



Event Report

“Health 20: Policies for Innovation & Irreversible Progress”

Geneva, 18th May, Intercontinental Hotel



ABSTRACT

The report summarizes the proceedings, discussions and conclusions of the roundtable held on Friday 18th May 2018 at the Intercontinental Hotel in Geneva, Switzerland. The roundtable was organized by the G20 Health and Development Partnership (G20 HDP) that consists of cross-sectoral partners including Novartis, GHIT, Unitaid, MMV, TB Alliance, GHTC, Path, Medtech Europe and Johnson & Johnson. The Partnership Secretariat that is provided by Sovereign Sustainability and Development together with partners organised the Health 20 (H20) roundtable event that was designed to show their support for the Argentinian G20 Presidency and its Health Working Group as a permanent track of the G20 and to provide a voice to the wider innovation ecosystem within the G20 process.

Together in Partnerships under SDG 17 - including policy makers, governments, academia, the private sector and with the civil society - the intention is to collaboratively focus on how to address the threat of future pandemics and AMR and on how the G20 can reinforce health as the foundation and driving force for social and economic development.

The outcome of the report highlights that it is possible to make significant progress in tackling the most challenging health threats of our times by utilizing and building upon existing operational and economic models over the next five years and by advocating the work that has been done by PDPs, social businesses, businesses, NGOs and academic institutions to policy makers.

A crucial determinant for delivery and impact is the need for a better exchange between policy makers and health stakeholders to achieve progress in the next five years and align the goals with UN SDGs, especially under SDG 17 by 2030.

This event followed the Berlin Global Health Innovation Roundtable (28th April, 2017) and the creation of the G20 Health and Development Partnership under the leadership of private and public-sector organisations during a Parliamentary session in the House of Commons in the UK (12th December 2017).

ACKNOWLEDGEMENTS

We would like to thank the co-hosts, chairs, speakers and participants of the roundtable for their support for this initiative and their valuable contributions at the roundtable event. Special thanks go to the Sovereign Sustainability and Development team and its Chairman Alan Donnelly, who is the Patron of the G20 Health and Development Partnership. We thank the team involved for their tireless efforts to set up the initiative, managing the event and their harmonious teamwork and delivery of the project.

The report entirely represents the views and perceptions of the authors, the SSD team. Any amendment requests should be directed to: office@ssdhub.org

TABLE OF CONTENTS

LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	6
REPORT OF THE DISCUSSIONS	8
Welcome and Opening Remarks	8
Keynote Speech	9
Roundtable Panel 1: Global Health as a standing item of the G20	10
Roundtable Panel 2: Health beyond SDG 3 – End-to-end Innovation as a critical element of foreign policy, security and trade	15
CLOSING SPEECHES	18
RECOMMENDATIONS & NEXT STEPS	21
ANNEX	23
Participants List “Health 20: Policies for Innovation and Irreversible Progress” Event	23
Speakers	25

LIST OF ACRONYMS

AMR – Antimicrobial Resistance
API – Application Programming Interface
ARV – Antiretroviral
ART – Antiretroviral Therapy
BMGF – Bill and Melinda Gates Foundation
CDC – Centers for Disease Control and Prevention
CEPI – Coalitions for Epidemic Preparedness and Innovations
COHRED – Council on Health Research for Development
CSOs – Civil Society Organizations
CTA – Call to Action
CWA – Compact with Africa
EC – European Commission
EU – European Union
FDA – US Food and Drug Administration
FENSA – WHO's Framework of Engagement with Non-State Actors
FIND – Foundations for Innovative and New Diagnostics
GAVI – The Global Alliance for Vaccines and Innovations
GCC – Gulf Cooperation Countries
GFATM – Global Fund to fight AIDS, Tuberculosis and Malaria
GHIT – Global Health Innovative Technology Fund
GHTC – Global Health Technologies Coalition
GDP – Gross Development Product
GNI – Gross National Income
G20 HDP – G20 Health and Development Partnership
HCV – Hepatitis C Virus
HSS – Health Systems Strengthening
HWG – Health Working Group of the G20 Presidency
IPU – Interparliamentary Union
KPMG – Klynveld Peat Marwick Goerdeler
LMICs – Low and Middle-Income Countries
MdB – Member of German Bundestag
MDR/XDR TB – Multidrug-resistant/Extensively drug-resistant Tuberculosis
MERS – Middle East Respiratory Syndrome
MMV – Medicines for Malaria Venture
MOF – Ministry of Finance
MOH – Ministry of Health
MP – Member of Parliament
MTA – Material Transfer Agreement
NCDs – Non-Communicable Diseases
NGOs – Non-governmental Organizations
NTDs – Neglected Tropical Diseases
OIF – The International Organization of La Francophonie
PATH – Program for Appropriate Technology in Health
PDP – Product Development Partnership
PEPFAR – The United States President's Emergency Plan for AIDS Relief
PPP – Public Private Partnership
PHUs – Primary Health Units
PRND – Poverty Related and Neglected Diseases

R&D – Research and Development
RFI – Research Fairness Initiative
SDGs – Sustainable Development Goals
SMEs – Small and Medium Sized Enterprises
TB – Tuberculosis
TB Alliance – Global Alliance for TB Drug Development
TDR – The Special Programme for Research and Training in Tropical Diseases
TICAD – Tokyo International Conference of Africa's Development
TPPs – Target Product Profiles
TRIPS – Agreement on Trade-related Aspects of Intellectual Property Rights
UHC – Universal Health Coverage
UNAIDS – The Joint United Nations Programme on HIV/AIDS
UNDP – United Nations Development Programme
UNGA – United Nations General Assembly
UNICEF – The United Nations Children's Fund
USAID – United States Agency for International Development
WHA – World Health Assembly
WHO – World Health Organization

EXECUTIVE SUMMARY

The G20 Health and Development Partnership (G20 HDP) convened the roundtable with the theme of *“Health 20: Policies for Innovation and Irreversible Progress”* (18th May 2018) in line with the focus of the Argentinian G20 Presidency and its Health Working Group (HWG) prioritising global health and existing global health threats in the context of the 2030 Agenda for Sustainable Development.

The coalition of public-, private and research institutes gathered alongside public figures, international organisation representatives and diplomats ahead of the 71st World Health Assembly (WHA) in Geneva to discuss how the current Argentinian G20 Presidency can show continued leadership in global health involving PDP’s, the private sector, civil society, innovators, entrepreneurs, international organisations in addition to government representatives and research institutes, in order to ensure continuity of the German Presidency (2017) through the Argentinian G20 Presidency (2018) leading up to the Japanese G20 Presidency (2019) and beyond.

According to Lord Jim O’Neill’s AMR review - referenced by one of the speakers during the roundtable - about 700,000 people are dying each year from drug-resistant infections, including TB and Malaria, and this figure could escalate to 10 million a year by 2050 in the event of continued inaction in AMR.¹

Another example raised, shows that the economic burden caused by TB alone will cost the G20 countries about \$10.5 trillion and infect 33 million people living in G20 countries.² Given that the G20, plus the 28 countries of the European Union, represent 64% of the world’s population (4.7 billion people), TB, Malaria, HIV/AIDS and other key infections pose a challenge for the world’s economy.

Despite the significant health and economic impacts caused by these global health concerns, there are major deficiencies in the research, development, delivery and implementation of innovative drugs, vaccines, products and diagnostics. In addition, there are gaps in investments for R&D innovation and effective and efficient implementation is necessary to meet these challenges.

Speakers also agreed that there is a need to develop effective diagnostics and technologies to identify and deal with the consequences of AMR. The issues associated with innovation and delivery related to diagnostics is a major challenge as there are limited mechanisms to transfer developed diagnostics to resource-constrained countries; and health systems of poorer countries often lack the adequate capacities and capabilities to manage these challenges.

Being aware of these health challenges, partner institutions at the roundtable introduced their best practice cases and economic models to combat some of the pertinent health crises of innovative funding models for health projects in developing and least developed countries. Additional examples of blended financing mechanisms and social enterprise were also shared. However, despite these excellent models, most health stakeholders still operate in silos, creating an “elephant in the room” that prevents them from having a bigger impact by creating partnerships and pooling their messages to policy makers at the highest level in a common language that could ensure a real impact on the regional, national and multilateral stage such as the G20.

Following the identification of these problems, all stakeholders identified three domains during the event that are essential for a successful partnership under SDG17 and to provide better health for all under SDG 3 that leaves no one behind.

¹ https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf

² <https://assets.kpmg.com/content/dam/kpmg/uk/pdf/2017/12/uk-annual-report-2017.pdf>

In order to ensure Good Governance in health with the leadership of G20 countries, participants agreed that most of these major health threats cannot be resolved by 2020 or 2030. However, they have agreed that it is indeed possible to make measurable progress in the next five years by putting the right economic models in place that will allow countries to make use of agreed multiple sets of tools, strategies and recommendations - instead of a fixed set of recommendations – allowing countries to adjust to their specific circumstances.

To summarize, the three key actions include: **(1) the need to identify and list the aspects of global health challenges where it is possible for progress to be made within the coming five years; (2) the need to generate and record compelling evidence on economic rationale and the benefits of investing as well as the economic and social consequences of inaction; and (3) the need to generate economic models with concrete examples, are crucial imminent actions that the G20 partnership can add fundamental value to and promote during the Japanese G20 Presidency in 2019.**

The roundtable proposed that they could assist the G20 process by providing Heads of Governments, Finance Ministers and Health Ministers with concrete examples that have been successfully implemented and which provide irrefutable evidence of the economic rationale and the benefits of investing in global health R&D and innovation and delivery as well as the economic and social consequences of inaction.

The G20 HDP will provide the G20 troika with exemplars of partnership initiatives that could be rolled out on a much wider scale in order to tackle the health burden. It is the intention of the Partnership to share the information with the G20, G7, the Commonwealth, the Francophonie and the United Nations and other multilateral organisations.

Furthermore, the G20 HDP will provide the G20 troika and the G7 with concrete examples of innovative and blended finance initiatives that could help to share the cost of the investment with governments and other stakeholders including the pharmaceutical industry, businesses and philanthropies. The partnership believes that this will be of particular interest to Finance Ministers who are faced with competing demands for public resources.

The first session of the roundtable (Pages 10–14) highlighted the work of the PDPs and some forward-looking perspectives with innovation in financing and incentivization including models from MMV, TB Alliance, Novartis Social Business, Unitaid and GHIT. Lessons learned from several successful global health projects were also discussed including the global HIV/AIDS, malaria and TB response as well as additional challenges related to Universal Health Coverage (UHC), Health Systems Strengthening (HSS)³ and global health diagnostic innovation.

The second session (Pages 15–17) focussed on the economic modelling issues including examples from Johnson & Johnson's funding mechanisms for R&D. Related to this were the exchanges and comments on improving inclusiveness, communication, capacity building, local ownership/innovation, monitoring and evaluation and governance and significantly broadening the base of advocates (including global parliamentary champions) outside of the traditional areas of operation and using compelling facts on impacts. These communicative aspects and the need to embrace long-term approaches were reflected as a way of stimulating multi-stakeholder coalition of advocates and a platform for creating innovative partnerships. Additional discussions were intertwined around best practice models showcasing the work to fight against counterfeits in Africa via innovative technological solutions and leveraging and harnessing the power of broadening collaboration and networking including with the G7, the Commonwealth, the Francophonie (OIF), the UK-Japan 21st

Century Group, the World Health Organization (WHO), the Financial Stability Board (FSB), the Interparliamentary Union (IPU) and the Gulf Cooperation Countries (GCC).

The detailed report in the following pages outlines the key arguments of all speakers and interventions and the key discussions that took place. The final part of this report summarises the concluding remarks and crystallizes some recommendations following the event discussions (Pages 18–22).

Photos of the event can be found [here](#).

REPORT OF THE DISCUSSIONS

Welcome and Opening Remarks

1. The event was opened by **Mr. Alan Donnelly, patron of the G20 Health and Development Partnership (G20 HDP)** who began by thanking the co-hosts of the G20 HDP Partnership as well as the Permanent Mission representatives, civil society representatives, politicians and diplomats, private and public-sector representatives for their participation at the roundtable. After explaining the creation and history of the G20 HDP, he outlined the strategy of the partnership which aims to bring together different set of actors from multiple sectors including health and technology experts, politicians, diplomats, civil society organizations, academics, private sector stakeholders together at a horizontal level to look at public policies for global health innovation financing. By explaining the concept of the Health 20 (H20) meeting, Mr Donnelly highlighted that the H20 was created to support the Health Working Group (HWG) as the permanent track of the G20 to provide a voice to the wider innovation ecosystem within the G20 process. Highlighting current project efforts, Mr Donnelly referred to the **letter sent by Stephen Twigg MP to the UK Chancellor of the Exchequer Philip Hammond on behalf of the Partnership asking for support in calling upon G20 Finance Ministers to commission a report under the current Argentinian G20 Presidency and the positive response that was received by the Chancellor**. The idea of commissioning a report emerged out of the working session held in the UK Parliament on 12th December 2018 that was followed by the letter from the Chair of the UK House of Commons International Development Select Committee, Stephen Twigg MP, urging G20 and G7 ministers of finance (MOFs) to commission an urgent study into innovative and blended forms of financing to close the gaps in global health funding. With the support of the G20 HDP, **Mr. Twigg MP called on the future G20 and G7 Presidencies under Japan and France in 2019, to discuss this report on how best to create innovative and blended ways of financing innovation to meet the rising global health challenges including the threats posed by future pandemics and antimicrobial resistance (AMR) - what Peter Sands of the Global Fund had referred to as “the neglected dimension of global security.”**
2. Mr. Donnelly **further mentioned the creation of a global health ambassadors panel including politicians and senior civil servants and diplomats to strengthen the advocacy efforts of the Partnership**. While acknowledging the political flavour of the initiative with a financing objective for addressing the existential global health challenges of today and preparing for the future, Mr.

Donnelly urged the group to talk creatively about innovative funding mechanisms beyond the government. Mr. Donnelly **cautioned against duplication of efforts and explicitly reiterated the Partnership's objective that aimed to bring experts and like-minded organizations intermittently to collectively demonstrate and aware politicians who were engaged in non-health sectors about the importance of sustained investment in global health innovation.** He re-emphasized that the intention of the Partnership together with policy makers, governments, academia, the private sector and the civil society was to collaboratively focus on how the issues discussed have a considerable impact on economic stability and on how the G20 could reinforce health as the foundation and driving force for social and economic development.

3. Referring to the climate change movement that had utilized a similar engagement approach, Mr. Donnelly emphasized the need to gradually involve G20 Heads of Governments to move the Partnership's agenda forward. In this regard, Mr. Donnelly mentioned the invitation from the Head of the Commonwealth, Baroness Patricia Scotland for a small delegation of the Partnership to attend the health ministers meeting of the Commonwealth.
4. Given that the potential for continuity and progress through the G20 appeared better than ever especially with the upcoming Japanese G20 Presidency in 2019, who prioritised global health for the first time in their G7 communique in 2016 followed by the German government leadership role during their G20 Presidency in 2017 and Argentina's continued work through the HWG, Mr. Donnelly expressed that the Partnership would show continued leadership in this area. Before introducing the keynote speaker, **Mr Lelio Marmora**, Executive Director of Unitaid, Mr. Donnelly acknowledged the diverse range of participants and speakers and encouraged the comprehensive and multisectoral group to actively participate and come up with concrete actions at the end of the roundtable.

Keynote Speech

5. The Keynote speaker, **Mr. Lelio Marmora** started by thanking the organizers for bringing the initiative to fruition with their support. He noted the richness and complementarities of the range of multisectoral participation at the event. Mr. Marmora applauded the pioneering role of Germany in moving the global health dialogue in the G20 and the continuation of the prioritization by the Argentinian Presidency. He also commended Japan for its strong commitment and continued resource allocation to address global health threats. He mentioned that the collective efforts of the G20 initiative has created a renewed space in the international development agenda placing global health at the central point after several years of low prioritization in terms of development resource allocation. This G20 initiative of putting health in the central position has created magnificent political momentum to push this agenda forward. Mr. Marmora also praised the great political momentum and the impetus generated by the ongoing and recent steps including the dedication of the United Nations General Assembly (UNGA) to Tuberculosis (TB), the replenishment of global funds in France and the current focus of the World Health Organization (WHO) to streamline global health in all its efforts.
6. However, Mr. Marmora highlighted **three major challenges related to the lack of concrete actions that could endanger the transformation of the political momentum into concrete actions.** (1) He identified the multiplicity of global health actors - governments, international agencies,

development partners, non-governmental organizations (NGOs), product development partnerships (PDPs), alliances, industry, academia and civil society organizations (CSOs) - without adequate political and institutional coherence and articulation at the governance, strategic and operational levels as the first and foremost challenge in translating the global health agenda into concrete actions. He particularly highlighted the difficulty in managing, articulating and coordinating at the operational level. (2) He identified the lack of operative model for transparent and efficient, result-based allocation of funding, management of risks and measurement of impact as the second challenge hampering the global health agenda to transform into real-life actions. (3) In addition, he identified the lack of essential mechanisms for transforming inventions, novel products and drugs into innovation to enable effective and efficient field implementation as the third important bottleneck.

7. Mr. Marmora then highlighted several solutions to address these challenges with examples of successful initiatives from within Unitaid. Finally, he concluded his speech by exemplifying the introduction of micro solidarity tax in the financial market that has been adopted by the French government for generating the necessary funds to address the global health priorities as an innovative and transformative funding mechanism.

Roundtable Panel 1: Global Health as a standing item of the G20

Chaired by Ms. Sanne Fournier-Wendes, Chief of Staff, Unitaid

8. The Chair of the panel, **Ms. Sanne Fournier-Wendes** began by referencing last year's Berlin event as the critical point for generating the political momentum that had been carried forward by the Argentinian leadership. She reiterated the need to devise mechanisms for translating the political momentum into concrete actions. Ms. Fournier-Wendes explained the organization of the panel where the first speaker would share the lessons learned from the global HIV/AIDS response and the other speakers would focus on the innovation aspect.
9. **Dr. Gottfried Hirnschall**, Director of the HIV Department of the WHO and Global Hepatitis Programme (GHP) began by congratulating the organizers for the initiative that had helped to bring health back to the centre of attention in the international development agenda. Dr. Hirnschall summarised lessons learnt from the global HIV/AIDS movement. Although HIV was a devastating disease and a global pandemic affecting 37 million people worldwide, Dr. Hirnschall informed that approximately 20 million of the HIV affected individuals were currently receiving appropriate HIV care. He highlighted several key approaches that led to the successful containment of the HIV pandemic including the use of bottom up or grass root approach, coordinated civil society movement, boldness of the global funders such as the contribution of 100 million to the HIV initiative made by the Canadian government and the use of public health-oriented care delivery model rather than individual patient centric approach. Furthermore, he highlighted the role of champion countries particularly referencing the role of Brazil in the HIV movement. He mentioned about the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) that had reduced the cost of the raw materials for HIV drugs and diagnostics making these accessible and affordable for the resource-limited countries as an innovative example of global solidarity while also acknowledging the need to protect intellectual property rights. He

mentioned the creation of the Global Fund as the greatest example of global solidarity for the successful implementation of the HIV projects and programs globally. Similar to Mr. Marmora, Dr. Hirnschall reiterated the need for coherence and articulation of the numerous multisectoral actors involved in the HIV response as well as the need for adequate transparency and the use of accountability framework as had been devised by the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy. Finally, Dr. Hirnschall emphasized the role of innovative partnership mechanisms such as the partnership among WHO, Unitaid and the industry in harnessing innovation and moving the global HIV response forward. Dr. Hirnschall concluded his speech by stressing the importance of building on existing partnerships and using the lessons learned from past successful programmes for approaching global health problems facing the world today and achieve Universal Health Coverage (UHC) for all.

10. Ms. Fournier-Wendes thanked Dr. Hirnschall for raising several fruitful points on how to operationalize and transform the political momentum into concrete actions for achieving UHC. Ms. Fournier-Wendes then introduced **Mr. David Reddy**, Chief Executive Officer of Medicines for Malaria Venture (MMV), the organization that discovered, developed and facilitated access to new malaria medicines to pave the way for malaria elimination and eradication. She also introduced **Mr. Willo Brock**, Senior Vice President (SVP) External Affairs of TB Alliance, a not-for-profit organization dedicated to the discovery and development of better, faster-acting and affordable tuberculosis drugs that were available to those who needed them. Ms. Fournier-Wendes then requested Mr. David Reddy and Mr. Willo Brock to bring in the perspective of MMV and TB Alliance on advancing global health R&D.

11. Mr. Reddy presented the collaborative model to tackle antimicrobial drug resistance (AMR) and the role of developing and fostering partnerships in innovative product development by referring to Lord Jim O'Neill's AMR review. Mr. Reddy quoted a statistic from the review that **about 700,000 people were dying each year from drug-resistant infections and the figure could escalate to 10 million a year by 2050 in the event of continued inaction in AMR.**⁴ Referring to the waning of effectiveness and emergence of anti-malaria drug resistance that had led to the increased malaria death rates in the late 1990s following a successful control of the disease since 1975, Dr. Reddy explained the origin of MMV, which was formed to tackle the waning political impetus and emerging market failure caused by pharmaceutical companies withdrawing their investment from research and new anti-malaria drug development. Mr. Reddy explained MMV's mechanism of operation that had led to the successful elimination of malaria until the recent resurgence of AMR. He mentioned about leveraging donor funding through syndicated investments by governments and philanthropies; partnership with funders, industry, academia, national malaria control programmes (NMCPs), UN agencies, contract research organizations (CROs); drug pipeline R&D and portfolio management; clinical candidate selection and stage-gating by independent expert scientific review; and strong contractual framework for increasing access and ensuring good governance as the guiding principles of MMV. He informed about the 11 launched MMV-partnership medicines that saved an estimated 1.5 million lives by 2017. However, the declining cure rates in Africa and South Asia and the development of AMR in the Mekong Basin required renewed efforts to curb the threat of malaria. Given the inevitability of drug resistance, Mr. Reddy reiterated the importance of preplanning for the failure of current and future antimicrobials. He informed that till date, the most successful approach for developing new treatments for poverty

⁴ https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf

related and neglected diseases (PRNDs) was through public-private partnerships and that pharmaceutical companies possessed valuable capabilities to help address AMR. He emphasized **the need to fund academic research and to provide different types and levels of incentives and support for the private sector that could be in the form of financial risk-sharing, use of intellectual property to frame rewards and responsibilities, strategic alignment and external validation, shared R&D platforms, technical guidance (disease-specific, drug development and registration, market knowledge) and advocacy and reputational enhancement or protection.** Mr. Reddy concluded by reiterating that progress on AMR would not be possible using current technologies and new vaccines, drugs, diagnostics, and synergies across diseases were needed crucially to continue the path of progress.

12. Reflecting on the German G20 Presidency in 2017, the creation of the Global AMR R&D Collaboration Hub during the G20 in Germany, and the continued prioritization of global health under the Argentinian leadership leading to Japanese G20 Presidency in 2019, Mr. Willo Brock, in his presentation, captured several ways in which the G20 provided a unique opportunity for the world's wealthiest countries to take the lead in global health innovation. He also mentioned several economic incentives for the public and the private sector to come together and work in the global health innovation space. Referring to the Klynveld Peat Marwick Goerdeler (KPMG) and Economist's research report, Mr. Brock mentioned that **TB could kill 75 million people (33 million in G20 countries) by 2050 and cost the global economy a cumulative \$16.7 trillion (\$10.5 trillion in G20 countries).**⁵
13. Mr. Willo Brock pointed out that India's annual direct and indirect cost for TB of \$24 billion - the potential cost of drug resistant TB treatment in the UK over the next 35 years - would be \$ 9 billion, and the average patient costs for drug sensitive TB in Bangladesh and Tanzania during the two-month continuation phase of therapy was equivalent to 75% of the average national income according to a recent estimate. Highlighting these examples, Mr. Brock said that **TB could lengthen treatment cost and exacerbate the cycle of poverty, which, therefore, provided a clear moral and economic imperative for the G20 to act on TB through the AMR agenda.** As TB accounted for one out of the three AMR fatalities worldwide, Mr. Brock pointed out that TB was a critical threat to achieving global health security and universal health care. With 213 active partners collaborating on all stages of new product development: research, development, regulatory, commercialization and market access, and community engagement, Mr. Brock highlighted several ways in which the TB Alliance (a PDP) can help to leverage major investments in R&D to develop transformative treatments for TB. Finally, **Mr. Brock identified the several next steps for the H2O platform including the inclusion of TB in the Global AMR R&D Hub,** encouraging G20 countries to invest in PDPs and creating a collaboration mechanism focused on product development, as well as monitoring and evaluating annually the impact of investments in TB R&D on social and economic development and the progress towards the SDGs.
14. Ms. Fournier-Wendes then introduced **Dr. Kei Katsuno**, Senior Director of Investment Strategy and Government Relations at the Global Health Innovative Technology (GHIT) Fund to discuss the innovative funding mechanism from Japan. Dr. Katsuno presented a brief overview on GHIT, a Japanese public-private partnership established in 2013 that was focused on addressing infectious diseases prevailing in the developing countries and funded by the government, the Bill & Melinda

⁵ <https://assets.kpmg.com/content/dam/kpmg/uk/pdf/2017/12/uk-annual-report-2017.pdf>

Gates Foundation (BMGF) and the pharmaceutical sector. The original partners to the Fund initially committed between US\$100 and US\$120 million over five years with around half coming from the government and the rest from BMGF and the pharmaceutical companies. Over the years, GHIT funded over 70 projects. Referring to eligibility, Dr. Katsuno stated that GHIT financing models were based on partnerships and collaboration between Japanese and non-Japanese entities and since 2013, GHIT had partnered with 42 Japanese and 61 non-Japanese organizations across the globe. He pointed to the pivotal announcement at the G7 Ise-Shima Summit (2016), where the Japanese government has dedicated another US\$130 million for the next five years and cited additional involvement from the BMGF, the Wellcome Trust and ten additional companies including J&J. **He informed about multiple Japanese commitments in global health such as the potential leadership in the G20, United Nation General Assembly (UNGA) and the Tokyo International Conference of Africa's Development (TICAD).** He mentioned the milestones for the next five years and the commitment of GHIT to register two innovative products by then. Dr. Katsuno finished by highlighted how the GHIT model was being successfully replicated in the Korean context and was also interested in discussing questions of applicability in other countries.

15. Ms. Fournier-Wendes commended the GHIT Fund and the Japanese government's concrete commitments to global health before moving the discussion on to **Mr. Jesús Rueda Rodríguez**, Director International Affairs, Medtech Europe to provide a holistic view on where the new products and developments fit within the health ecosystem. Mr. Rodríguez began by introducing the work of Medtech Europe, an industry association that worked on regulatory matters and determined what happens in the medical diagnostics arena. Mr. Rodríguez pointed out two areas that were particularly relevant for AMR including **the need for developing diagnostics for AMR and the technologies to deal with the consequences of AMR such as prevention and control of hospital acquired infections.** He pointed out that tackling AMR would be more problematic in the nations having weak health systems. He identified **three issues of concern related to innovation in diagnostics. Firstly, he raised his concern about existing products that lie at the stage of invention and have not yet been transformed for field implementation. Secondly, he highlighted that there is a lack of finding effective ways on how to rapidly deploy the novel diagnostics to the resource-constrained settings facing AMR and/or health emergencies. Thirdly, he stressed that the health systems of resource-constrained settings, that are likely to face AMR, lacked adequate capacities and capabilities** to deal with the control and containment of the health problems for the novel diagnostics to identify the pathogen and achieve meaningful health impact.
16. Prior to introducing **Dr. Mbololwa Mbikusita-Lewanika**, Health Advisor to The Commonwealth Secretariat, Ms. Fournier-Wendes thanked Mr. Rodríguez for reminding the importance of innovating within the health systems in addition to innovating products, diagnostics, drugs and vaccines for addressing the global health challenges and achieving UHC. Dr. Mbikusita-Lewanika provided a comprehensive overview of the organization and objectives of the Commonwealth, an association of 53 independent countries including both advanced economies and developing countries as well as small **states of which five countries are in the G20.** The Commonwealth member countries - home to 2.4 billion people across the globe - are working together to pursue common goals and to promote development, democracy and peace. Dr. Mbikusita-Lewanika highlighted that member countries were also supported by a network of more than 80 intergovernmental, civil society, cultural and professional organisations, including those working on Commonwealth health priorities. The Commonwealth Secretariat works in three areas including governance and peace; trade, oceans and natural resources; and economic, youth and

sustainable development. She mentioned that the Commonwealth's current focus is on UHC & Non-Communicable Diseases (NCDs). The Commonwealth Secretariat hosts the Health Ministers Meeting annually around the WHA. The Secretariat focuses on policy strengthening and development, advocacy, technical assistance, and building external and internal partnerships. Among the five G20 member countries from the Commonwealth (Australia, Canada, India, South Africa and UK) Dr. Mbolwola sees a unique opportunity for both the Commonwealth and the G20 to reach out to a wider audience as and when necessary. In her conclusion Dr. Mbikusita-Lewanika referred to the Secretary-General's, Rt Hon Patricia Scotland's message, who had recognised the **potential to advance the values of the Commonwealth Charter through collaboration with the G20 Health and Development Partnership in its efforts to ensure advocacy for global health strengthening at the highest political levels.**

17. Ms. Fournier-Wendes thanked Dr. Mbikusita-Lewanika for highlighting the interface between the Commonwealth and the G20 member countries. The next speaker **Mr. Kurt Frieder**, the Co-Founder and first President of Fundacion Huesped - an NGO that was very active in Argentina and Latin America on HIV/AIDS, other infectious diseases and sexual and reproductive rights - discussed the role of the civil society in moving the G20 agenda forward. Mr. Frieder who is also the Chair of the Civil 20 (C20), one of the seven Engagement Groups of the G20, thanked the organizers for inviting the civil society in the roundtable which he referred to as an innovation in itself and started by introducing the activities of the C20 which, had been the engagement group of the G20 since 2013 and had membership of more than 600 civil society organizations (CSOs). He mentioned about the recent meeting organized by the C20 in Buenos Aires which had several discussions on similar issues related to global health concerns. He concluded by reiterating the need for inclusiveness and reaching out to all including the marginalized and especially vulnerable people for achieving UHC.
18. Ms. Fournier-Wendes thanked Mr. Frieder for reminding about the necessity of inclusiveness particularly for involving the key populations for devising and developing the solutions in addition to benefitting from the global health initiatives. Ms. Fournier-Wendes then asked the **Rt Hon. the Lord Jack Cunningham of Felling DL from the UK House of Lords** to reflect on the panel discussion.
19. The Rt Hon. the Lord Jack Cunningham began with a brief introduction to his official engagement with the UK Parliament and his involvement in science, technology, agriculture, human and animal health for the last 48 years. He reiterated the guiding principles of UK politics which was not only about a manifesto of commitments on government policies but also about determination, foresight, and having the knowledge and courage to question and reorder priorities for the advancement of national and international priorities. He acknowledged that **achieving finance and policies for innovation and irreversible progress was a difficult challenge that required well-planned set of actions to move forward.** He reiterated the progress and achievements of the Partnership so far and applauded the role of the German and the Argentinian leaderships as well as the GHIT and the Japanese government's contribution to global health innovation. Recognizing the challenges likely to be faced in his **newly accepted role as the parliamentary champion for this partnership**, he concluded by reiterating the importance of harnessing change to foster the partnership for financing global health innovation and achieving irreversible progress. Referencing to the **Intergovernmental Panel on Climate Change (IPCC)** - the international body for assessing the science related to climate change - Lord Cunningham suggested the possibility of creating an alike group for the Partnership.

20. Ms. Fournier-Wendes concluded the session by thanking the Rt Hon. the Lord Jack Cunningham and opening the floor for questions and/or remarks. **Mr. Daniel Berman**, Global Health Lead from Challenge Prize Centre at Nesta expressed his concern that the manufacturers and **entrepreneurs were not completely aware and unconvinced about the existence of any market potential** for investing in global health R&D. The participants expressed consensus with Mr. Berman's observation.

Roundtable Panel 2: Health beyond SDG 3 – End-to-end Innovation as a critical element of foreign policy, security and trade

Chaired by Mr. Alan Donnelly, Executive Chairman, Sovereign Sustainability and Development

21. Mr. Alan Donnelly, Chair of the second panel discussion session, called on all speakers to try and distil down the discussion points into concrete actions at the end of the meeting before introducing the first speaker of the panel, **Dr. Natela Menabde**, Executive Director of the WHO Office at the United Nations in New York.
22. **Dr. Natela Menabde** underlined the value of multisectoral partnerships to solve the complex challenges of global health highlighting the importance of the roundtable as a way of stimulating partnership. She then went on describing the role of the New York Office in bringing health into the cross-cutting SDGs across the UN agencies and not just within the WHO **as health was considered both as an outcome and as a determinant of sustainable development**. She also informed about the personal interest and the new UN Secretary General's call on the UN family to invest on the current trends of innovation for maximizing impact. She went on describing the nexus of development and humanitarian crisis together and reiterated **the need to achieve not only product innovation but also process innovation to rapidly deploy the innovations when and where needed for global health security**. Acknowledging deficiencies both in innovation development and sustainable scale up, Dr. Menabde mentioned disruptive innovation as a priority area identified by the UN Secretary General. She also provided an outline about the recent WHO steps to identify innovation including **focus in the next summit, establishment of the innovation hub and review and updating of the private collaboration mechanisms through the WHO's Framework of Engagement with Non-State Actors (FENSA)**. She highlighted the WHO's preparation for two high level events on **TB and non-communicable diseases (NCDs) as well as preparing SDGs for health**. She reiterated the importance of investment for developing innovative and pragmatic tools and strategies to address the global health challenges.
23. Referring to the last point made by the first speaker and reflecting on the pharmaceutical sector, R&D costs and industry alignment, Mr. Donnelly then brought in **Dr. Harald Nusser**, Head at Novartis Social Business, to talk about the role of social business in driving global health innovation. Citing several examples of innovative partnerships and social business models for increasing development and access to innovative products and services in the areas with community based short falls or gaps and market or system failure, **Dr. Nusser stressed on the**

applicability of blended financing mechanisms in order to address current and future global health challenges. Acknowledging the potential of replicating Novartis Social Business models for mitigating the global health concerns, Dr. Nusser concluded by highlighting the need for more social business models in addressing health systems that are properly monitored and evaluated and overseen by the public sector and scaled up through blended financing mechanisms.

24. Introducing the next speaker Mr. Donnelly asked **Dr. Adrian Thomas**, Vice President, Global Market Access, Global Commercial Strategy Operations and Global Public Health at Johnson & Johnson (J&J) to speak about the opportunities in repurposing the development funding for innovation development and delivery.
25. Dr. Adrian Thomas began by describing the innovative design and construction of the Global Public Health department at J&J that was provided with a funding of about 800 million for five years from J&J to focus on public health priorities to drive impact. Citing several examples of successful projects funded by J&J such as the partnership with the United States President's Emergency Plan for AIDS Relief (PEPFAR) in the ten dream districts of Africa, **Dr. Thomas stressed the two guiding principles for R&D. These included the principle of 50% co-financing from other agencies such as USAID, Wellcome Trust, and the BMGF to develop a relevant pipeline. The second was the principle of blended financing to achieve ten times more funding to match the contribution of J&J for the key at scale projects.** Referring to the successful implementation of bold action plans in the South African setting that had successfully contained TB and HIV/AIDS, Dr. Thomas reiterated **the need for bold and sustained investments on both development and delivery of innovative solutions.** Given that delivery was extremely difficult in areas with high population density and vulnerable health systems, Dr. Thomas particularly emphasized on delivery innovation such as developing two injections for curing TB. He mentioned about **building consortiums for enhancing outcome driven abilities, adopting tools, developing country specific priority plans, ensuring good quality data and raising public awareness as potential avenues for deeper insight.** He emphasized on the role of the private sector in creating awareness and public pressure to drive bold investments for innovation. He underscored the **importance of targeted priorities** instead of focusing on broad issues such as AMR to generate measurable impacts within predefined time scales. In his conclusion, Dr. Thomas stressed J&J's support to the G20 HDP and welcomed further collaboration to provide global expertise in R&D and economic modelling in AMR.
26. Mr. Donnelly then introduced **Professor Carel IJsselmuiden**, Executive Director, Council on Health Research for Development (COHRED) and **Mr. Robert Terry**, Senior Strategic and Project Manager at the Special Programme for Research and Training in Tropical Diseases (TDR), WHO to jointly bring in their perspectives on R&D and innovation for global health.
27. Citing the example of the scale of global and local investments in Africa for the last 45 years since the emergence of Ebola in the continent, Prof. IJsselmuiden underscored the minimum improvement in the research capability in the African continent translating into its inability to drive effective and efficient Ebola response and innovation in R&D. Prof. IJsselmuiden explained **the Research Fairness Initiative (RFI)** tool that was developed by COHRED and designed to promote and validate responsible and fair practices in international collaborative research and innovation for health in the TDR. Prof. IJsselmuiden called on the G20 countries to embrace the RFI tool as a solution to ensure that research capabilities of G20 member countries as well as the collaborating low and middle-income countries were enhanced in addition to benefitting from the R&D investments and innovation in global health.

28. Along similar lines with Prof. IJsselmuiden, Mr. Terry further explained the three main domains of the RFI framework including the **fairness of opportunities, fair process and fair sharing of costs, benefits and outcomes and reiterated the importance of embracing the framework by the G20 countries.**
29. Mr. Donnelly, then brought into discussion **Dr. Cassandra Kelly-Cirino**, Director of Emerging Threats at FIND, a PDP involved in diagnostics for a series of NTDs including the TB, malaria and more recently diseases with outbreak potential and AMR. Dr. Kelly built on and referred to a number of key challenges and opportunities already mentioned by other PDPs and giving specific reference to outbreaks and AMR, highlighted the key differences and additional challenges faced by the diagnostics arena. She highlighted the **commonalities between AMR and outbreaks both of which were transversely complex with pandemic potential, effective response to both threats relied on strong health systems and UHC and both issues generated sporadic funding to deliver prompt diagnostic and therapeutic solutions in large amounts for deployment in various settings where these were neither developed nor tested.** In addition to such intermittent funding that disappeared soon after the outbreaks were over, there was a **general inadequacy of funding for such diagnostics except for a few priority diseases such as HIV, TB and Malaria.** She further highlighted on how the funding gap translated into very small market inhibiting the industrial partners to continue investment in innovative diagnostic development necessary to ensure accessibility in times of need. Therefore, Dr. Kelly highlighted the importance of not only **increasing funding for diagnostic R&D but also to develop sustainable funding mechanisms as well as identifying ways to incentivise the industrial partners to continue momentum and investment on global health diagnostics innovation.**
30. The next speaker **Mr. Bright Simons**, President of mPedigree, a social enterprise working on three continents to spread innovative technologies that secured communities from the harmful effects of counterfeiting medicines, reflected on the **allocation of 1% global health resources to Africa despite sharing 25% of the global health burden and the inapplicability of developed country solutions in the African setting to solve long-term issues such as counterfeit medicines.** He explained his innovative and low-cost digital tool that had been successfully implemented in Africa. Citing similar examples of innovation from Africa by the African talents and organizations, Mr. Simons reiterated the importance of sharing lessons learned from different settings in solving complex challenges and urged on the G20 countries to enable such cross-learning platforms for addressing global health issues.
31. The next keynote speaker, **Dr. Chieko Ikeda**, Senior Assistant Minister for Global Health from the Japanese Ministry of Health, Labour and Welfare, shared Japan's action plans to move forward with the global health agenda in next year's G20 Presidency in Japan (2019).
32. Dr. Ikeda reiterated Japan's ongoing commitment to host the G20 in 2019 and to **continue with the momentum generated to prioritise for global health innovation financing.** Having decided to host the health ministers' meeting in Oklahoma City, Dr. Ikeda highlighted that **Japan will focus to push the agenda on achieving UHC in global health diplomacy.** Dr. Ikeda cited several steps taken by the Japanese ministry including co-hosting UHC forum in Tokyo with the WHO, the World Bank, UNICEF and UHC 2013 and the recently hosted third global ministerial summit on patient safety. While acknowledging that the agenda on global health issues such as on AMR, health security and ageing has not yet been finalized, Dr. Ikeda expressed the intent of the Japanese government to closely follow up on the discussions at the G20 HWG and similar events on global

health prioritization. Finally, she concluded by **inviting all partners to the meeting in Argentina and in Japan next year.**

CLOSING SPEECHES

33. Mr. Donnelly summarized the panel discussions and highlighted several key issues as well as identified **concrete action items to move the agenda forward.** In his summary, Mr. Donnelly mentioned the general perspective of politicians that global health challenges were unsolvable which, frequently translated into their indulgence towards investing on reactive instead of proactive strategies to deal with the global health challenges. **Mr. Donnelly therefore highlighted the need to list the aspects of global health challenges that could be solved in a five-year time frame as the first action item for the Partnership.** Citing the presentations made by Mr. Adrian Thomas and Mr. Willo Brock, Mr. Donnelly **suggested to form a small working group to identify and list the priority global health challenges that were achievable within short time frames of three to five years.**
34. Following Mr. Donnelly's request for additional comments, Mr. Adrian Thomas stressed a recently published detailed **economic analysis on the impact of accelerating innovation in India.** He also mentioned the ongoing economic analysis on three countries that would be published later in the year. Mr. Thomas agreed to share and include the findings from those publications into the combined report on ways forward.
35. Referring to the UN high-level meeting on TB to be held on 26th September 2018, and the next year's G20 and G7 leadership transitioning to Japan and France, Mr. Brock expressed that the **emerging leaderships would be interested in understanding the economic modelling.** He recommended to present the combined report on action items at the next high-level meetings in the form of goals for the G20 to steer in then translate into roll items and scale up. Mr. Brock also **suggested the formation of a health stability board within the G20** as a long-term mechanism for developing the framework and moving the global health innovation agenda forward.
36. Mr. Donnelly also emphasized the importance to note the **economic impact of addressing the global health challenges as well as the financial implications of inaction using concrete examples from South Africa** and other settings as the second action item by requesting input from the PDPs.
37. Given that entrepreneurs were unable to visualize and recognise the economic incentives for investing in global health innovation, Mr. Donnelly highlighted the need to demonstrate blended financing models as the third action item. **He called on the partners to identify and record the additional economic modelling and specifically requested input from Mr. Lelio Marmora, Dr. Harald Nusser, Mr. Adrian Thomas and Dr. Kei Katsuno in this regard.**
38. Referring to the perfectly aligned future of G20 and G7 leaderships both of which were pioneers in developing and promoting innovative financing mechanisms, Mr. Lelio Marmora commended the activities of the G20 HDP to engage the British Parliamentarians and the FSB to promote

investments on global health innovation research, development and delivery. Mr. Marmora expressed interest of Unitaid to develop the report on the third action item as suggested by Mr. Donnelly. Additionally, Mr. Marmora suggested **to add a fourth action item on enhancing the capacity and resilience of countries for addressing global health challenges referring that financial support would end after a given period.**

39. Picking up on the last point raised by Mr. Marmora, Mr. Donnelly suggested to **incorporate the issue on timing of funding and resilience into the second action item.** As a way forward, **Mr. Donnelly again suggested to compile the group work on the three action items into a combined report which then should be presented to the different high-level stakeholders for advocating investment on global health innovation, R&D and delivery. All the participants consented to this recommendation.**
40. Referring to the series of consultations with various embassies during the year, Mr. Donnelly mentioned that individual countries were highly unlikely to accept a prescribed model for investing in global health innovation. However, **promotion of investment in research and development and delivery of global health solutions would be more receptive if provided as a set of options and tools for adoption by individual countries given their unique country-specific situations and priorities.**
41. Reminding everyone that the Financial Stability Board (FSB) was created to prevent collapse of the global financial systems from the impacts of climate change in 2008, **Mr. Donnelly recommended to meet and present the concrete examples to the chair of the FSB so that global health would be prioritised in the FSB's agenda.**
42. Citing some recent and future meetings at the senior political level including with the Commonwealth Secretariat and the Francophonie (OIF), Mr. Donnelly said that there was a strong interest for the initiative. **He also pointed out the potential scope to present the report with verifiable information at the Commonwealth and possibly at the Francophonie health ministers' meetings.**
43. Referring to RFI presented by Prof. Ijsselmuiden and Mr. Terry as a way of ensuring compliance with standards, Mr. Donnelly highlighted the **scope of including the RFI discussion into the round of thoughts which may be regarded as an added value to politicians.**
44. **Ms. Jamie Bay Nishi**, Director of Global Health Technologies Coalition (GHTC) reiterated the importance of ensuring **sustainable funding for global health research, development and delivery innovation.** She also highlighted the importance of **embracing different actors** including governments, bilateral agencies and regional development partners, philanthropies, private sector and the civil society, **building innovative partnership mechanisms and developing a basket of tools** instead of one fixed approach. **Ms. Nishi cautioned the group against requesting for creation of a G20 Global Health Innovation fund which, she anticipated will not be possible.**
45. Agreeing with the last point raised by Ms. Nishi, Mr. Donnelly reminded on the agenda of the Partnership that aims **to promote investment for innovation in research, development and delivery to address global health challenges.**

46. **Ms. Laura Hoemeke**, Director, Communications & Advocacy, IntraHealth International and Mr. Kurt Frieder both re-emphasized on the importance of including the civil society and the private sector in the conversation to promote investments in global health R&D and delivery innovation. **Ms. Hoemeke requested the participants to reconsider the word “irreversible” given that many of the global health challenges are extremely difficult to curb requiring long-term commitments.**
47. Citing the example of funding loss in Malawi stemming from corruption and the government’s failure to ensure accountability and transparency, Mr. Bright Simons brought in the issue of **ensuring good governance that should be included in the set of recommendations.**
48. Referring to Mr. Emmanuel Lacresse’s career in the French treasury and given his established network with French politicians and administration, Mr. Donnelly asked Mr. Lacresse to provide his perspective of moving the agenda forward. Citing his experience of observing the G7 and G20 meetings, Mr. Lacresse mentioned that the **economic and finance ministers are usually keen to witness tangible benefits of their initiatives.** He undermined the importance of highlighting the cross sectoral benefits of investing in global health innovation in addition to the possibility of achieving the outputs or outcomes within a considerable time frame.
49. Mr. Donnelly mentioned several potential networking opportunities including the partnership’s invitation by **Stephen Twigg MP, Chair of the International Development Committee to London to meet with senior politicians outside of the international development field.** Citing the Rt. Hon the Lord Jack Cunningham’s and his current position at the UK-Japan 21st century group, Mr. Donnelly informed about the potential scope of approaching the Prime Ministers of UK and Japan to help move the Partnership’s agenda forward. Mr. Donnelly further informed about recent networking with the WHO, OIF, individual governments and the Interparliamentary Union (IPU) to advocate the Partnership’s agenda.
50. Reiterating the exemplary financing models from the PDPs, GHIT, J&J and the operative models from Unitaid, MMV, TB Alliance and management and monitoring and evaluation mechanisms of the GAVI and GFATM funds, Mr. Donnelly urged the partners to work together in **drafting the report across the three identified domains and develop concrete recommendations which, would then help in guiding the G20, G7 and the Gulf Cooperation Countries (GCC) agenda on global health.**
51. Hoping to meet with all later in the year to discuss progress and thanking the partners for their continued support and inviting new members to join the G20 Health and Development Partnership, Mr. Donnelly concluded the roundtable event.

RECOMMENDATIONS & NEXT STEPS

The discussions from the event report have highlighted that the G20 Health and Development Partnership, and the H20 will continue to have a critical role in the dialogue with senior politicians within the G20 and the G7 on the urgent need to promote and support innovation in the development and delivery of new vaccines, medicines, diagnostics, and financing mechanisms, in order to tackle the growing threat of AMR, pandemic and outbreak preparedness and poverty related and neglected diseases.

The G20 Health and Development Partnership:

- Welcomes the Argentinian G20 Presidency's continued focus on health and strongly supports the Presidency's emphasis on AMR, pandemics and health emergencies and strengthening of health systems.
- Calls upon G20 Heads of Governments, Finance Ministers and Health Ministers to recognise that it is impossible to address many of the United Nations Sustainable Development Goals without new and concerted efforts to tackle both communicable and non-communicable diseases.
- Calls upon the G20 Governments to take equivalent action to that being taken to address climate change so that the economic and the human cost of the health burden is significantly reduced within a defined time frame.
The Partnership, therefore, calls for the establishment of an equivalent body for health such as the Financial Stability Board (FSB) or the Intergovernmental Panel on Climate Change (IPCC) for health which can then draw more comprehensively upon global expertise in bringing forward more rapid innovation particularly regarding all pathogens that are subject to AMR.
- Recognises the excellent work of some governments including in South Africa and Brazil, in establishing procedures for the successful delivery of diagnostics, vaccines and medicines which has slowed or reversed the spread of certain diseases.
- Agrees that there is a need for significant public and private investments which is required to develop, implement and scale up new vaccines, medicines, diagnostics. It further recognises the negative economic and human consequences for the global economy of failing to meet the investments required.
- Recognises that in providing the financial resources necessary to meet the requirements for innovation, new forms of blended finance must be developed.
- Recognises that there are concrete innovative examples where Public Private Partnerships and social enterprises have produced tangible and significant progress in reducing priority disease burden.
- Calls upon the G20 and the G7 countries to systematically analyse, in practical terms, where success has been achieved in product development and delivery to urgently promote these operational and economic models throughout the G20 and globally.

- Recognises that in the development of new medical instruments innovation also needs to address vulnerable populations including in the development of paediatric friendly formulations.
- Recognises that beyond the G20, also the G7, Commonwealth, OIF, UK-Japan 21st Century Group, GCC and the IPU, AU are some of the potential avenues for advocating the Partnership's agenda.
- Agrees that good governance is needed in addressing global health challenges, especially with regards to combatting substandard and falsified medicines that are a major problem among some G20 countries and can further aggravate AMR.

The G20 Health and Development Partnership have unique expertise to offer in demonstrating success both in product development and delivery and in the generation of innovative forms of blended finance.

The Partnership will prepare a report for the G20 troika of Germany, Argentina and Japan and for the incoming French Presidency of the G7 which can contribute significantly and in practical terms to the promotion of best practices in innovative product development, delivery and finance to address the global health challenges.

In conclusion the Partnership recognises the scale of the task facing G20 Governments but believes strongly that with these concerted actions in a defined time frame, tangible progress will be achieved.

ANNEX

Participants List “Health 20: Policies for Innovation and Irreversible Progress” Event

1. Adrian Thomas, Vice-President Health Economics & Global Market Access, Johnson & Johnson
2. Alan Donnelly, Executive Chairman, G20 Global Health and Development Partnership, Sovereign Sustainability and Development
3. Andrew Jenner, Special Advisor to the Director General, IFPMA
4. Angus O'Shea, Project Leader Health Economics Medical Devices, Johnson & Johnson
5. Anne-Line Blankenhorn, Technical Officer, Unitaid
6. Bright Simon, President, mPedigree
7. Carel IJsselmuiden, Executive Director, COHRED – Council on Health Research for Development
8. Carole Lanteri, Permanent Representative, Embassy of Monaco to Geneva
9. Cassandra Kelly, FIND
10. Chieko Ikeda, Senior Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan
11. Cinthya Ramirez, Senior Manager, Global Institutions, Pfizer Inc.
12. Daniel Berman, Global Health Lead, Challenge Prize Centre at Nesta
13. David Reddy, CEO, MMV
14. Emmanuel Lacresse
15. Fabricio Munoz Jara, Head of International Cooperation and Affairs Office, Government of Chile
16. Gottfried Hirnschall, Director of Department of HIV and Global Hepatitis Programme, WHO
17. Harald Nusser, Novartis Social Business, Global Head Novartis Access, Novartis
18. Hatice Küçük, Senior Account Manager/ Project Manager G20 Health and Development Partnership
19. H.E. Christopher Onyanga Aparr, Permanent Representative/Ambassador to United Nations Office, and World Trade Organisation, Permanent Mission of Republic of Uganda
20. H.E. Negash Kibret, Ambassdor Extrodinary and Plenipotentiary, and Permanent Representative of Ethiopia to the United Nations and Other International Organization in Switzerland, Permanent Mission of Ethiopia
21. Irina Dorokhova, Senior Director Health Policy EMEA, Johnson & Johnson
22. Jamie Bay Nishi, Director, The Global Health Technologies Coalition (GHTC)
23. Jesus Rueda Rodriguez, Director International Affairs, MedTech Europe
24. Kei Katsuno, Director, Investment Strategy and Development, Global Health Innovative Technology (GHIT) Fund
25. Kurt Frieder, President, C20 Argentina/ Fundación Huésped
26. Laura Hoemeke, Director, Communications & Advocacy, IntraHealth International
27. Lelio Marmora, Executive Director, Unitaid
28. Liliana Padilla Rodríguez, First Secretary-Head of Health Unit, Permanent Mission of Mexico
29. Matthew Doherty, Director G20 Global Health and Development Partnership, Sovereign Sustainability and Development
30. Mauricio Cysne, Director, External Relations, Unitaid
31. Mbololwa Lewaniska, Health Advisor, Commonwealth Secretariat
32. Nata Menabde, Executive Director, World Health Organization, Office at the United Nations, New York
33. Neva Brahmabhatt, Staff, Sovereign Strategy

34. Njoume Eyame Raymond Copoled, Minister Principal Cabinet Civil/PRC, Health Ministry, Cameroon
35. Paul Hutton, Strategy and Innovation Director, i5 Group
36. Robert Terry, Manager, The Special Programme for Research and Training in Tropical Diseases (TDR), WHO
37. Sanne Fournier-Wendes, Advisor to the Executive Director, Unitaid
38. Silvia Ferazzi, External Relations Officer, Medicines for Malaria Venture (MMV)
39. The Rt Hon. the Lord Jack Cunningham of Felling DL, Member of Parliament, UK House of Lords
40. Vincent Bretin, Team Lead for Results, Unitaid
41. Willo Brock, Senior Vice President for External Affairs, TB Alliance

Speakers

Alan Donnelly, Patron G20 Health and Development Partnership & Executive Chairman, Sovereign Sustainability and Development



Mr. Alan Donnelly is the Executive Chairman of Sovereign Strategy and the Patron of the G20 Health and Development Partnership. Prior to Sovereign, Mr Donnelly served as a Labour MEP for eleven years, with his final two years as Leader of the European Parliamentary Labour Party. He has worked with the development sector for several years including with Medicines for Malaria Venture (MMV) and TB Alliance and the Tuberculosis Vaccine Initiative (TBVI). He has also worked in other development sectors including those related to cities, sustainable urbanisation and climate change. He has been a patron of a number of health and development initiatives over the years, including the Topsy Foundation, a British charity that works with those affected with HIV/AIDS in South Africa. He has been an advisor to numerous government's around the world, as well as a variety of globally renowned businesses.

Lelio Marmora, Executive Director, Unitaid



As a native of Argentina, Mr. Lelio Marmora has worked for 25 years in organizational development and analysis, resource mobilization and programme management for a number of international agencies. Before joining Unitaid, he headed the Africa and the Middle East department at the Global Fund, overseeing a large portfolio of grants spanning nearly 50 countries. Prior to that, Lelio supervised large-scale programmes at the World Bank and the Inter-American Development Bank that focused on modernizing state structures in Latin America. He has also managed development initiatives and advised governments on implementation of technical assistance programs in complex political environments. Earlier in his career, Lelio worked for UNESCO and UNDP, as well as for Argentinian government.

Sanne Fournier-Wendes, Chief of Staff, Unitaid



Ms. Sanne Fournier-Wendes is the Chief of Staff at Unitaid and part of the senior management team. She led the development of Unitaid's new five-year strategy, which strengthens Unitaid's alignment with other strategic partners in the global response to HIV/AIDS, Tuberculosis and Malaria, as well as increasing speed and quality of the grant making process. Prior to joining Unitaid, she spent 7 years in the Private Sector working for Estergaard, where she led the company's work engaging in Global Partnerships. She was a member of the Private Sector Delegation to the Global Fund Board and represented the Private Sector on the Roll Back Malaria Board. She also worked at the Global Fund, DANIDA and the World Bank after spending two years with UNDP in Burkina Fasa fighting HIV/AIDS.

Gottfried Hirschall, Director of Department of HIV and Global Hepatitis Programme, WHO



Dr. Gottfried Hirschall is the Director of the HIV Department of the WHO since early 2010. In 2013, he also oversees the Global Hepatitis Programme (GHP). Dr. Hirschall joined WHO in 1991, and coordinated WHO's support to countries in the area of child and adolescent health until 2000. He then joined the HIV Department, directed the Caribbean HIV programme of PAHO (Pan-American Health Organization) in Trinidad and Tobago, and then oversaw PAHO's HIV work in the Americas between 2007 and 2009. He received a Medical Degree from the University of Vienna with a specialization in Family Health, and holds a diploma in Tropical Medicine from the Swiss Tropical and Public Health Institute. He obtained a Master's degree in Public Health from the Johns Hopkins School of Public Health. Dr Hirschall served in the Epidemic Intelligence Service at the Centers for Disease Control and Prevention in Atlanta, USA, between 1989-91.

David Reddy, Chief Executive Officer, MMV



Mr. David Reddy is the Chief Executive Officer of the organization that discovered, developed and facilitated access to new malaria medicines to pave the way for malaria elimination and eradication, MMV. Before joining MMV in 2010, he was a Vice President at Roche, in Basel, Switzerland. He has more than 20 years' management experience in the healthcare industry including successful leadership of drug development teams; licensing and alliance management; market analytics and business planning; product and disease area management; and interfacing with Governments, NGOs and patient advocacy groups in priority disease areas such as in HIV/AIDS and pandemic influenza. Although his industry experience is primarily in global product strategy, he has a doctorate in Cellular and Molecular Biology from the University of Auckland, New Zealand.

Kei Katsuno, Senior Director of Investment Strategy & Government Relations, GHIT



Dr. Kei Katsuno is Senior Director of Investment Strategy & Government Relations at the GHIT Fund. Prior to his current assignment, he worked as a Health Specialist at the World Bank, following his completion of a fellowship at the Asia Pacific Leadership Program at the East West Center. Dr. Katsuno graduated from the University of Tokyo with a medical degree and worked in the National Center for Global Health and Medicine. He possesses both Japanese and U.S. medical licenses (ECFMG) and completed the Master of Public Health (MPH) program at the Johns Hopkins University as a Fulbright Scholar. He is a lecturer at the Department of Biomedical Chemistry, Graduate School of Medicine at the University of Tokyo, and a fellow of the U.S.-Japan Leadership Program.

Willo Brock, Senior Vice President External Affairs, TB Alliance



Mr. Willo Brock joined the TB Alliance in 2014 as the Senior Vice President of External Affairs. He provides strategic leadership to the TB Alliance's fundraising, advocacy and policy, and community and stakeholder engagement work. Prior to joining the TB Alliance, Mr. Brock worked for large international development organizations like WWF and Habitat for Humanity in Europe as a leader in business development and fundraising growth. He started his career working for the Netherlands Ministry of Development in Pakistan and continued working for MDF Training & Consultancy gaining over ten years of management consultancy, training, coaching and project management experience focused on non-profit clients in over 50 countries in Asia and Africa.

Mbololwa Mbikusita-Lewanika, Health Advisor, The Commonwealth



As the Health Advisor, Dr. Mbololwa Mbikusita-Lewanika spearheads the Commonwealth's plans and preparation for effectively contributing to the post-2015 global health agenda. She also led the Commonwealth's programme of work on HIV/AIDS, tuberculosis and malaria. Originally from Zambia, Dr. Mbololwa is a social development expert with a health science and education background. She has over 30 years national and international experience in these areas, with much of her time spent at King's College London. Dr. Mbololwa spends a great deal of time on issues of social justice, especially pertaining to women, young people and prisoners. She received her education from University College Cardiff (BSc), The University of Wales Institute of Science and Technology (MSc Pharm. Science), and King's College London (PhD, Ethnopharmacology).

Jesús Rueda Rodríguez, Director International Affairs, Medtech Europe



Mr. Jesús Rueda Rodríguez heads the international affairs team at Medtech Europe. He continues to lead the regulatory debates that affect IVDs at EU level. He is directly involved in the discussions on the revision and recast of the IVD Directive, he is also involved in the work at the international level acting as representative to WHO, ISO and as liaison to other associations on all regulatory matters. A Spanish national with a biochemistry background, he is also fluent in English and French.

Kurt Frieder, Executive Director, Fundación Huésped



Mr. Kurt Frieder was a co-founder and first President of Fundación Huésped, an NGO that is very active in Argentina and Latin America in HIV/AIDS, other infectious diseases and sexual and reproductive rights. He was the Executive Director 1998/2017 and reassumed the Presidency recently. For several periods, he was the General Secretary of the Argentine AIDS Society and a member of the local CCM in both projects financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. He has been part of international working groups and conferences on AIDS since 1989 and coordinated the local committee of the 1st IAS Conference on HIV Pathogenesis and Treatment in 2001. His background is in Business Administration and he holds a Masters degree in Public Health from the Universidad de Buenos Aires.

Natela Menabde, Executive Director, World Health Organization, Office at the United Nations



Dr. Nata Menabde is the Executive Director of the World Health Organization (WHO) Office at the United Nations in New York. Dr. Menabde worked as WHO Representative to India. Prior to that, she worked as Deputy Regional Director of the WHO Regional Office for Europe. She had previously led the WHO European Regional Office's work on Health Policies and Systems and was in charge of WHO's extensive operations in 35 countries. She holds a PhD degree in Clinical Pharmacology from the USSR Academy of Medical Sciences. She has been awarded a Thomas Jefferson Fellowship in Health Management and Leadership, and International Health in the USA. She also studied Public Health at the Nordic School of Public Health, Sweden. Dr. Menabde has long-standing experience in public health, European health system reforms and institutional restructuring, tuberculosis and HIV/AIDS; noncommunicable diseases and risk factors; climate change and other environmental concerns; the International Health Regulations and other aspects of health security; intellectual property rights; and the social determinants of health.

Harald Nusser, Head, Novartis Social Business



Mr. Harald Nusser has been leading Novartis Access since June 2015. Since October 2016, he has also taken on the responsibility for a newly formed unit called Novartis Social Business. Mr. Nusser started his career at Schering AG in 2000 as a mathematician in the global R&D function. Having worked in both exploratory research as well as clinical research, he held positions of increasing responsibility in Corporate Strategy and Strategic Planning in both Schering AG and as of 2006 in Bayer. As Head of Portfolio Management, he managed the Holistic R&D Portfolio Review for Bayer Pharma and the annual Strategic Planning Process for Bayer HealthCare. Mr. Nusser led the Bayer HealthCare business in Sub-Saharan Africa, Uruguay, Paraguay, Bolivia, Peru, Laos, Myanmar and Cambodia before joining Sandoz International.

Adrian Thomas, Vice President Global Market Access, Commercial Strategy Operations and Global Public Health, Johnson & Johnson



Mr. Adrian Thomas is Vice President, Global Market Access, Global Commercial Strategy Operations and Global Public Health (GPH) at Johnson & Johnson. He is functionally responsible for Health Economics, Pharmaceutical Global Pricing, Patient-Reported Outcomes, Global Medical Affairs, and Public Health and Access. As co-leader of the GPH Organization, Dr. Thomas is responsible for growing Janssen's portfolio of pharmaceutical products and services for diseases that have a high public health impact. He has a special interest in market access and pharmaceutical policy, public health and commercial strategy. Prior to joining J&J, he held roles in regional medical affairs, drug development and product management for Schering-Plough and Eli Lilly. He is a clinical pharmacologist and vascular physician with experience in clinical trials design and methodology.

Carel IJsselmuiden, Executive Director, COHRED



Professor Carel is a physician, epidemiologist, public health practitioner, academic and social entrepreneur. After spending 10 years in rural medicine, peri-urban and urban health care and environmental health services management, he switched to academic public health research, education and research ethics training. He published widely in applied research and public health. He was appointed as professor and head of the department of community health at the University of Pretoria in 1995, where he became the founding Director of the School of Health Systems and Public Health in 1999. He is currently the Executive Director at COHRED in 2004. As such, he is also ex-officio member of the COHRED Board and President of COHRED USA. Carel has worked and lived in Africa, Europe, the United States and the Caribbean.

Robert Terry, Special Programme for Research and Training in Tropical Diseases (TDR), WHO



Mr. Robert Terry is a senior strategic and project manager with more than 20 years' experience in strategy development and implementation. He has specialized knowledge in natural resources, development, health and research policy in low and high-income countries for governmental, non-governmental, philanthropic and UN organizations. Robert joined the World Health Organization in 2007 and led on the development and implementation of the Organization's strategy on Research for Health. Currently he works for the World Health Organization's Special Programme for Research and Training in Tropical Diseases (TDR). His early career in research and development was in agriculture and he also held positions at the Royal Society where he ran the international research exchange programme and the Wellcome Trust where he was senior policy advisor.

Cassandra Kelly-Cirino, Director of Emerging Threats at FIND



Dr. Cassandra Kelly-Cirino, Director of Emerging Threats at FIND, has over 20 years of experience working in Canadian and US public health and private sector settings. Cassandra began her career at the Canadian National Microbiology Laboratory working on emerging infectious diseases, including bacteria, viruses and prions. In her 10-year tenure at the Wadsworth Center, New York State Department of Health, Cassandra served as the Deputy Director of the Biodefense Laboratory. During this time Cassandra also completed a PhD in Immunology and Infectious Diseases and developed vaccines and passive immunotherapeutic candidates for anthrax infections. She engaged national and international stakeholders in the development of public health policy for infectious diseases. Most recently, Cassandra served as Vice President, Infectious Diseases with DNA Genotek, a Canadian company known for its sample stabilization and collection technologies.

Bright Simons, President, mPedigree Network



Mr. Bright Simons is the President of mPedigree, a social enterprise working on three continents to spread innovative technologies that secure communities from the harmful effects of counterfeiting. He is the director at IMANI, a member of the World Economic Forum's Global Agenda Councils, Young Global Leaders, and Technology Pioneers Communities, a TED and Ashoka fellow, and a Brain Trust member of the Evian Group at IMD. He also writes for influential outlets such as the online edition of the Harvard Business Review, Quartz magazine, the BBC's Business Daily show, and the Huffington Post. He is a recipient of numerous awards, ranging from an Archbishop Desmond Tutu Award, Marie Curie and Commonwealth Vision Grants to a PPARC Scholarship in Gamma Ray Astronomy. He serves as a consultant and resource person on innovation strategy to the World Bank, UNECA, USAID, and the Commonwealth. Bright is a recipient of the Lifetime Achievement award from the African Innovation Foundation. He was named on a list of the 35 most impressive visionaries under age 35 by the MIT's Tech Review in 2013. In 2016, Fortune magazine named him on their 50 World Greatest Leaders list.

Chieko Ikeda, Senior Assistant Minister for Global Health, Ministry of Health, Labour and Welfare

Japan



Dr. Chieko Ikeda is the Senior Assistant Minister for Global Health, Ministry of Health, Labour and Welfare Japan. She has been Director for the Advanced Medical Science Division, Ministry of Education, Culture, Sports, Science and Technology since 2006. She was responsible for promoting large scale life science research projects, such as genomic research, generation and regeneration research, brain research, and cancer research. Dr Ikeda received a Medical Doctor degree (M.D.) from Tsukuba University, School of Medicine in 1988, and a Master of Public Health degree and a Master of Science degree from Harvard School of Public Health in 1996. She has worked in the area of health care policy and management for 17 years with the Japanese government, Prefectural government and international organizations such as WHO and UNAIDS. She is interested in ways to promote human health care through innovation in the field of life science and administrative system reform.

The Rt Hon. the Lord Jack Cunningham of Felling DL, House of Lords



The Rt Hon. the Lord Cunningham of Felling DL is a member of the Finance Committee in the Lords. He served as the Chancellor of the Duchy of Lancaster and the Minister for the Cabinet Office during 1998-1999. Previously, he was the Secretary of State for Agriculture, Fisheries from 1997-1998. During this time in the Ministry he embarked on a modernisation programme. He also paved the way for the creation of the disputably independent Food Standards Agency. Lord Cunningham joined the Shadow Cabinet in 1983, and was appointed to be a Deputy Lieutenant of the County of Cumbria in 1991.