



# Global Health and International Cooperation Addressing Current and Future Pandemics



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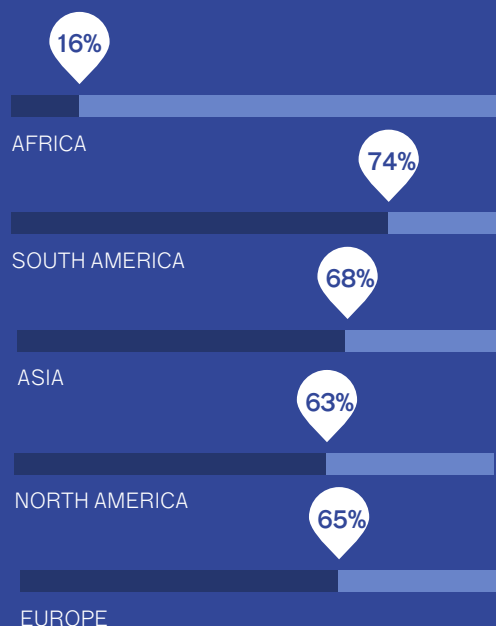


# Key numbers and figures

## COVID 19

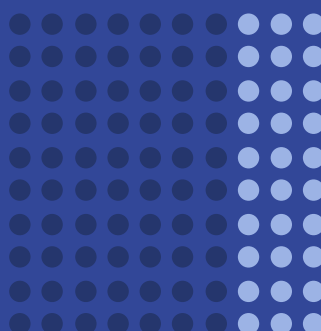


### FULLY VACCINATED PEOPLE IN APRIL 2022



### HIGH INCOME COUNTRIES

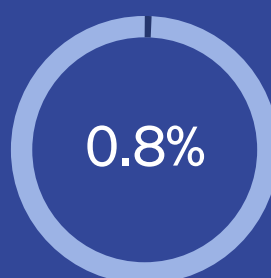
3 IN 4 PEOPLE, OR



74.4%

HAVE BEEN VACCINATED  
WITH AT LEAST ONE DOSE

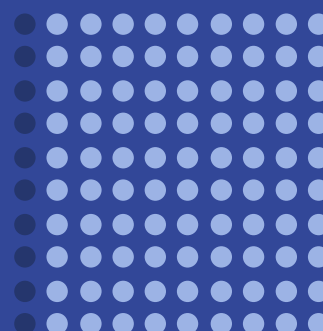
HAVE TO INCREASE THEIR  
HEALTH CARE SPENDING BY



HAVE BEEN VACCINATED  
WITH AT LEAST ONE DOSE  
AS OF MAY 4, 2022.

### LOW INCOME COUNTRIES

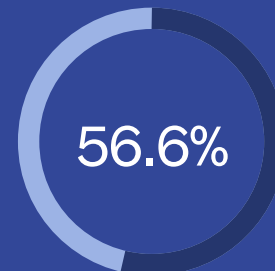
1 IN 6 PEOPLE, OR



12.7%

HAVE BEEN VACCINATED  
WITH AT LEAST ONE DOSE

HAVE TO INCREASE THEIR  
HEALTH CARE SPENDING BY



HAVE BEEN VACCINATED  
WITH AT LEAST ONE DOSE  
AS OF MAY 4, 2022.

## MALARIA



MALARIA IS ON  
THE RISE AGAIN  
WITH AN ESTIMATED

627,000  
DEATHS  
WORLDWIDE  
IN 2020,

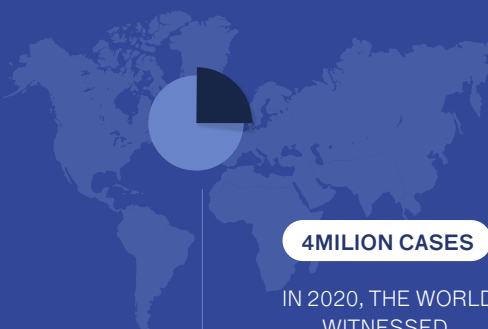
+12% ▲  
FROM THE

558,000  
CASES REGISTERED  
IN 2019.

## TUBERCULOSIS



OF THE WORLD  
POPULATION IS STILL  
INFECTED WITH TB.



4MILION CASES

IN 2020, THE WORLD  
WITNESSED

+18% ▲

IN THE NUMBER OF  
PEOPLE NEWLY  
DIAGNOSED  
WITH TB.



17,500 CASES

TUBERCULOSIS  
IN 2020

UKRAINE HAS THE

4°

HIGHEST TB  
INCIDENCE RATE  
WITHIN THE WHO  
EUROPEAN REGION.



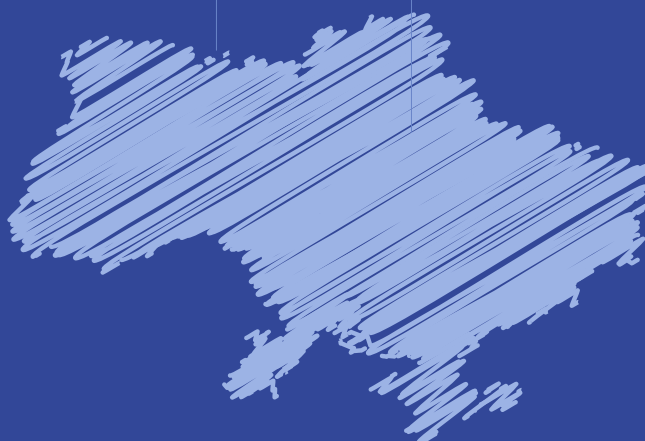
260,000 CASES

HIV  
BEFORE THE WAR

UKRAINE IS THE

2°

COUNTRY WITH  
HIGHEST HIV  
INCIDENCE RATE,  
AFTER RUSSIA.



## Ukraine



3\$ billion



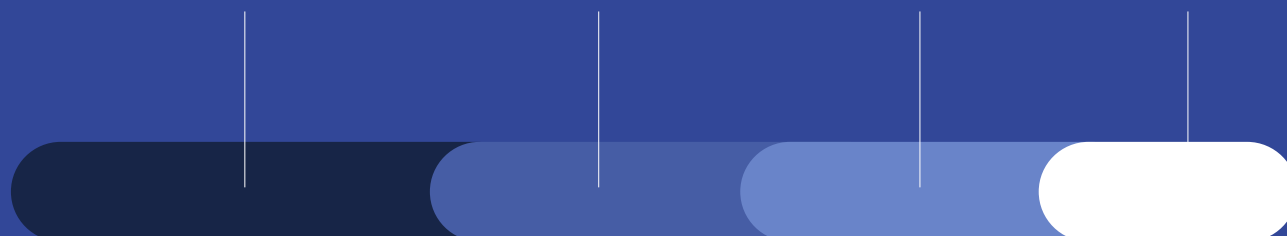
2.6\$ billion



2.4\$ billion



1.5\$ billion



9.5\$ BILLIONS/YEAR

THE GLOBAL FUND ADVOCATES  
NETWORK ESTIMATES THAT  
THE GLOBAL FUND WOULD NEED  
AT LEAST 28.5 BILLION US DOLLARS  
(9.5 BILLION US DOLLARS PER YEAR)  
FOR THE PERIOD 2023–25

ABOUT 3 BILLION US DOLLARS  
A YEAR FOR HIV, 2.4 BILLION  
FOR TB, AND ALSO 2.6 BILLION  
FOR MALARIA

1.5 BILLION TO CREATE RESILIENT  
AND SUSTAINABLE SYSTEMS FOR  
HEALTH AND TO SUPPORT  
COMMUNITY-LED PROGRAMMES

# Introduction

With more than 6.2 million deaths in two years, COVID-19 has proven that no matter the GDP, no country has been immune to this unprecedented global health challenge. COVID-19 has led to a series of direct and indirect costs across the globe, hitting hard on the socio-economic foundations of our communities and exposing the most fragile countries and regions to old and new forms of vulnerability.

**W**hile in the immediate aftermath of the crisis the world has risked reverting to chauvinistic forms of nationalism, the pandemic has revealed the crucial importance of multilateral institutions. Multilateral health cooperation has proven to be an important sector for rekindling global cooperation on public goods, starting with equal distribution of vaccines, accelerating the creation of new transnational regulatory bodies and addressing the root causes of health sovereignty in the most fragile regions of the world, such as Africa. In a context where it seems the COVID-19 pandemic is turning into a lower political priority, the international community should not forget the importance of continuing to invest in global health, both institutionally and economically. There is a huge risk of falling into a “panic and neglect” scenario, where health security and cooperation reverts to a secondary topic for global leaders.<sup>1</sup> This is something we cannot afford, as the costs of not investing in health cooperation are far lower than the

14 trillion US dollars mobilised globally to tackle the effects of COVID-19 on our socio-economic systems. In this sense, it is important to note that almost one year after the G20 Global Health Summit hosted by the Italian G20 Presidency,<sup>2</sup> in April 2022 only 16 per cent of people from Africa had been fully vaccinated compared to other regions like South America (74 per cent) Asia (68 per cent), North America (around 63 per cent) or Europe (around 65 per cent)<sup>3</sup>. In addition, the multilateral mechanisms put in place – such as COVAX or the Access to COVID-19 Tools Accelerator (ACT-A) – remain hugely underfunded, with UNICEF<sup>4</sup> and the UN<sup>5</sup> estimating that 23 billion US dollars are needed to end the pandemic in 2022 and ensure equal access to COVID-19 tests, treatments, vaccines and personal protective equipment. Against this backdrop, the pandemic has had a huge impact on other chronic diseases that never disappeared from the global scene but did not receive the same level of attention as COVID-19, such as tuberculosis (TB), malaria and HIV. Prelimi-

nary data show that the disruption of essential services or the fear of getting infected has slowed down or even reversed the progress made so far. As for malaria, data shows that while the world's focus has been on COVID-19, 14 million new cases of malaria emerged in 2020, and the numbers of cases and deaths in the new World Health Organization (WHO) malaria report are the highest since 2012<sup>6</sup>. In Rwanda, where massive improvements had been achieved in the past 20 years, in 2021 there was a monthly reduction in patients tested in health facilities of 4.32 per 1,000 population and a monthly increase in patients tested in the community of 2.38 per 1,000 population during the COVID-19 period<sup>7</sup>. COVID-19 has also reversed progress in tackling TB,<sup>8</sup> the second leading global infectious killer after COVID-19 with cases rising for the first time in more than a decade, from 1.4 million to 1.5 million deaths in 2020 and with more than 98 per cent of global annual cases (10 million) concentrated in low- and middle-income countries (LMICs).<sup>9</sup> Finally, as for HIV, UNAIDS has warned about the risk of losing the hard-won gains made in HIV prevention, including the 23 per cent reduction in new infections since 2010, with significant disruptions in HIV prevention services observed, and with supply chains for crucial HIV prevention commodities, including condoms, lubricants and antiretroviral and other medicines, being significantly stretched.<sup>10</sup>

For these reasons, the Presidents of five African countries (the Democratic Republic of the Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of Senegal and the Republic of South Africa), together with civil society organisations and private sectors, have requested an 18 billion US dollar replenishment of the Global Fund to Fight AIDS, Tuberculosis and

Malaria to save 20 million lives, cut HIV, TB and malaria deaths by 64 per cent and strengthen health systems to reinforce pandemic preparedness.<sup>11</sup> Against this backdrop, multilateral institutions like the G7, G20, international finance institutions and developed countries like Italy hold a strong responsibility for mobilising the needed financial resources to tackle the current pandemic and prepare the most vulnerable countries to counter future ones. Italy so far has kept its promises with regard to COVAX, with more than 97 per cent of promised doses donated by December 2021.<sup>12</sup> Yet, it will be crucial to ensure that these commitments are kept in the next months to make sure that 70 per cent of the world's population is fully vaccinated by mid-2022 and that low- and middle-income countries have the proper tools to counter current and future pandemics.

This briefing report is thus divided into three chapters. Chapter 1 aims to assess the state of progress of

multilateral health cooperation in the fight against COVID-19. The second chapter analyses the impact of COVID-19 on malaria, TB and HIV, showing the importance of investing in global and multilateral

**The pandemic has had a huge impact on other chronic diseases that never disappeared from the global scene but did not receive the same level of attention as COVID-19, such as tuberculosis (TB), malaria and HIV.**

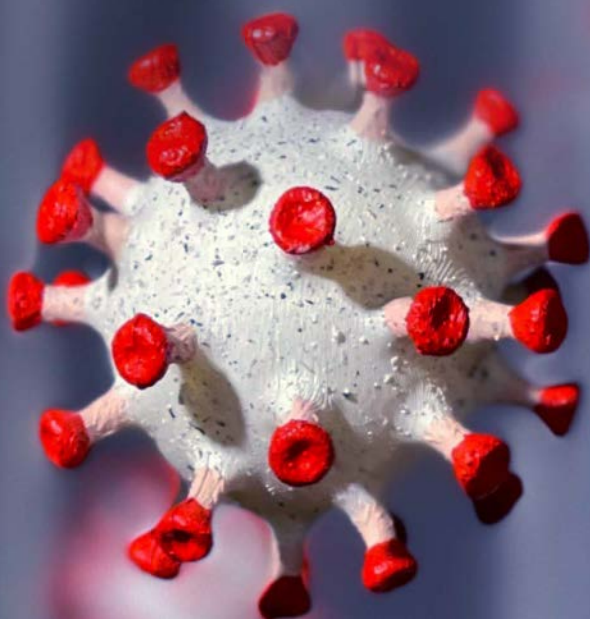
mechanisms to assist low- and middle-income countries, also in the context of the war in Ukraine. Finally, Chapter 3 draws some policy recommendations for the Italian government also in view of the replenishment of the Global Fund against HIV, TB and malaria in 2022. The analysis was undertaken by combining desk research with selected interviews with key public officials, activists and experts. The editorial team is grateful to all experts who dedicated their time to take part in the interviews that shaped the content of this briefing report.





## CHAPTER I

# The status of multilateral health cooperation







## Background

COVID-19 has been a turning point in international politics. The magnitude of the phenomenon has caused many direct and indirect costs, leading to more than 6 million deaths in slightly more than two years and triggering tremendous socio-economic losses that have hit the most vulnerable groups hardest and will persist for several years.

In this context, the pandemic has shown very vividly the importance of multilateral health cooperation to tackle inequities, identify common responses and prepare for future pandemics. Among the various measures taken by the international community was the creation of the ACT-A, whose four pillars<sup>13</sup> aim to ensure an equitable access to tests, treatments and vaccines for all. In this framework, the Vaccine Alliance (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO joined forces to launch

the COVAX initiative that so far has managed to pool more than 13 billion US dollars out of the projected 19 billion.<sup>14</sup> Through the Advance Market Commitment (AMC), COVAX has turned into the main pooled procurement mechanism that has allowed 92 LMICs and vulnerable countries to gain access to donor-funded doses of COVID-19 vaccines based on income, using collective purchasing power to negotiate prices from manufacturers and reduce risk for all participants.<sup>15</sup>

## COVAX: No one is safe until everyone is safe

Despite the important progress made in the past months, the fight against COVID-19 at the global level is still undertaken on an unequal basis.

According to the Multilateral Leaders Task Force on COVID-19,<sup>16</sup> as of May 2022, three in four people in high-income countries (or 74.4 per cent) had received at least one dose of vaccine. By contrast, one in eight people in LICs (or 12.7 per cent) had been fully vaccinated. In addition, UNDP, WHO and UNICEF estimate that while richer countries would have to increase their health-care spending by 0.8 per cent to reach the 70 per cent target of vaccinated population, LMICs would carry a bigger burden with a 56.6 per cent increased spending on average.<sup>17</sup>

COVAX has so far procured around 6.5 billion doses of COVID-19 vaccines for its self-funding and AMC participants, including 1.1 billion donated doses. Most of the vaccines procured by COVAX in 2021 (around 60 per cent) were donated. While its self-financing members (e.g., Canada, Saudi Arabia and South Africa) pay for vaccines secured via this scheme, eligi-

ble LMICs have received doses for free in proportion to their population, until 30 per cent are vaccinated.<sup>18</sup> COVAX has thus established itself as the main pillar of vaccine supplies to the world's 92 poorest economies – providing 82 per cent of the vaccines those nations have received so far.<sup>19</sup>

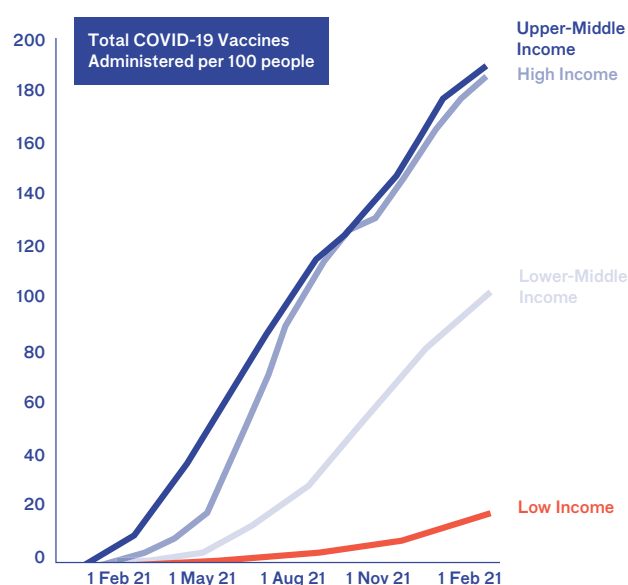


Figure 1: Total COVID-19 vaccines administered per 100 people. Source: UNDP (2022)

# Shifting from charity to equity

Although in January 2022 COVAX has reached the important milestone of 1 billion<sup>20</sup> doses procured to 144 countries,<sup>21</sup> it has failed to achieve the two billion doses originally projected for 2021.<sup>22</sup>

The programme has suffered from many delays and problems.<sup>23</sup> First, donor countries and organisations did not keep their promises in terms of deliveries, and

this explains why around 70 per cent of the population in Africa has not yet received even a single dose of COVID-19 vaccine.<sup>24</sup> The figure below provides an overview of the major donors of vaccines at the global level, showing how countries like the United States of America, the United Kingdom or Japan delivered only a fraction of the promised doses.

Second, a survey shows that several LMICs, particularly in sub-Saharan Africa, lacked the proper storage

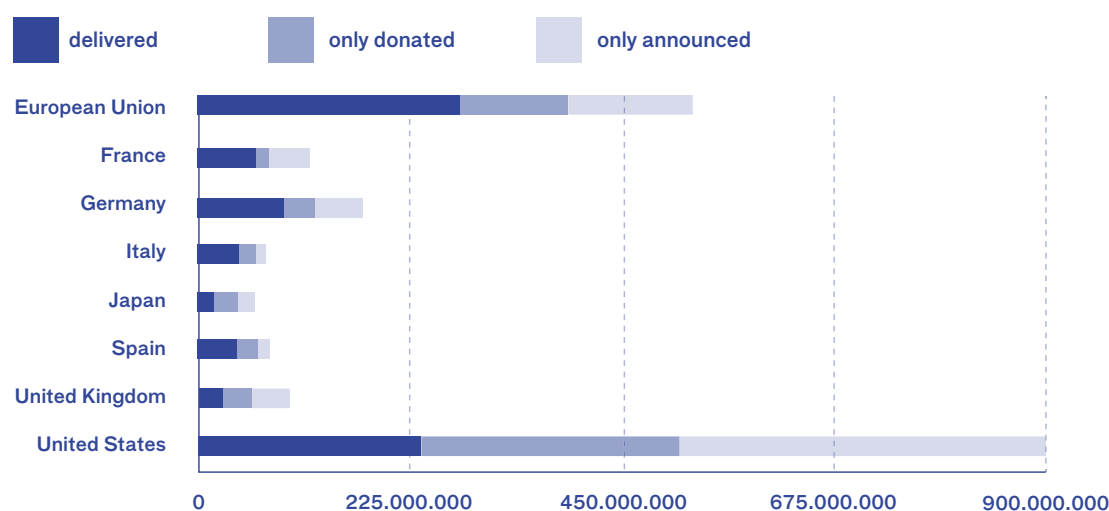


Figure 2: The major donors of COVID-19 vaccines within ACT-A and COVAX. Source: Our World in Data (2022)

facilities such as fridges, deep freezers, walk-in freezers and walk-in cold rooms,<sup>25</sup> which pushed some of them to reject the delivery of more than 100 million doses in December 2021.<sup>26</sup> In addition, despite an acceleration in vaccine deliveries, huge disparities persist among LMICs – with the majority accelerating their vaccine drives and others still stagnating, or even experiencing decreasing levels in vaccination rates due both to logistical and bureaucratic barriers and lower vaccine demand.<sup>27</sup> In this context, equally large disparities exist in COVID testing capacity, with clusters of low capacity in parts of central Africa. In this context, it is important to note that such inequity that translates into lower rates of vaccination and testing may exacerbate the risk for new emerging variants.<sup>28</sup> While some African countries like South Africa were able to very quickly sequence the new variant because of higher lab capacity, others do not have the same capacities, and some (e.g., Nigeria) are dealing with multiple infectious diseases with higher death rates than COVID.<sup>29</sup> Moreover, COVAX was always meant to be a tool to facilitate access to vaccines, and lacked the

proper tools to allow LMICs without strong research and development capacities to develop the needed know-how for manufacturing vaccines themselves. In order to encourage sharing of intellectual property, technologies, and research and development, WHO and other partners launched the COVID-19 Technology Access Pool (C-TAP) to facilitate timely, equitable and affordable access of COVID-19 health products through the voluntary sharing of the intellectual property.<sup>30</sup> In other words, COVAX has remained a purely procurement coalition, without tackling the root causes of vaccine access in Africa, which still imports 99 per cent of the vaccines from abroad, and fostering technology transfer between innovators and targeted production sites.<sup>31</sup> All these critical issues show that for many countries, especially those facing protracted emergencies or even conflicts (e.g., Afghanistan, the Democratic Republic of Congo, Haiti, Sudan or Yemen), reaching the 70 per cent target of population fully vaccinated by June 2022 will be less likely.<sup>32</sup> Finally, COVAX still remains hugely underfunded. The WHO has recently estimated that the mechanism has

a funding gap of 23.4 billion USD for the period of October 2021 to September 2022. In addition to this, the fact CEPI was only able to raise just over 193 million US dollars against its request of 350 million was not positive news.<sup>34</sup>

For all these reasons, experts have called for a shift from “charity to equity” in COVAX’s distribution policy, claiming that the principle of proportionality has not necessarily ensured an equal distribution.<sup>35</sup> Despite its drawbacks, the joint donor-supported ACT-Accelerator initiative remains the only global mechanism that is addressing those gaps in the response to the COVID pandemic.<sup>36</sup>

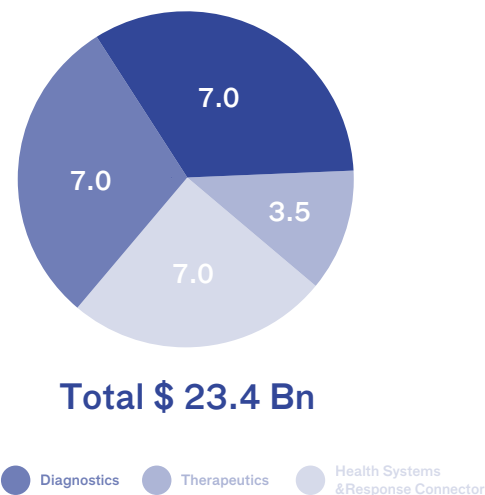


Figure 3: ACT-A 12-month funding need by pillar and cost category. Source: WHO (2022)

## Preparing for future pandemics

The pandemic has undoubtedly accelerated inequity and disparities within the global community, but it has also shown how multilateral health cooperation has made it possible to develop a safe and effective vaccine in just 326 days.

This demonstrates how innovation and pandemic preparedness are key to shortening the response time before the next pandemic occurs, saving human, social and economic losses. For this reason, CEPI has launched its 100-day “moonshot” mission,<sup>37</sup> that aims to make vaccines ready for initial authorisation and manufacturing 100 days after the next pathogen is identified.

This will not be an easy task, as it will require several steps. First, experts claim that it will be essential to systematically develop “prototype vaccines” for known pathogens in various viral families, to accumulate substantial knowledge about a given viral pathogen’s targetability well before an outbreak bursts. Second, it will be important to reduce the time needed to get authorisation in 100 days for subgroups of the population at high risk for exposure. Third, a rapid response depends on the capacity to promptly manufacture and release vaccines. This could be achievable with mRNA vaccines, but would require the creation of platforms that are able to facilitate rapid production and scaling, preparing a supply of commercial-quality raw materials and developing clear procedures and checklists for rapidly adjusting existing processes to a new pathogen.<sup>38</sup> In the meantime, ensuring adequate financing for research and development remains a

crucial challenge to avoid repeating past mistakes, exposing the poorest and most vulnerable countries to the highest costs of future pandemics. That is why GAVI has launched the “Pandemic Vaccine Pool”,<sup>39</sup> a flexible financial instrument that blends direct, contingent and innovative financing and will be able to act as a rapid response mechanism to support LICs’ and LMICs needs in the face of these inevitable changes.<sup>40</sup> The Pool aims to support governments to deliver COVID-19 vaccines doses rapidly and safely without undermining routine immunisation activities, and to cover costs such as syringes, transport and insurance. Protecting against the next pandemic means contributing to ending the extensive epidemics of malaria, tuberculosis and HIV, tackling neglected tropical diseases that pose a particularly heavy burden on Africa.<sup>42</sup>

Against this backdrop, the launch of the European Health Emergency Preparedness and Response Authority (HERA) and the commitment to increase complementarities and synergies between HERA and CEPI is a step in the right direction. CEPI and HERA must work together to build a critical mass for vaccine development, create a more enabling framework for research and innovation against pandemics, and secure global equitable access to life-saving technologies.<sup>43</sup>



# One year after the G20 Global Health Summit<sup>44</sup>

The Italian G20 Presidency placed strong attention on global health cooperation, culminating in its organisation of the Global Health Summit in May 2021. Following the summit, the leaders issued the Rome Declaration that included several principles to boost multilateral health cooperation. Among them, the most important were:

1

Support LMICs to build expertise, and develop local and regional manufacturing capacities for tools, including by building on COVAX efforts, with a view to developing improved global, regional and local manufacturing, handling and distribution capacities. Further enable increased use of health technologies and the digital transformation of health systems.

2

Enable equitable, affordable, timely, global access to high-quality, safe and effective prevention, detection and response tools, leveraging and drawing on the experience of ACT-A, as well as to non-pharmaceutical measures, clean water, sanitation, hygiene and (adequate food) nutrition and to strong, inclusive, and resilient health systems; and support robust vaccine delivery systems, vaccine confidence and health literacy.

3

Enhance support for existing preparedness and prevention structures for equitable immunisation against vaccine preventable diseases, and surveillance and health programmes for these and other diseases, including HIV/AIDS, tuberculosis, malaria and others, and noncommunicable diseases, as part of integrated service delivery and ensuring that no one is left behind.

4

Increase the effectiveness of preparedness and response measures by supporting and promoting meaningful and inclusive dialogue with local communities, civil society, frontline workers, vulnerable groups, women's and other organisations and all other relevant stakeholders and by countering misinformation and disinformation.

5

Invest in the worldwide health and care workforce, to bring about the triple dividend of better health, acceleration of development, and advancements in social inclusion and gender equality.

6

Invest in community health and in health systems to achieve strengthened, resilient, inclusive, high quality health services, continuity of care, local and home care, and public health capacities in all countries. Invest in multi-lateral WHO-led mechanisms to facilitate assistance and response capacities for use in developing and crisis-affected countries.

In addition, G20 has also tried to tackle the traditional bureaucratic rivalry between health and finance, launching a joint Finance-Health Task Force to strengthen pandemic prevention, preparedness and response.<sup>45</sup>

The aim of the Task Force, assisted by a secretariat housed at the WHO, with the support of the World Bank, is to enhance global cooperation on pandemic prevention, preparedness and response, to promote the exchange of experiences and best practices, and to encourage effective stewardship of resources to address the existing financing gaps in pandemic preparedness and response.<sup>46</sup> The Indonesian G20 Presidency has taken stock of this initiative, with three meetings already organised as of April 2022. In the last meeting G20 members broadly supported the establishment of a new financial mechanism that will provide a dedicated, sustained source of funding for pandemic prevention, preparedness and response.<sup>47</sup>

In this sense, it is also worth mentioning that the United States has sponsored a dedicated Financial Intermediary Fund (FIF) to be created within the World Bank, that should draw on other existing international arrangements.<sup>48</sup> In this vein, a recent report by the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response has called for establishing a Global Health Threats Fund, with an independent governance from

the World Bank and able to mobilise up to 10 billion US dollars per year, based on pre-agreed contributions, to support investments in global public goods for pandemic preparedness.<sup>49</sup> Although it is likely that the new FIF would follow a “donor-led” design, some suggest that the new instrument should still provide a key guiding role to the G20, as this would allow other multilateral health institutions like the WHO to play a role in it.<sup>50</sup>

Finally, in April 2022, Senegal, Indonesia and Germany co-hosted the 2022 Gavi COVAX AMC Summit,<sup>51</sup> during which donors secured commitments valued at 4.8 billion US dollars for the Gavi COVAX AMC, the mechanism which supports equitable access to

COVID-19 vaccines for LMICs. These commitments mean a total of 1.7 billion US dollars in new sovereign donor pledges towards the 2022 AMC fundraising ask, as well as 2.1 billion US dollars’ worth of commitments via new innovative financial mechanisms

provided by the European Investment Bank (EIB) and the United States Development Finance Corporation, and least 1 billion US dollars made available by three multilateral development banks: World Bank, Asian Development Bank and EIB.<sup>52</sup> Finally, pandemic preparedness is also one of the key priorities of the German G7 Presidency, with the final summit scheduled for the end of June 2022.

**Although it is likely that the new FIF would follow a “donor-led” design, some suggest that the new instrument should still provide a key guiding role to the G20, as this would allow other multilateral health institutions like the WHO to play a role in it.**





CHAPTER II

**Ending other  
global pandemics**





## Background

In the past two years, global attention has concentrated on the direct costs of the COVID-19 pandemic, with unprecedented resources allocated to developing safe and effective vaccines and mitigating – especially in richer countries – the socio-economic costs of the crisis. However, this has also increased disparities among richer and poorer countries, with the latter lacking the fiscal space to effectively support the economic sectors majorly affected by lockdowns and restrictive measures.

According to the World Bank, LMICs are trapped in debt crises, with a debt burden that rose by 12 per cent to a record \$860 billion in 2020.<sup>53</sup> This meant that LMICs had shrinking finance that could be allocated to social spending and this has impacted the fight against other pandemics. COVID-19 has not only caused the deaths of at least 200,000 people in Africa, but most importantly, it has disrupted critical health services, undermining years of progress fighting other deadly diseases, such as malaria, TB and HIV. These diseases did not disappear in the past two years, but rather continued to be the leading causes of death in sub-Saharan Africa, where health systems were facing a double burden of combatting COVID-19 and endemic diseases. This fragility continues to threaten malaria response and also affects the social and economic determinants of

health and may exacerbate poverty and malnutrition, weaken health systems and contribute to social instability.<sup>54</sup> A recent report<sup>55</sup> conducted in 24 African countries and seven Asian nations showed that access to health-care services for malaria and TB declined significantly throughout the world compared to 2019. Such a decline was attributable to several reasons such as the patients' fear of contracting COVID-19 or the inability to reach health-care facilities due to disruptions in public transportation and lockdown measures especially in urban areas.<sup>56</sup> Lockdowns and supply chain disruption have heavily impacted routine immunisation programmes, thus there is a high risk that gains made in the past decades could be lost and some warn that the knock-on effects on HIV, TB and malaria could exceed the direct impact of the pandemic.<sup>57</sup>

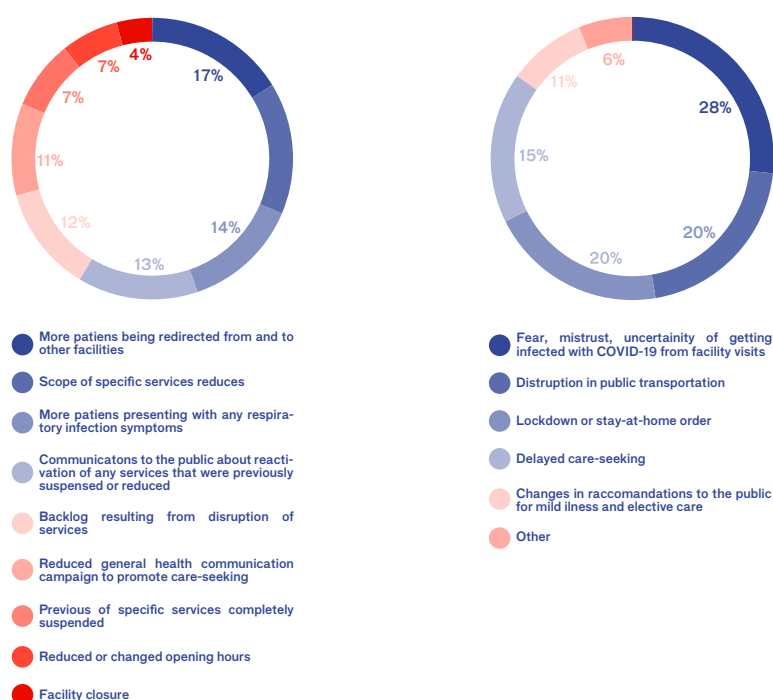


Figure 4: Main reasons for not accessing health-care services. Source: Holtz (2022)

# The impact of COVID-19 on malaria

The latest World Malaria Report<sup>58</sup> found that malaria is on the rise again with an estimated 627,000 deaths worldwide in 2020, a 12 per cent increase from the 558,000 cases registered in 2019.

Even before COVID-19, global gains against malaria were levelling off; the world was not on a trajectory to success and was increasingly moving away from reaching the 2020 milestones of the WHO's global malaria strategy. In 2020, global malaria case incidence was off track by 40 per cent and the global mortality rate for 2020 was off track by 42 per cent.<sup>59</sup> The vast majority of these new deaths that occurred after COVID-19 (around 47,000)<sup>60</sup> were caused by disruptions in the delivery of malaria prevention (e.g., the provision of insecticide-treated bednets and the spraying of insecticides in homes), diagnosis, and treatment, with 60 per cent of countries claiming that they could not manage to complete their planned campaigns to distribute insecticide-treated mosquito nets in 2020.<sup>61</sup> In addition, the reverse mobility from urban to rural areas in countries like Botswana led to sharp spikes in malaria cases in 2020.

Luckily, some countries managed to adapt malaria prevention strategies to the new context, for instance by conducting malaria case investigations by telephone or by organising mass distribution cam-

paigns for insecticide-treated nets with “no touch” payments.<sup>62</sup> Children under five in sub-Saharan Africa paid the highest cost, and they still accounted for 96 per cent of global deaths in 2020.<sup>63</sup> Although a total of USD 3.3 billion was invested globally in malaria control and elimination in 2020, this was still far from the goal of USD 6.8 billion needed to reach global malaria targets. It is estimated that in order to recover from these two years of losses, investments will need to more than triple by 2030, to 10.3 billion US dollars per year.<sup>64</sup> It is important to avoid the economic consequences of COVID-19 leading to lower contributions from states to the fight against malaria, as this would further exacerbate the existing funding gap.<sup>65</sup> International health financing still accounted for about 70 per cent of all funding available for malaria in 2021, with the Global Fund providing around 40 per cent of all international financing for malaria programmes.<sup>66</sup> The Fund has recently stated that it would need at least \$2.6 billion per year to help close the still significant gaps in coverage for key prevention and treatment interventions, especially among poor and marginalised communities.<sup>67</sup> Against this backdrop, the approval of the first malaria vaccine, RTS,S, and the GAVI agreement to fund it for 155.7 million US dollars between 2022–25 is very good news. Experts claim that the vaccine, combined with seasonal malaria chemoprevention, may have the potential to reduce child hospitalisations and deaths by approximately 70 per cent across the Sahel.<sup>68</sup>

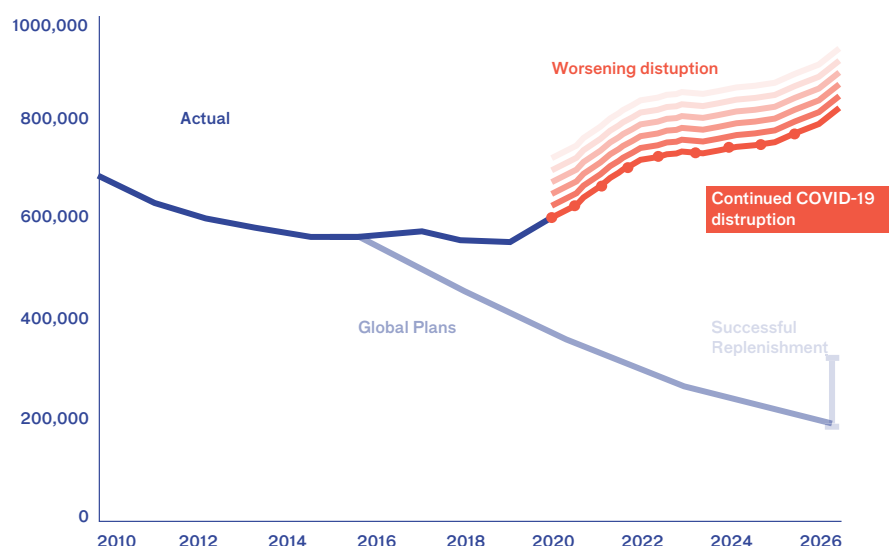


Figure 5: The Global Fund 7th replenishment. Source: The Global Fund (2022)



# The impact of COVID-19 on HIV

The fight against HIV was also heavily affected by COVID-19, which caused many interruptions in testing and treatment of the disease, paired with prospective patients' increased wariness in seeking medical care, heightening the risk of spreading the disease.

These trends severely impacted sub-Saharan Africa, where 67 per cent of the global cases of people living with HIV/AIDS are reported.<sup>69</sup> A recent study highlighted an 11 per cent reduction in the number of patients reached by prevention programmes that supply condoms or clean needles and syringes; as well as a 22 per cent fall in HIV testing, exposing in particular adolescent girls and young women who account for more than 85 per cent of new HIV infections among those aged 15 to 19 in sub-Saharan Africa. These declines were fortunately compensated by a 9 per cent increase of people living with HIV who received antiretroviral drugs. This in part came about because clinics in some countries began providing them with enough medicine to last several months, to reduce the need for frequent visits.<sup>70</sup>

Against such a complicated backdrop, international assistance for HIV responses remains critical. As is true for malaria, international financing represents more than half of total spending on HIV. The vast majority of these resources are devoted to LMICs where domestic resource mobilisation still struggles to reach significant levels to effectively tackle this disease, amounting to only 9.57 US billion dollars out of 20.2 US billion mobilised in 2020. Despite the urgency, experts and advocates are warning about a dangerous decline in HIV development assistance, with a 3.4 per cent decrease registered from 2019 (meaning 9 US billion dollars) and a 7 per cent decrease from 2017 levels. For these reasons, the Global Fund, which has traditionally channelled between 15 and 20 per cent of international financing for HIV, estimated that to get back on track 3 US billion dollars per year are needed.<sup>71</sup>

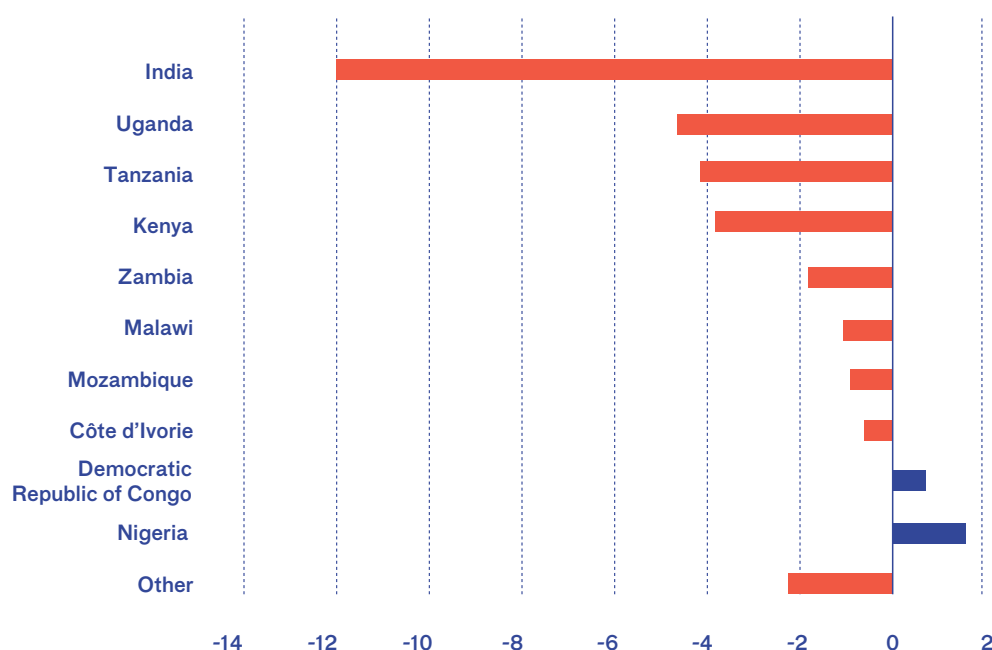


Figure 6: The decline in HIV testing during COVID-19. Source: The Global Fund (2022)

# The impact of COVID-19 on tuberculosis

TB remains one of the top global health challenges, killing 4,000 people every day. Before the outbreak of the COVID-19 pandemic, TB was the leading infectious killer globally and as with malaria and HIV, COVID-19 has caused a dramatic downturn after decades of progress.<sup>72</sup>

In 2020, the world witnessed an 18 per cent plummet in the number of people newly diagnosed with TB, bringing the total number of uncounted cases to 4 million.<sup>73</sup> In this context, the latest Global Tuberculosis Report<sup>74</sup> has estimated that one quarter of the world's population is still infected with TB, and that 10 million people developed active TB in 2020, meaning that they each could potentially transmit the bacilli to 15 other people within the course of a year.

While TB, which is one of the top ten causes of death worldwide, is curable and preventable, its drug-resistant form has been a major obstacle to TB care and prevention. Fewer than one in three people living with drug-resistant TB (15 per cent of all TB cases globally) are receiving proper treatment. Moreover, due to COVID-19 disruptions, for the first time in ten years TB mortality overall increased at the global and regional level in 2020. Since both TB and COVID-19 are respiratory diseases, TB treatment was particularly affected by COVID-19 and the diversion of resources to it,<sup>75</sup> with a nearly 60 per cent decline in diagnoses and a nearly 80 per cent decline in treatment referrals relative to 2019. Again, African and Asian coun-

tries were particularly exposed to these threats, experiencing severe disruptions to TB health-care services.<sup>76</sup>

Eradicating TB by 2030 will be crucial not only to save lives. Investments in TB treatments are cost-efficient and highly profitable, with the Global Fund estimating a 1:49 return-on-investment ratio. Conversely, the costs of inaction by not achieving our SDG3 TB mortality targets until 2045 will result in 5.7 million lives lost and an estimated USD 3 trillion in economic losses. Official development assistance (ODA) will continue to play a fundamental role in closing the gap between people who have access to TB prevention, treatment, care and support services, and people who are being left behind, particularly in LMICs where COVID-19 has caused a rapid erosion of their fiscal space.<sup>77</sup> However, investments on TB will also be essential to prepare for future pandemics. The Global Fund has already indicated some potential paths to be followed<sup>78</sup> such as i) strengthening community-led responses;<sup>79</sup> reduce the social and structural barriers to care, and reach people where they are and in ways they can easily and effectively access services; ii) boosting diagnostic tools (e.g., GeneXpert multi-disease PCR testing platform, immunoassays, diagnostic technologies); iii) supporting laboratory infrastructure and staff capacity (training, procedural development, creating and maintaining BSL-3 labs and ABSL-3 facilities), iv) establishing vaccine platforms, research capacity and infrastructure and v) engaging with regulatory authorities, ethics bodies, trial networks and community advisory boards.

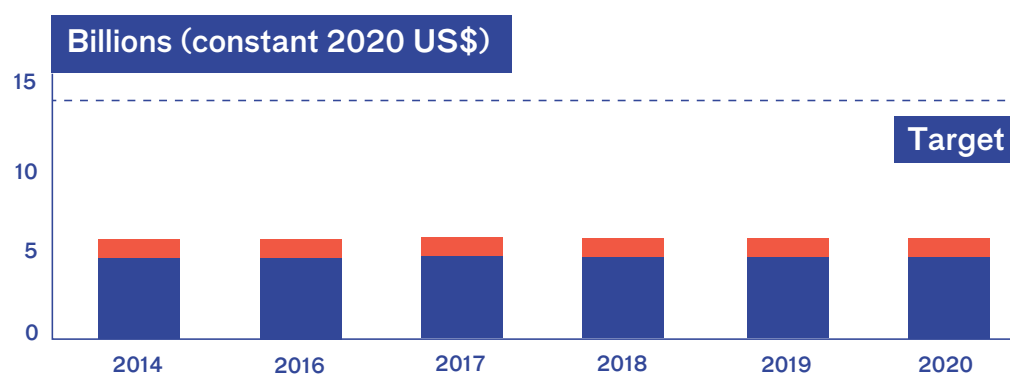
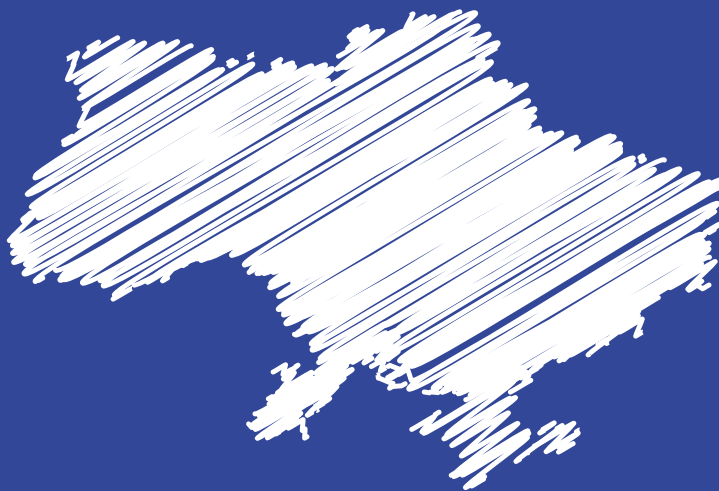


Figure 7: TB prevention: Funding needed for LMICs (98 per cent of officially reported cases of TB worldwide). Source: The Global Fund (2022)

# Impact of war in Ukraine on health



The war in Ukraine is a serious threat for global health. The Russian invasion has hit hard on a country with the fourth highest TB incidence rate among the 53 countries of the WHO European Region. In 2020, Ukraine registered more than 17,500 cases of TB, whereas drug-resistant TB remains a public health threat in the country, representing almost 30 per cent of new TB patients and 46 per cent of previously treated patients.<sup>80</sup>

**T**he Russian invasion has put the health-care system under increasing pressure, as the fighting, direct attacks on health-care facilities and medics, displacement of millions of people, and problems with access to and delivery of medicines are disrupting treatment for patients.<sup>81</sup> Medical organisations and NGOs on the ground are struggling to provide services, including medicine deliveries, due to security worries and transportation issues, with roads clogged with refugees or Russian troops.<sup>82</sup> Access to medicines is also problematic for the estimated almost 6 million internally displaced people in Ukraine as a result of the disruptions in supply chains. In a report released earlier this month, the European Centre for Disease Prevention and Control urged Ukraine's neighbouring states to ensure refugees had access to health-care services to help in the early detection of infectious diseases.<sup>83</sup>

Ukraine also has huge problems with HIV, with UNAIDS estimating that 260,000 people were liv-

ing with HIV in Ukraine before the war broke out, the second largest number in Europe after Russia, 152,000 of whom were taking daily medication for HIV. The population living with HIV include 69 per cent who just know their status, 57 per cent who receive antiretroviral medication and 53 per cent who have achieved viral suppression.<sup>84</sup> For this reason, an initial delivery of more than 18 million doses of life-saving antiretroviral medicine procured by the US President's Emergency Plan for AIDS Relief is now being distributed and should allow a six-month supply for all people living with HIV on first-line treatment.<sup>85</sup>

Finally, Ukraine was already grappling with an outbreak of vaccine-derived polio: there were two cases in the country's west last year, the most recent in December. The conflict has paused a three-week campaign to vaccinate nearly 140,000 children, launched on 1 February; it has also hit polio surveillance, so the virus might be spreading undetected.<sup>86</sup>

# Filling the financial gap

Tackling the global challenge of malaria, HIV and TB will require important financial resources. While ODA will continue to play a critical role in supporting global health cooperation, the scale of the funding needs will require a stronger capacity to mobilise resources at the national level, as well as the creation of innovative financing mechanisms that go beyond traditional aid.

Among them, financial transaction taxes, or a repurposing of Special Drawing Rights in re-allocation for health can be important tools to reach this goal.<sup>87</sup> In other words, multilateral efforts will need to be accompanied by a strong domestic resources mobilisation, with an estimate of 59 billion US dollars needed to reinforce systems for health and pandemic preparedness.<sup>88</sup> This will not be an easy task. Historically, governments in LMICs have provided an average of 50 per cent of all funding available for HIV; 85 per cent for TB; and 30 per cent for malaria. Furthermore, countries that are facing the worst setbacks in the response to the three diseases are also facing severe economic crisis. According to the International Monetary Fund (IMF), in 2020 the COVID-19 pandemic resulted in declines of 7.0 per cent of GDP in Latin America, more than 6 per cent in South Asia, 1.8 per cent in sub-Saharan Africa and 3 per cent or more in many LMICs; and the IMF anticipates that the

economic impacts of the pandemic will persist at least through 2025.<sup>89</sup> Therefore, global health cooperation will still play an essential role in supporting LMICs in tackling TB, HIV and malaria. As displayed in the figure below, in order to close the current gaps and get back on track, the Global Fund will need at least 18 billion US dollars for the period 2023–25: meaning about 3 billion US dollars a year for HIV, 2.4 billion for TB, 2.6 billion for malaria and 1.5 billion to create resilient and sustainable systems for health and to support community-led programmes that are the foundation of success.<sup>90</sup>

Investing in global health is not only essential to end COVID-19 globally and address increasing inequalities among rich and poorer countries, it is essential to prevent and respond to future pandemics by delivering quality, rights-based health services to all.<sup>91</sup> Moreover, investing in global health programmes is financially worthy, as it is calculated that every dollar invested generates a return of 1:31.<sup>92</sup> In its investment case, the Global Fund forecast that the resources needed for HIV, TB and malaria for 2024–26 amount to 130 billion US dollars, a 29 per cent increase from the current three-year period (2021–23), that is crucial to get back on track, recover the losses caused by COVID-19 and end the three pandemics by 2030. To achieve these goals, the Global Fund's target for the Seventh Replenishment is to raise at least 18 billion US dollars by the end of 2022.<sup>93</sup>

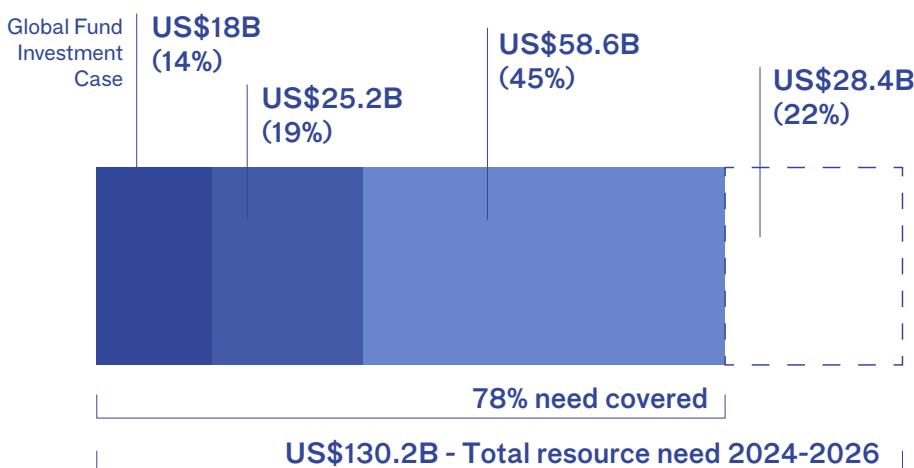


Figure 8: The resources needed to tackle HIV, TB and malaria. Source: The Global Fund (2022)



## CHAPTER III

# Recommendations for Italy



# The resources allocated to tackling the global health crisis

Since the beginning of the pandemic, Italy has been among the first countries to support the importance of equal and universal access to vaccines, treatments and tests for COVID-19, based on a principle of international solidarity according to which no one will be safe until everyone is safe. Italy was one of the main founders of the ACT-A, COVAX and CEPI contributing to the latter with around 400 million euros in 2021.<sup>94</sup>

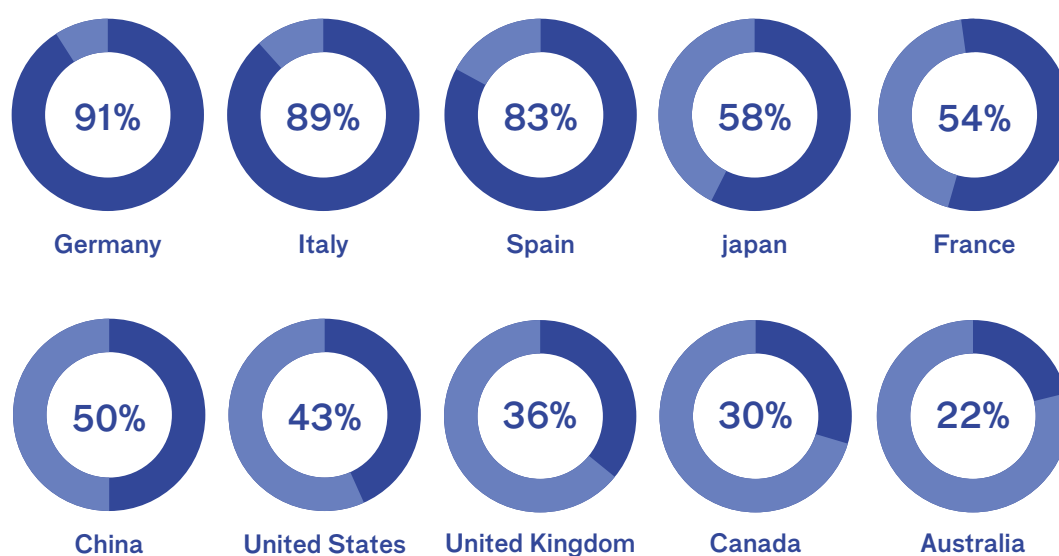
**A**n addition, during the G20 Presidency Italy played a strong role in putting multi-lateral health cooperation and pandemic preparedness at the centre of the international agenda, by organising jointly with the European Commission the Global Health Summit in May 2021.<sup>95</sup> Finally, Italy ranks in the top-ten of the biggest donors of COVID-19 vaccines, and holds the second place after Germany with almost 90 per cent of the pledged doses (53.6 million vaccines).<sup>96</sup>

Furthermore, in 2020 Italy was among the first countries to announce a contribution to GAVI, amounting to 120 million euros between 2021 and 2025 (with 20 million euros allocated to the COVAX AMC) from the budget of the Ministry of Foreign Affairs, as well as 216 million euros from the Ministry of Finance to support COVAX AMC and the International Finance Facility for Immunisation. Thanks to these resources Italy ranks in

the top-ten of global contributors to GAVI and has pledged 722 million US dollars from 2021 to 2025 and 180 million euros for 2026-2030. Moreover, Italy allocated around 20 million euros to CEPI for 2022-2026.<sup>97</sup>

Finally, Italy has supported the Global Fund with 161 million euros pledged in 2019 for 2020-22. In this sense, it is important to mention that Italy has also launched an initiative called the “5 per cent initiative” that allows research centres, universities, NGOs and civil society organisations to propose projects that may be financed through the Italian contribution to the Global Fund up to a maximum of 5 per cent.<sup>98</sup>

Figure 9: Top 10 donating countries.  
Source: Launch and Scale Speedometer (2022)



# Financial gaps to be filled

Despite these important commitments, the lack of adequate resources still hampers the efforts to achieve a full and effective global health cooperation. Although the new Budget Law approved in December 2021 increased the resources for development cooperation by around 100 million euros per year, this rise is still far from meeting the international development targets.

In addition, the main concern is that the war in Ukraine and the spikes in energy prices may divert funds allocated for fragile LMICs in Africa and Asia towards the eastern neighbourhood. This may lead to a zero-sum game where development programmes will pay the highest costs, undermining the credibility and effectiveness of national bilateral and multilateral cooperation programmes.<sup>99</sup> As for multilateral health cooperation, the recent three-year planning document on development cooperation from 2021–23<sup>100</sup> has confirmed Italy's commitments to tackle current and future pandemics. During a recent meeting of the Ital-

ian Joint Committee for Development Cooperation in Rome, Italy confirmed that it has earmarked approximately 85 million euros to support global multilateral partnerships for global health (including 54 million to the Global Fund, 24 million to GAVI Alliance and 4 million to CEPI).<sup>101</sup>

However, the fact that the country did not pledge resources in the latest 2022 Break COVID Now Summit was a negative signal that needs to be adjusted soon.<sup>102</sup> Moreover, despite the commitments taken at the international level, in the last five years Italy has experienced a significant reduction in the levels of ODA as a share of Gross National Income (GNI). This level has indeed shrunk from 0.30 per cent in 2017 to 0.28 per cent in 2021. With an average of 0.24 per cent of GNI allocated to development cooperation between 2019 and 2021 Italy positions itself well below the average for the OECD Development Assistance Committee (0.33 per cent) and the average for the EU countries that belong to the Committee (0.45 per cent).<sup>103</sup> This not only undermines the country's credibility on the global stage, but contradicts the provisions of Law 125/2014, as well as the commitments taken in 2019 to reach at least 0.30 per cent by 2030.<sup>104</sup>

# Preparing for the future: Policy recommendations

While resources for existing programmes and initiatives will be key to boost multilateral health cooperation, the real challenge for Italy is to identify the best strategy to tackle future pandemics. Already during the G20 Presidency Italy has put an important emphasis on the so-called One Health approach, showing how interconnected human health is with the well-being of animals and of the planet.<sup>105</sup>

Understanding this nexus and preparing both the institutional and financial background to fully operationalise it will be essential. An intra-institutional Task Force that gathers the Ministries of Finance, Health and Foreign Affairs,<sup>106</sup> drawing on the model of the G20 joint Finance-Health Task Force under the coordination of the Presidency of the Council of Ministers, could be a good starting point to streamline global health cooperation programmes as a top priority for Italy.<sup>107</sup> A new pandemic could begin anywhere where there is close interaction of people and either domesticated or wild animals, particularly in those areas that are deeply under threat due to climate change, biodiversity loss, deforestation and rapid urbanisation.<sup>108</sup> Against this backdrop, Italy and developed countries should not only support a rapid immunisation of LMICs against COVID-19, but also support

them in boosting their public health capacity and invest adequate resources in detecting new pathogens in animal populations, as the best way to prevent these from becoming established long before they spread to humans. In this sense, Italy should support multilateral initiatives to develop a pandemic, preparedness treaty, by supporting the Intergovernmental Negotiating Body, launched by the World Health Assembly in 2021 and that will negotiate the design of the treaty<sup>109</sup> and report in May 2024. Although this would take several years to become reality, such a regulatory step is much needed to strengthen pandemic prevention, preparedness and response, establish global standards for maximum-security laboratories which handle dangerous pathogens<sup>110</sup> and support the creation of an African bio-manufacturing capability<sup>111</sup> to accelerate the response to future threats and address inequities.

Keeping multilateral health cooperation high on the global policy agenda is essential to tackle current and future pandemics. Therefore, this paper outlines seven key policy proposals that the Italian government should consider:

1

Italy should keep ambitious levels of financing for multilateral health cooperation initiatives such as GAVI and CEPI. In this sense, it is urgent that the country announces an ambitious pledge for adding more resources to ACT-A and COVAX to meet the increasing needs.

2

Italy, also as an EU Member, should support initiatives to boost the manufacturing capacity of LMICs to produce vaccines, treatments and personal protective equipment, also by supporting those initiatives like the TRIPS waiver<sup>112</sup> at the World Trade Organization level to reduce producing and distribution costs for developing countries, as well as ensuring a rapid transfer of technologies to allow LMICs be fully equipped to react to the next pandemics, especially but not exclusively in Africa.

3

Italy should on the one hand increase the development cooperation budget, with the aim of reaching the global target of 0.7 per cent of ODA/GNI by 2030. On the other hand, Italy should top up other resources not earmarked as ODA but that can have an important impact on global health cooperation initiatives. Italy could earmark dedicated resources for global health cooperation, that are not necessarily part of ODA, but are important to support multilateral global health interventions.

4

Italy should draw on the work conducted during its G20 Presidency to support the current Indonesian Presidency within the troika to push G20 members to allocate adequate resources to prepare for future

pandemics, for instance by providing the G20 with a strong role in the future on initiatives such as the Financial Intermediary Fund on global health threats. In addition, within the G20 Italy should identify the proper mechanisms to ensure a full engagement and inclusion of non-G20 members in the decision-making processes. In this sense, the WHO could work as a platform that provides scientific and political support, helping to address the needs of LMICs and design with them the best policies to achieve global health and preparation for future pandemics.

5

Italy should maintain a strong level of financial support for the Global Fund, with the aim of avoiding a diversion of resources from the fight against malaria, TB and HIV, also in light of the health crisis triggered by the war in Ukraine. In this sense, Italy should increase the resources needed by the Global Fund in a way that is proportionate to the resources indicated for 2023–25 in the recent Investment Case.

6

Italy should work at the international and multinational level to reform and boost the capacity of the WHO as the main global player to tackle current and future pandemics.

7

Italy should establish a permanent Task Force that includes the Finance, Health and Foreign Affairs Ministries, as well as other relevant global health practitioners. The Task Force should be established under the coordination of the Presidency of the Council of Ministers and could improve the level of coordination of programmes and interventions dealing with global health and increase the country's impact and visibility as a key player in multilateral health cooperation.



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ISBN 978-88-9368-245-9

Published by  
Istituto Affari Internazionali  
Via dei Montecatini, 17 - 00186 Rome, Italy — Tel: +39 066976831 — [iai@iai.it](mailto:iai@iai.it) — [www.iai.it](http://www.iai.it)  
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