WG11

POLICY BRIEF

EQUITABLE HEALTH FOR ALL

FACILITATOR:
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ORGANIZATIONS

Zesti Wellness
Alzheimer's Disease International
Nobuhle Virgie Foundation
AIDS Healthcare Foundation (AHF) Brazil
WACI Health
Valentia Andrews Global Connexion
Kholay youth centre
Siyaphila Home based Care
NUPAATHPSA
Malamulele Onward
Mary's Community Centre
Treatment Action Campaign
TB HIV Care
Rise 'N Shine Disability Magazine
LiveWell Initiative LWI
GHTC
SADC Institute for Traditional Health Sciences
Vukathalente Organisation 229-554
PAATHPSA
Ark of Men Kind
Matri Way
Y2K Drivingschool Pty Ltd
World Rehabilitation Alliance
Professional Association for African Traditional Health Practitioners of South Africa
Global Surgery Umbrella
Frontline AIDS
The Pink Roses Foundation
Palindrome Data
Moon
I Grow Campaign
Siyabonga multipurpose & telecentre
Love incarnate
Indaloenhle Health Development
Operation Smile
DOPASI Foundation
LUmokuhle care foundation
Siyolise Development Centre
Fundación Huesped
United for Global Mental Health
Togu Healing Institute
Napwa Ec
PATH
Comprehensive Care Network
AIDS Healthcare Foundation/AHF Brazil
Nikanathi development projects
Vuka Nethemba Community Based Care
Owam Govender Foundation
Eugenia Nothemba Gxowa Foundation
KAGH(Korean Advocates for Global Health)
Health Promoting Churches
The DG Murray Trust
JCI
Kiir kak ker Foundation
STOPAIDS
ONE Campaign
Africa Japan Forum
Zazele Foundation
TBHIV CARE
Results Canada
Global Network of Young People living with HIV
Coalition des Organisations de la Société Civile pour le Financement de la Santé et la CSU (COFIS-CSU)
Sinobom Community centre
Ma 2K Lifestyle
Global Health Technologies Coalition (GHTC)
Creation of Unity and Development
Teach a Girl Foundation
Progress educational Counsellors organisation(Peco)
Know it health foundation
Vukani community project
Queerwell
Tjiane Drop In Centre
Framework Convention on Global Health Alliance
SUGARE EDU DEV POVERTY SUPPORT NPO
Tehillah Community Collaborative
Sungulo Community organisation
Unitaid
Khomotso Komape Foundation
All Civil Society Organisation
Ubhaqa Networks
Lifeline SA
Do-It Kwenze Community Development and Health Services
TB People Zimbabwe

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Pusetso ya setjhaba community nutrition and development center
KGARATLHELO FOUNDATION
Ditshego House of Laughter
Health & Social Behavior Change Institute
Community Responsiveness Programmes
Makapanstad Rural Development Centre
Isiqalo Esisha Foundation NPO
Hou Links
Never Give Up Support Centre
Ekurhuleni Deaf Association
Global Health Advocates
Lihlumelo Multi Purpose Centre
Mziwamadoda Circle of Support
Gugu Dlamini Foundation
THP
Private Consultant representing C7 Global Health Working Group
Sisonke Wellness Foundation
Ahi Akaneni Youth Development
DPSA
ALFA(NPO)
Ukhanyolwethu disability organization
Empowerment Hub
Sekusile Ekhaya Health Care & Support and Support
Philasande NGO
Daveyton association for the physically disabled
TB Accountability Consortium
CITAMplus
Ketlareng Tebogo Evodia
Defending NHI
LifeLine North West Rustenburg Centre
The Aurum Institute
Kaya959
Guardian Angels Care And Support Centre Organisation
Umthombo wempilo service centre
OratileBokgoni Youth Development
Unlimited Innovation Youth Network
Manenzhe Foundation
Men's sector
National Indigenous Health Practioners Association
Dondolo Drop-inCentre
Reikagile pre school
Bloom Wellness Junction
Isiphephelo multipurpose Centre
Bophelo community development registration no 248-221 NPO
Bi
Kwelobohloko Community Development Project
Masenze Youth Against Drug Abuse
Mankweng Anti Drug And Alcohol Abuse Organization
Lisiko Technologies
MAPHELO HOME BASE CARE
Happy Minds Community Projects
Healthy Living Alliance
The body of Christ healing & support Centre support
Sivukile Community Project
Catch Them young
Boitumelong day care and preschool
Transform Health
Matlhabelas Trading Enterprise
Foundation for Climate Health Solutions
Nhlengelo HBC
Tho
Nhuvuko community project
Africa Rise Youth Indaba
Sir Young Pty Ltd
DENOSA
Ahh! Zamani Foundation
Senzokuhle Development Foundation
Nofezile Special Care Centre
Ubomi bethu
Society Health And Morals Association
BRIGHT FUTURE 1215 NPC
Mafambisa Pastors organisation
TIKZN
Do- it kwenze
Cato Manor Masibambisane "Keeping the Promise"
Wits University
Tintswalo HBC
Africa REACH
Zicabangeleni Project
Gwebindlala Hiv/Aids Organisation
Innovative health system

Goshen Forum
NACOSA
Parism Faith Base Community Health Care Organisation
Progressive Progressive Health care
Dihlabeng Development Initiative
Lorna N Foundation
LifeLine Mafikeng
Tiyang Basadi
Love To Help Organization (L2HO)
Jala Lorato Africa Wellness Champions
Lefika La Ka NPC
Perseverance Rural Development Centre
Tswelopele south African Movement
Shout-It-Now
Angels of Tomorrow Community Support Centre
HEALA
Crown of Glory Mission
Itumeleng Sechaba HBC
Tsibogang Christian Action Group
Tshwelopele South Africa movement
Restoration of Hope Ministries
SANACLGBQTIA+ Sector
Meisie Motaung Foundation
Kitso-ke-lesedi Social Development Programme
Individual applicant
Roche
Custodians of Holistic Healing and Spiritual Initiatives (CHOSI)
IPROSA
Youth Inter-Active
Impande Ka Nyoni
Dlala Ntombazana Development projects
Lisakhanya Community Organisation
INKAZIMULO CARE CENTRE
Cannabis industry development association of South Africa (CIDASA)
Anti Drug Abuse Association of Zambia (ADAAZ)
Siyazakha HIV/Aids Support Group
ITPC
Yayasan GEMPITA (Gerakan Mandiri Pita Merah)
Ministry of Health
Ubuhle Bobunye Bomanyano
Katlego ka Tshepo
Sekhukhune Women Against HIV/AIDS and TB Prevention and Treatment (SWAHAT)
Lillydale Home Based Care
Thungela Resources Kgoro Men's Forum
Elevate Her Health
Institute of Health Programs and Systems (IHPS)
Center for positive care
Ecmenical Pharmaceutical Network
Empilisweni HivAids and orphans care centre
Yakha Ikusasa Manje Health Development Centre
Yplus South Africa Network
Wisani Community Project
NKOSANA NGOBESE FOUNDATION
IZIKOLEPILO FOUNDATION
Nyema Foundation NPO
Tintswalo Home Based Care
Universal Maidens Association Cameroon(UNIMAC)
Siyasebenza Community Dots Supporters
Boyd and girls educational foundation
Cornerstone Training Centre
RKDC
Isisombululo solution
Ezibeleni orphans and vulnerable childrens home
All Africa Health
Sizanani Skills Development Centre
Shalom Drop in Center
Mduduzi
Nonz consulting community development support (NCCDS)
Management Sciences for Health (CSEM for UHC2030)
PEACE MAKERS CARE AND SUPPORT CENTRE
Ma Medi Antswembu Foundation
FSEWDF
Protiro Care Givers
AL JAMA-AH
Law and human right's
South Africa School Social Affairs
Sisabhekile Health Care Centre
SMME News Publication NPC
Global public health University
Global Fund Advocates Network Asia-Pacific (GFAN AP)
EANNASO
Wote Your Development Projects CBO

Down Syndrome South Africa
AIDS Healthcare Foundation (AHF) Argentina
Asavela Peko Foundation
International Federation of Medical Students Associations (IFMSA)
Well of Redeem Ministries
The Aurum Institutes (KP Programme)
The Aurum Institute KP Programme
Bophelo community development registration no 248-221
Living in peace Multi purpose centre
The Seed of Hope
Qulo Health Promotion Network and Training
Itireleng association for the physicaly disabled
BAMBINO PLWHA EDU DEV 136-137NPO
Framework Convention for Global Health Alliance
Wellness and Wisdom Consulting
Mankweng Youth Development
Health
Kgatelopele CHBS
Personal Capacity
SHALOM FAMILY DENTAL CARE CENTRE (DR SANGWENI DENTAL SURGEON)
Changing people's lives foundation
rural health advocacy project
UNAIDS
Self
AVAC
O.R.Tambo District Municipality
Operation Smile South Africa
Indiba o Victim Empowerment
SGL Developments
Tac
Matlala hospital
Civil society
Reakgona Mo TSOMV NPO
Abasizikazi Stimulation Center
Saleya Drop in Center
Community Health Impact Coalition
Mikateka after care centre
Circle of Life HIV Community Support
YOUNITE GLOBAL
Ekurhuleni Forum Traditional Health Practitioners
Defend NHI
Brainchild Consulting
Triumph Corner
Thandilizwi HCBC
The National industrial Chamber
Soweto Deaf Association
Supporting those in Need Together
SRHR AFRICA TRUST
Eswatini Embassy
Helping Hand Home Based Care
Siza
UBUBELE COMMUNITY DEVELOPMENT PROJECT
Treatment action plan
Mental Matters Matter
Gwedaint
Shalom HCBC
lebowa moral regeneration
Ka gae home based care
Bontle Bonono Botjhaba
Youth Reachers Organisation
Siyaphilisa Community Home Base Care
Rotanganedza Community Care
Office of the premier North west
Tumelong
Potchefstroom Champions
A Hi Akaneni Youth Development
Eldad and medad
BEYOND THE CHANGE FOUNDATION
AIDS Healthcare Foundation (AHF)
National Albinism Task Force
Self employed individual/consultant
PHOLA Mental health and Psychosocial Organization
For young mothers by young mothers NPC
Bambiqhaza Consulting and Community Development NPC
Good Health Community Programmes
Lina community development
Reach for life
GFAN
NAPWA
Parism Faith Base and Community Health Care
Centreth Centreunity
Miaths NPC
Tshwelopele South African Movement

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EXECUTIVE SUMMARY

The world today faces fundamental polycrises that are eroding trust in global governance and threatening health systems across the world. As the G20, representing over 80% of global GDP, convenes under South Africa's Presidency, it carries a unique responsibility: to realign global decision making for health with equity, resilience, and justice at its core. The C20's Equitable Health for All (EHA) Working Group urges G20 leaders to act decisively, ensuring policies and financing protect lives and livelihoods, especially in low- and middle-income countries.

To this end, the G20 must:

- Strengthen health systems by investing in primary health care and workforce retention for universal health coverage.
- Advance regional manufacturing and research and development (R&D) for health as well as guarantee financing for equitable technology transfer.
- Address the NCD and mental health crisis by integrating prevention and care into UHC strategies, and financing rights-based approaches.
- Integrate Indigenous knowledge through evidence-based regulation, research, financing, and equitable access pathways.
- Secure sustainable health financing by expanding fiscal space, reforming debt frameworks, and supporting global health mechanisms such as the Global Fund.
- Ensure inclusive governance by embedding civil society participation and accountability across all G20 health and financing commitments.

The G20 must act now to deliver Equitable Health for All.

INTRODUCTION

Health is a fundamental human right and a cornerstone of sustainable development, yet half of the world's population is not fully covered by essential health services. The COVID-19 pandemic exposed and intensified long-standing structural inequities in health systems, and new threats, including climate shocks, economic crises, and conflicts, continue to widen the gap between those with access to care and those without. As the G20 nations convene under South African leadership, this is a critical moment to reimagine global health systems rooted in equity, resilience, and justice.

The Equitable Health for All Working Group (WG1) brings together civil society and community voices to ensure that health remains a G20 priority. As civil society, we play an indispensable role in advancing health rights by bridging the gap between global commitments and lived realities, brokering knowledge and ensuring reforms are grounded in equity and justice. We call on G20 leaders to act on their collective responsibility to advance the right to health for all, particularly for people in low- and middle income countries (LMICs).

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This year, the Working Group focused on five priority areas:
1. Building resilient health systems through Universal Health Coverage (UHC), Primary Health Care (PHC), and the retention of the health workforce
2. Advancing Diversified Health R&D and Manufacturing for Vaccines, Therapeutics and Diagnostics for Priority Diseases
3. Stemming the tide of non-communicable diseases (NCDs), including mental health
4. Positioning Traditional Medicine as a Community-Anchored Health System Response
5. Sustaining domestic and global financing for health, with equity, national ownership and accountability at the core

These priorities are interconnected and inseparable. Equitable and predictable financing builds resilient health systems. A supported health workforce makes UHC achievable. G20 health priorities must embrace the full diversity of health knowledge systems that sustain populations worldwide. Inclusive innovation and pluralistic knowledge systems strengthen community trust and expand accessibility. Mental health and NCD services ensure health systems remain comprehensive and responsive to people's needs.

Given their global influence and resources, G20 countries have a responsibility and a unique opportunity to lead the way in building resilient, equitable, and sustainable health systems.

The policy proposals that follow represent a collective vision for structural transformation. They retain the voices and expertise of civil society and communities across the world and call for bold, measurable actions to deliver health justice.

1. Building Resilient Health Systems through UHC, PHC, and Retention of the Health Workforce

Health systems in low- and middle-income countries (LMICs) are under immense strain from climate shocks, economic crises, conflict, and declining donor support. These pressures hit the most marginalized hardest—women, girls, LGBTQ+ persons, people with disabilities, Indigenous and migrant communities—, eroding access to rights-based health services. Additionally, discrimination and pathologization exacerbate health disparities for LGBTIQA+ individuals, creating significant barriers to accessing HIV services, mental health support, and gender-affirming care due to stigma, fear, and lack of provider competency. (elaborate)

The COVID-19 pandemic exposed the fragility of over-medicalized systems, revealing gaps in protection for frontline workers and inequities in access to care. Today, many countries face impossible trade-offs between servicing debt and fulfilling health commitments.

Reclaiming Universal Health Coverage (UHC) as a human right requires political will, sustainable financing, and governance rooted in accountability and participation. Primary Health Care (PHC), envisioned at Alma-Ata and reaffirmed in Astana, remains the foundation of resilient systems. Equity explores an holistic observation of human rights, confronting social and economic contributors to what remains an exacerbated and glaring gap in health access experienced by intersex couples. Identified are social pressures for populations subjected to conversion therapies - harmful practices that violate human rights, body autonomy and integrity, gendered expression and cause severe lasting psychological and physical traumas, thus violating foundations of human rights and liberties. These realities but be considered in the framework of lived narratives condemned for the discriminatory and socially unacceptable practices that they present. PHC must be community-driven, rights-based, and genderresponsive, addressing structural barriers such as discriminatory laws and gender-based violence, while also integrating essential surgical, obstetric, trauma, anesthesia (SOTA), emergency, and critical care services.

A resilient system also depends on protecting and valuing the health workforce. Women, 70% of the sector, remain largely underpaid, overworked, and excluded from leadership. Community health workers, often unpaid, are central to PHC yet overlooked. A gender-just approach must recognize, protect, and fairly compensate health workers while ensuring leadership pipelines and protections against exploitation.

Civil society, feminist movements and affected communities must be co-architects of health systems. Without confronting embedded racism, patriarchy, and ableism, resilience will remain out of reach. Embedding a rights and justice lens is not an add-on but a prerequisite for truly universal, equitable health.

POLICY RECOMMENDATIONS FOR THE G20:

1.1 Close Health Equity Gaps by Financing Community-Led Universal Health Coverage (UHC)

The inequitable distribution of health resources has left millions without access to care, particularly in marginalized communities. G20 countries must:
- Invest in publicly financed, community-led, digitally enabled health systems to reduce donor dependency and strengthen equity.
- Mobilize progressive domestic financing (e.g., fair taxation) and reduce out-of-pocket spending.
- Prioritize vulnerable groups through equity-focused policies and community accountability mechanisms to ensure investments meet real needs and build trust in health systems, especially for underserved populations.
- Embed the right to health in global and national legal frameworks with clear budgets and transparent reporting on equity outcomes.[1]

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1.2. Strengthen Primary Health Care (PHC) through Inclusive and Integrated Investment

To enhance health outcomes and equity, allocate at least 30% of national health budgets to Primary Health Care (PHC) to build a robust, inclusive, and integrated health system. Prioritize the integration of services such as nutrition, HIV, tuberculosis (TB), communicable and non-communicable diseases (NCDs), sexual and reproductive health and rights (SRHR), surgery, obstetric care, trauma care, and mental health into PHC frameworks. Ensure these services are people-centered, culturally appropriate, and gender-responsive, addressing the diverse needs of all populations, including the LGBTQI+ community.

To support this, implement targeted training programs to sensitize and equip healthcare workers with the skills to deliver competent, informed, and non-discriminatory care, particularly for SRHR services tailored to LGBTQI+ individuals. Additionally, incorporate emergency, critical, and operative care into national PHC strategies to ensure comprehensive, accessible, and equitable health services for all.

To promote inclusive healthcare, we recommend that the G20 ensure non-discriminatory access to LGBTIQA+-inclusive care, including gender-affirming and HIV services, while mandating and funding competency training for all healthcare workers on LGBTIQA+ health. Additionally, the G20 should integrate and fund dedicated mental health support services for LGBTIQA+ communities and enact and enforce explicit bans on 'conversion therapy' and non-consensual, medically unnecessary surgeries on intersex children.

- Scale digital health solutions in underserved areas, ensuring strong protection for equity, privacy, and data rights.
- Promote equity, participation, and accountability in health governance, and prioritise community engagement in domestic and international health investments

See the proposed Framework Convention on Global Health (FCGH) as an example of a new international legal framework that includes the right to health in national and global systems. This includes universal access to quality services, public accountability, and empowering communities to realise health rights. (Also see 5.1.)

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1.3. Prioritise the Protection and Retention of Global Health Workers

End the health workforce crisis by investing in protection, pay, and equity. Health workers are overburdened, underpaid, and leaving the sector in alarming numbers. G20 nations must:

- Guarantee decent work and fair pay, aligned with WHO labour standards, especially for women and community health and care workers.
- Provide social protection, mental health support, childcare, and rural incentives to reduce attrition and burnout.
- Advance equity in health worker education and opportunities by reforming bursary policies for the children of health workers and implementing ethical international recruitment agreements aligned with the WHO Global Code of Practice, ensuring retention, fair treatment, and protection of sourcecountry health systems from brain drain.

1.4. Eliminate Harmful Debt Dependencies Through Fair Global Health Financing

Many LMICs face the impossible choice between servicing debt and funding health. The G20 must:

- Reframe health as a Global Public Good by advocating for health spending to be treated as noncommercial, protecting health budgets from austerity, urging multilateral institutions to reduce or eliminate interest on health loans, and increasing access to grants that strengthen national ownership and long-term fiscal capacity.
- Promote innovative financing such as debt-for-health swaps, solidarity taxation, IDA21 funds, and SDRs.
- Enable participatory and accountable financing, co-created with marginalized communities, and ensure private actors adhere to human rights standards.2 See UN Guiding Principles on Business and Human Rights.

1.5. Tackle Corruption and Demand Transparent, Accountable Health Governance

Corruption continues to siphon vital resources away from public health systems. The G20 should:

- Mandate independent forensic audits, prosecutions of corruption, and recovery of misused funds to reinvest in health services.
- Fund community-led budget tracking to monitor spending and expose misuse in real time.
- Require public reporting and accountability on commitments such as the Abuja Declaration and Maputo Plan of Action, making fiscal integrity a pillar of health system resilience.

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2. Advancing Diversified Health R&D and Manufacturing for Vaccines, Therapeutics and Diagnostics for Priority Diseases

The COVID-19 pandemic exposed deep structural vulnerabilities in global and regional health systems, particularly in LMICs. In Sub-Saharan Africa, where countries import 70–90% of medicines despite a high disease burden, this dependency exacerbates vulnerabilities in both pandemic response and the management of endemic health challenges such as HIV/AIDS, tuberculosis (TB), malaria, and neglected tropical diseases (NTDs).

Building on lessons from COVID-19 and recent outbreaks such as mpox, Ebola, and Marburg, governments must now advance diversified research and development (R&D), and manufacturing ecosystems that are regionally distributed, locally responsive, and globally connected. With over 600 pharmaceutical manufacturers in Africa, but limited policy, financing, and regulatory support compared to ecosystems in India and China, there is a clear opportunity to leverage the South African G20 Presidency to catalyse action.

A strong G20 commitment to regional manufacturing can expand access, strengthen supply chain resilience, and bolster health security, while also driving industrialization, creating jobs, and supporting economic diversification in line with the African Continental Free Trade Area (AfCFTA) and G20 priorities for sustainable development and resilience.

POLICY RECOMMENDATIONS FOR THE G20:

2.1. Establish a G20–LMIC Health Manufacturing Compact

Despite growing momentum in LMICs, regional manufacturing faces barriers such as limited policy coordination, fragmented financing, and lack of demand certainty. The G20 should:

- Create a formal cooperation platform bringing together G20 members, LMICs (including the African Union), global health institutions, and industry partners.
- Coordinate on technology transfer, market incentives, and regulatory harmonization to accelerate regional production of vaccines, diagnostics, and therapeutics for both pandemic and endemic diseases.
- Integrate transparent progress tracking, leveraging existing platforms like the Regional Vaccine Manufacturing Collaborative (RVMC) and IPPS, to assess gaps and guide investments.

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2.2. Create a Global Health Manufacturing Financing Platform

Access to capital to scaling up regional health manufacturing requires global solidarity, planning, and coordination. G20 countries must:

- Launch a blended financing mechanism, pooling resources from G20 members, multilateral development banks (e.g., AfDB, World Bank, IFC), and private equity networks.
- Provide de-risking instruments and concessional capital to incentivize private investment and build sustainable regional manufacturing hubs.
- Leverage successful models like the Pandemic Fund to ensure rapid mobilization of financing during health emergencies.

2.3. Reform Global and Tech Transfer Landscape in Africa

The current global health architecture limits the ability of LMICs to benefit from innovation and participate in the development of technologies they need most. G20 leadership is needed to:

- Champion flexible IP and technology transfer mechanisms under the Pandemic Agreement, supporting voluntary licensing, patent pooling, and tech-sharing initiatives such as WHO's mRNA Technology Transfer Hub.
- Strengthen regional R&D ecosystems by aligning research agendas with local health needs and building partnerships between researchers, manufacturers, and regulators.
- Prioritize TB and HIV innovations, including financing for late-stage TB vaccine trials, next generation therapeutics, and rapid diagnostics, ensuring these tools are affordable, accessible, and deployed rapidly in LMICs.

3. Stemming the Tide of NCDs Including Mental Health

Non-communicable diseases (NCDs), such as adult and childhood cancer, cardiovascular disease, diabetes, chronic respiratory illnesses, oral disease and mental health disorders, account for 74% of deaths globally or approximately 41 million people each year. Of these, 77% occur in low- and middle income countries (LMICs), where access to preventive services, diagnosis, and care remains severely limited. The escalating burden of NCDs undermines sustainable development, impoverishes families, weakens health systems, and threatens economic growth.

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Mental health disorders remain severely underrecognized and underfunded, yet they account for a significant share of the global disease burden. Depression ranks as the leading cause of disability worldwide. Dementia stands as the fifth leading cause of NCD-related death, and suicide is among the top causes of death for young people. In many LMICs, more than 75% of people with mental health conditions receive no treatment.

The aggressive promotion of harmful products, such as tobacco, alcohol, and ultra-processed foods, alongside regulatory capture and conflicts of interest in policymaking, further fuels NCD risk. Meanwhile, air pollution has become the second leading risk factor for global disease burden and climate change exacerbates NCD risks through food insecurity, heat stress, and disruption of health systems.

Guided by the Sustainable Development Goals, G20 leaders must act now to stem the tide of NCDs, strengthen integrated health systems, and ensure accountability for progress.3 3 See in particular, SDG 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

POLICY RECOMMENDATIONS FOR THE G20:

3.1. Strengthen Public Health Policy and Fiscal Measures

The rise of NCDs – driven by social and commercial determinants of health, weak enforcement, and under investments in prevention, early diagnosis, treatment, and care – demands bold policy solutions and fiscal action. G20 countries must:
- Implement WHO-recommended "Best Buys", including tobacco and alcohol taxes, front-of-pack labelling, and restrictions on the marketing of unhealthy foods.
- Increase excise taxes on sugar-sweetened and non-nutritive sweetened beverages and mandatory investment of revenues in NCD prevention programs.
- Establish legal protections and regulatory mechanisms to protect public health policies from commercial interference.
- Endorse a G20 Declaration on Accelerated NCD Action tied to SDG 3.4, with measurable targets and timelines.
- Create a G20 NCD Financing Mechanism, modelled on global health financing facilities, that are grounded in equity, country-led ownership of programming, and meaningful involvement of key populations and CSOs to support NCD prevention and care implementation in LMICs.
- Strengthen G20 accountability frameworks to include NCD prevention and management metrics.

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3.2. Integrate NCDs into UHC

Integrating NCDs effectively into UHC benefit packages eliminates financial barriers, improves outcomes, and helps reach underserved communities with critical care. The G20 must:

- Fully integrate essential NCD services into UHC policies and in national health benefit packages and remove financial barriers to NCD care, following the WHO NCD "PEN" protocols and integration of mental health into PHC.
- Include essential oral health services in national UHC benefit packages, drawing on the WHO Global Oral Health Action Plan (2023–2030), aligned with PEN-plus and PHC delivery platforms.
- Promote task-shifting and community-based models for screening and chronic care, particularly in underserved areas.
- Adopt the "One Lung" approach to integrate communicable and non-communicable disease services.
- Expand affordable access to essential diagnostics and medicines, in line with WHO Model Lists.

3.3. Advance Rights-Based, Inclusive Governance

Meaningful participation, intersectional policy approaches, and inclusive data are essential to address inequities in NCD care and outcomes. G20 countries must:
- Institutionalize the participation of people living with NCDs, including those with rare diseases and civil society in health planning, monitoring, and accountability mechanisms.
- Adopt intersectional approaches that address gender, disability, race, genetic predisposition and social and income inequities in NCD burden and access to care.
- Support data disaggregation by age, gender, genetic predisposition and socioeconomic status to inform policy, monitor equity, and ensure no one is left behind.
- Ensure continuity of care across the life-course by putting safeguards in place for people who "age out" or otherwise transition out of formally recognised priority groups.
- Champion local and community-driven solutions by supporting CSO engagement, capacity building, and direct access to funding for NCD advocacy and service delivery.

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3.4. Promote Health-Promoting Environments and Multisectoral Action

Healthy environments and cross-sectoral collaboration are essential to prevent NCDs and promote well being. The G20 must:

- Prioritize urban health interventions such as safe active transport, clean air, and green spaces.
- Align NCD policies with climate and sustainability goals, e.g., reducing emissions from food systems and fossil fuel use.
- Facilitate multisectoral governance mechanisms, including health, agriculture, finance, education, and labour sectors, to coordinate NCD action plans.

4. Positioning Traditional Medicine as a Community-Anchored Health System Response

Traditional Medicine, rooted in Indigenous Health Knowledge Systems (IHKS), is a high-trust, low-cost, community-based asset that supports UHC and resilient primary healthcare. IHKS and African Natural Medicines (ANM) provide primary care for 60-80 percent of Africa's population, particularly in rural, low-income, and underserved areas, with Indigenous Health Practitioners (IHPs) delivering holistic care addressing physical, psychological, spiritual, and ecological wellbeing.

Despite their importance, IHKS and ANM remain systemically excluded from mainstream health, leaving vulnerable groups and rural populations disproportionately affected. Integrating IHKS into national strategies is critical to expanding universal health coverage and strengthening equitable, resilient community-anchored care. It also enables the operationalisation of a One Health approach, linking human, animal, and environmental health, while positioning indigenous practitioners as innovation ready co-creators of locally grounded wellbeing solutions. Progress on institutionalising IHKS remains limited,[4] with commitments lacking sustained political will, budgetary allocations, or structural reforms.[5] With South Africa's G20 Presidency providing a historic opportunity to elevate African health priorities, the G20 must establish a G20 Africa Compact on IHKS with a dedicated fund to empower Indigenous-led initiatives, advance ANM, foster R&D and innovation, and strengthen IHKS value chains. The multistakeholder Compact should recognise Indigenous agency, and prioritise codification and innovation by IHPs. Governments must reform legal, financing, and institutional frameworks and mainstream IHKS, delivering culturally relevant, holistic, and people-centred care that advances equitable health for all, strengthens climate-resilient systems, and supports sustainable development for communities and nations.

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Structural barriers impeding the full integration of Traditional Medicine include: (1) outdated or culturally restrictive legal and regulatory frameworks, (2) chronic underinvestment and invisibility in research, innovation, and financing agendas, (3) misclassification and lack of labour protections for IHKS practitioners, (4) weak data governance, market access, and intellectual property protections, and (5) limited public budget allocations.

5 African governments and international partners have repeatedly affirmed their support for Indigenous knowledge systems and traditional medicine through instruments such as: WHO Traditional Medicine Strategy (2014–2023), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007), African Union Plan of Action on Traditional Medicine (2001–2010, extended to 2020), Convention on Biological Diversity (CBD) Nagoya Protocol, the 2030 Agenda for Sustainable Development (SDGs 3, 10, 13, 15, and 17), Agenda 2063: The Africa We Want (Aspiration 1 & 5), One Health Joint Plan of Action (FAO, WHO, UNEP, WOAH, 2022), Brazil G20 2024 (Health Policy Priorities on Integrative and Traditional Health Systems).

POLICY RECOMMENDATIONS FOR THE G20:

4.1. Strengthen Legal and Regulatory Protection for IHKS and Traditional Medicine Value Chains

Institutional safeguards and culturally aligned, and enforceable laws are needed to secure legal protection, support ethical governance, and ensure sovereignty. As part of the Compact, the G20 must urge national governments and regional bodies to:

- Establish culturally aligned legal instruments recognizing IHKS practitioners and ANM as formal health system contributors.
- Harmonize policies to eliminate gaps and misclassification.
- Protect communal intellectual property, implement equitable benefit-sharing aligned with the Nagoya Protocol, and fund legal support for communities to enforce rights over Indigenous knowledge.

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4.2. Integrate IHKS and ANM within National Health Systems

IHKS and ANM are central to primary healthcare yet remain marginalized in policy, workforce planning, and training. G20 governments, working with national governments, academic institutions, IHPs, and communities must:

- Mainstream IHKS into national health policies, primary care and universal health coverage planning, and emerging technology-enabled and digitalisation strategies.
- Include Indigenous practitioners in referral systems, workforce planning, and training programmes.
- Develop Indigenous IHKS curricula collaboratively with universities and Indigenous Health Practitioners.
- Support government–community collaboration hubs ("codification districts") to embed IHKS in health planning, monitoring, and One Health initiatives.

4.3. Secure Sustainable Financing and Foster Innovation, Market Access, and Practitioner Development

Chronic underinvestment limits IHKS as a driver of equitable health, innovation, and ecological sustainability. The G20 must catalyse partnerships to:
- Establish a dedicated G20 IHKS Fund to support codification districts, practitioner development, R&D, and Indigenous-led innovation initiatives.
- Develop diverse financing instruments, including national funds, blended capital, and innovation platforms, to support practitioners, research, community-led enterprises, and market access.
- Integrate IHKS into public health financing and leverage climate, biodiversity, and health funding to strengthen medicinal agroecology, Indigenous-led enterprises, and locally governed innovation systems.

4.4. Institutionalize Inclusive Governance, Knowledge Systems, and R&D

To sustainably embed IHKS and Traditional Medicine in national development strategies, the G20 should commit to mobilising political will and financing for institutionalisation. Regional bodies and national governments must:

- Establish Indigenous-led councils and inclusive decision-making platforms.
- Implement Free, Prior, and Informed Consent (FPIC) protocols for all Indigenous knowledge initiatives.
- Develop research hubs, centres of excellence, and digital platforms for ethical documentation, R&D, knowledge transfer, and innovation that centre Indigenous innovation and ecological stewardship.
- Ensure accountability through civil society review, Indigenous-led monitoring, and regular reporting.

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5. Sustaining Domestic and Global Financing for Health

Globally, sustainability for health financing is under threat. International aid is increasingly unpredictable and remains fragmented, with funding often channelled through programmes that are insufficiently integrated into domestic health systems. At the same time, domestic resource mobilisation remains constrained by debt obligations, narrow tax bases, and competing budget demands, leaving many LMICs unable to meet basic health financing thresholds or invest in long-term system resilience and equityoriented health systems.

Meanwhile, the growing role of private-sector actors has outpaced the development of accountability frameworks, raising urgent questions about equity, transparency, and rights-based oversight.

In this context, G20 countries, which are responsible for the majority of global health financing, have both a responsibility and an opportunity to champion a reimagined global health financing architecture that is equitable, sustainable, and participatory. The C20 outlines a comprehensive financing agenda: one that shifts away from vertical, donor-driven models and centres on justice, solidarity, and community-led accountability.

POLICY RECOMMENDATIONS FOR THE G20:

5.1. Establish a binding global health governance framework

Fragmented governance and weak accountability mechanisms continue to fuel inequality in health access, quality, and financing. To realise the right to health universally and sustainably, G20 leaders, WHO, and UN Member States must:

- Advance the Framework Convention on Global Health (FCGH) as a legally binding global instrument embedding the right to health in domestic and international systems.
- Institutionalise accountability, shared governance, and equity as central to health financing.
- Ensure disability inclusion and rural access are codified as obligations within financing frameworks

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5.2. Institutionalise Equity Through Participatory, Rights-Based Financing

Too often, health financing decisions are made without the input of communities and fail to reflect the needs on the ground. To ensure fairness, effectiveness and accountability, national governments, especially Ministries of Finance and Health, must:

- Align financing with national equity programmes co-developed through inclusive consultations with women, rural communities, and marginalised groups.
- Establish permanent civil society and community oversight mechanisms at national and sub national levels.
- Require gender- and disability-disaggregated audits of all health financing flows.

5.3. Ensure Accountability in Public and Private Sector Health Investments

The absence of strong oversight for health investments risks deepening inequality and eroding public trust. G20 leaders and national governments must:

- Apply the UN Guiding Principles on Business and Human Rights to all private-sector actors in health financing and delivery.
- Mandate transparent reporting with enforceable penalties for non-compliance.
- Reform international aid to prioritise equity, sustainability, and system-wide strengthening over disease-specific fragmentation.

5.4. Advance Fiscal Justice and Mobilise Domestic Resource Mobilization for Health

In many LMICs, fiscal constraints, often driven by debt burdens, narrow tax bases, and rigid donor frameworks, limit domestic investments in health. To advance fiscal justice, the G20 governments with partners like the IMF and World Bank must:

- Adopt national fiscal strategies to sustainably finance UHC, pandemic preparedness, and climate-resilient systems.
- Expand progressive taxation and earmark 15% of national budgets for health in line with the Abuja Declaration.
- Redirect untied donor funds to support integrated system strengthening.

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5.5. Fund the Future of Public Health: Urgent Global Action Needed

Chronic underfunding and donor fatigue are threatening the sustainability of hard-won gains in global health. G20 leaders must take urgent action to fund the future of public health is needed, which should include:

- Support the 8th replenishment of the Global Fund to achieve its $18 billion investment target.
- Increase flexible, predictable financing to WHO to reinforce its global leadership.
- Support Global Health Initiatives in line with the 2023 Lusaka Agenda.
- Implement a 0.2–0.4% global wealth solidarity tax on individuals with net assets above US$100 million to finance health and humanitarian responses.
- Integrate health into climate finance mechanisms, safeguarding rural and climate-vulnerable populations

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