

# Open Letter to G7 and G20 leaders: resolve global crises to secure our future

**To the Editor** — The world is facing unprecedented global challenges that pose existential-level threats to the survival of humanity and the planet. Despite the enormity of these challenges, world leaders have failed to rise to the occasion. Instead, we have observed increasingly nationalistic, siloed responses that undermine much needed approaches centred around global solidarity. We write as a collective of young global health scholars and professionals who recognize the urgency of the challenges we face and the limited time we have to address them. We call on G7 and G20 leaders to act on commitments made and to strengthen global governance to address three interconnected challenges of our time: the COVID-19 pandemic, antimicrobial resistance and the climate crisis.

The COVID-19 pandemic has caused 15 million excess deaths between January 2020 and December 2021, with 53% of these occurring in lower-middle-income countries<sup>1</sup>. At the current rate, the global goal of vaccinating 70% of the world's population by September 2022 will not be achieved, leaving behind low-income and lower-middle-income countries<sup>2</sup>.

To successfully course correct, it is important to recognize and learn from mistakes in preparedness and response. For example, over the last three years, high-income countries (HICs) created inequities by hoarding vaccines and providing insufficient funding to COVAX while also having bi-lateral deals with manufacturers<sup>2</sup>. HICs have also continued perpetuating these inequities by donating nearly expired vaccines and blocking or watering down the Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver aimed at strengthening regional manufacturing of COVID-19 tools<sup>3</sup>.

It is imperative that relevant G7 and G20 countries take responsibility for current failures and commit to a more equitable governance structure where the priorities of all countries are considered equally in health crises. This recognition of responsibility is central to both current response strengthening and sustainable future pandemic preparedness efforts. HICs must support the temporary TRIPS waiver for all COVID-19 tools and the strengthening of regional manufacturing capacity of vaccines, diagnostics and therapeutic agents.

Relevant G7 and G20 countries also need to fulfill existing commitments on vaccine donations, prioritize support for required service delivery strengthening in low- and middle-income countries (LMICs) and support multilateral mechanisms such as the Access to COVID-19 Tools Accelerator<sup>2</sup>. While we welcome the 2022 G7 health ministers' re-commitments related to COVID-19, they need to be honored and built upon.

Considering the challenge of antimicrobial resistance, in 2019 alone an estimated 4.95 million deaths were associated with bacterial antimicrobial resistance<sup>3</sup>. If current trends continue, cumulative economic costs are estimated at US\$100 trillion by 2050, which could result in a major economic crisis<sup>3,4</sup>. As one of the World Health Organization's top ten threats to global health, antimicrobial resistance is likely to lead to enormous loss of life and to severely cripple national health systems.

Since 2015, antimicrobial resistance has consistently been featured on the G7 and G20 health agendas, appearing in a total of 116 commitments so far. However, most of these commitments have been 'merely ideas' — statements upholding or supporting a principle, action or commitment<sup>5</sup>. Although surveillance and stewardship objectives of the Global Action Plan on antimicrobial resistance have been priority commitments, more proactive approaches such as improving sanitation or health infrastructure remain underutilized<sup>5</sup>. At the last G7 summit, commitments focused on strengthening the global supply chain for antimicrobials, including incentivizing antimicrobial research and development (R&D) and expanding manufacturing capacities worldwide. However, commitments did not prioritize equitable access to new or alternative antimicrobials worldwide as global public goods<sup>5</sup>.

At the global level, improving antimicrobial resistance responses requires G7 and G20 countries to mobilize political and financial capital to strengthen multilateral efforts (including the Global Leaders Group on Antimicrobial Resistance and the Global Antimicrobial Resistance R&D Hub) to advance all objectives. To further strengthen the global agenda, G7 and G20 need to acknowledge the limitations of working with the pharmaceutical industry,

as the development of new antibiotics may generate limited profits, and prioritize commitments to publicly financed primary healthcare, infection prevention and control, healthcare workforce training and laboratory capacity<sup>5</sup>. At the national level, G7 and G20 commitments must recognize the required governance and technical capacities to effectively tackle antimicrobial resistance and move towards more comprehensive, preventive approaches that strengthen underlying health systems.

The climate crisis is the most immediate threat to the world's ecosystem, and yet the 1.5 °C threshold set in the Paris Climate Agreement is likely to be missed<sup>6</sup>. India and Pakistan recorded the hottest March in 122 years, causing power outages, wheat crop failures, forest fires, wildfires and floods<sup>7</sup>.

Despite global agreements, G7 and G20 countries, particularly countries with high CO<sub>2</sub> emissions, have not made meaningful progress to address the climate crisis. This has led to the United Nations Secretary General calling the latest report by the Intergovernmental Panel on Climate Change a "file of shame"<sup>8</sup>. Although recent statements from the G7 indicate a commitment to climate crisis targets, including maximizing synergy within the G7 development track and setting up a global early warning system within the next five years, similar statements have been made before without meaningful action<sup>9</sup>. For instance, the financing targets set in 2009 by HICs to mobilize US\$100 billion by 2020 are now expected to be achieved in 2023 (ref. <sup>10</sup>). Financing is required to achieve the COP26 (The 26th Conference of the Parties) goals of accelerating the phase-out of coal, curtailing deforestation, speeding up switching to electric vehicles and encouraging investment in renewables<sup>6</sup>.

Urgent action is required to reach global targets that were collectively agreed upon. G7 and G20 leaders must fulfill their global financial commitments on climate financing in order to reach global targets. G20 countries with the highest emission levels need to improve their Nationally Determined Contributions to reduce emissions and deliver on their commitments. The voices of vulnerable communities, such as climate migrants, refugees and indigenous populations, as

well as their agendas must be prioritized nationally and globally.

Rhetoric without sustained political action and financial commitments will lead to irreversible loss of human and planetary life, as well as economic damage. The inactions of the G7 and the G20 as collective bodies reinforce colonial structures and agendas where the lives of people in less wealthy nations continue to be undervalued. Given their power and resources, G7 and G20 leaders have a responsibility to deliver on global commitments to address these health crises with a sense of urgency. These challenges also call for a shift in global governance, from a model that is led by a select few towards one that puts solidarity and equity at the center. As the next generation of global health leaders, we will hold the leaders of today accountable to their commitments and keep pushing for changes to our broken global health governance system. □

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Published online: 15 August 2022

<https://doi.org/10.1038/s41591-022-01944-7>

## References

1. World Health Organization. <https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021> (2022).
2. Yamey, G. et al. *BMJ* **376**, e070650 (2022).
3. Murray, C. J. et al. *The Lancet* **399**, 629–655 (2022).
4. The World Bank. <https://www.worldbank.org/en/news/press-release/2016/09/18/by-2050-drug-resistant-infections-could-cause-global-economic-damage-on-par-with-2008-financial-crisis> (2016).
5. Tejpar, S. et al. *BMJ Glob. Health* **7**, e008159 (2022).
6. *Climate Change 2022: Impacts, Adaptation and Vulnerability*. <https://www.ipcc.ch/report/ar6/wg2/> (IPCC, 2022).
7. Jain, Y. et al. *BMJ* **377**, o1207 (2022).
8. CBS News. <https://www.cbsnews.com/news/climate-change-un-report-governments-business-lying-efforts/> (2022).
9. G7 Foreign Ministers. <https://reliefweb.int/report/world/g7-foreign-ministers-statement-strengthening-anticipatory-action-humanitarian> (2022).
10. BBC News. <https://www.bbc.co.uk/news/science-environment-59040538> (2021).

## Competing interests

The authors declare no competing interests.