all health threats to global pandemic.

**Equitable Funding for the Pandemic**

A very significant progress had been achieved in the G20 Finance and Health Ministerial Meeting in Yogyakarta, Indonesia, in June 2022 by the establishment of Financial Intermediary Fund (FIF). Despite of the high amount committed at the meeting the current amount of FIF at more than USD 1.4 billion is not for funding a pandemic, it is to finance LMICs to have capable of human resources in response to a health threat potential to develop a pandemic. Current solidarity fund is not for adequate and equitable finance diagnostics, vaccines, and drugs necessary of an unknown pandemic. Voluntary contributions lead to disproportionate and inadequate fund to meet the necessary actions mitigate comprehensive of health threats in high-risk countries.

**Modelling on Social Health Insurance**

Almost all global funds are funded from voluntary social solidarity model committed by countries or corporations on voluntary basis. There is no guarantee adequacy and fairness relative to the risks confronted by countries receiving the fund. Some time, political aspiration of donor countries interferes the decision of funding to an impacted country. The United Nation for example, is often criticized because of the Veto Power on a political move. The UN was established to unite the World in preventing global threats, most of the times have been human made threats such as wars or in country resurgences, after one of the big global disasters of World War II. The COVID-19 pandemic could unite the World to overcome and prevent catastrophic health risks, created by nature, threatening the global economy. The COVID-19 Pandemic respond in a global fund should purely aims at mitigating health or natural disasters with completely independent from political, religious, skin colors and other social orientations or aspirations. This kind of fund is not facilitated by current FIF.

An equitable health fund can be established using a social health insurance (SHI) model which contributed by every individual according to his/her economic capacity or income. The fund is used solely for specified benefits that correspond to natural or physiological needs which is objective in nature, not a “demand or will” of individual which is subjective in nature. Similar model may be applied to the World, as countries represent individuals at a country level, to overcome global health threats facing a country. The G20 Summit could discuss this model to complement or supplement current FIF for more long-term health financing of the World. This fund could be named “Global Public Health Fund, GPHF” and be managed by the existing World Health Organization or by a New Trust Fund managed by several global organizations.
choice should be examined based on effectiveness and efficiency of managing the fund. The fund, must have the following characteristics:

1. The GBHF shall be established by mandatory annual contribution of all countries as a proportion of the country GDP. If the COVID-19 reduce the global economic output of about 3% of the global GDP, let’s say a contribution of 0.003% of a country GDP could be economically justifiable to prevent huge, big loss of the country in the future. A non-contributory country will not be eligible for fund.

2. The establishment of the GPHF will require amendment of the International Health Regulation approved by not only G20 leaders. However, the concept, the governing board, the benefit determination committee, the oversight, and the development of the program shall be transparent.

3. The fund shall only be used to detect, diagnose, develop new diagnostic instruments and reagents, develop vaccines and or drugs without intellectual property rights, to establish global warning system, and to prevent the spreads of emerging or re-emerging serious communicable diseases. The scope of benefits could be expanded based on public health or epidemiological needs with cross border potentials (this is an instrument to tackle externality).

4. The fund shall be used adequately to cover the above costs, including human resources, drugs and supplies, and other related administrative costs in a or several member countries impacted or having the incidence of global or regional health threats. In other word, the fund is intended to prevent regional epidemic or Pandemic, not to fight a country epidemic.

5. The use of fund must be solely dependent on public health or epidemiological needs in a member country. No political, no block orientation, and no social nor economic system can be considered non-eligible funding in a member country.

6. A Council should be established to define or redefine the benefits, estimate the amount of fund needed, the reserve fund, and the proportion of GDP to be shared as contribution to become a member of the GPHF.

7. The fund cannot be used to finance ordinary health programs or treatments of communicable diseases that are occurring because of personal behavior of people in impacted country.

8. The fund can be used to conduct research of new tools, instruments, IT programs, diagnostic, reagents, vaccines, or drugs for the defined benefits without Intellectual Property Right (IPR) to ensure that even poor member country must be able to utilize any cost-effective intervention without financial difficulties. The global community will get the benefit of being protected from an outbreak.
9. Additional features of the GPHF can be discussed and spelled out during the G20 and or combined G20 and G7 meetings in the coming year(s).

**Principal Recommendations**

1. The COVID-19 and all of efforts to prepared and prevent similar impact of any health threat occurring in the future have been prescribed and proposed by various organizations, country leaders, health experts, economic experts, and others. Some recommend specific actions on health interventions some other provide comprehensive recommendations. The Task Force 6 of the T20 Indonesia recommend that:

2. The G20 Summit, not limited to the G20 Indonesia, continue searching for the best possible establishment of GPHF, specifically to mitigate possible regional epidemic or pandemic including prevention, human resource capacity of all countries, stock of supplies for comprehensive research on the root causes of any emerging or re-emerging outbreak potentially spread cross countries.

3. The G20 Summits from now on, continue to encourage and supports all countries to develop effective and efficient Universal Health Coverage (UHC) as stated in the SDG 3.8 by 2030. Given the current uncertainties of the world economy and the threat of world or regional recessions, the UHC may not be achieved by many current LMICs. In this case, G20 shall continue providing international supports to assist countries unable to achieve UHC in providing universal essential services that reduce potential outbreaks of communicable diseases and high mortality diseases.

4. Given the facts that many of outbreaks were impacted by zoonosis, the One Health tool should be strengthened and the G20 shall ensure that all countries will establish effective legal supports to allow coordination and synchronization of multisector to utilize One Health tool to prevent any outbreak that can spread across countries.

5. Digitalization of all public health risks, health system strengthening of all countries, and early warning system functioning nationally and globally shall be strongly committed by all G20 leaders in the coming five years.

6. The 20 and the G7 shall work hand in hand to overcoming natural disasters solely based on humanity and surviving human lives on this Planet regardless of political affiliation, health, and economic systems.

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