

G20 and Global Health Governance

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In recent years, global health governance has been included in the agenda of the G20, as the international community recognizes that “the G20 has a crucial role in advancing preparedness and responsiveness against global health challenges.”¹ The G20 has both advantages and shortcomings in the field of global health governance. Active cooperation with the World Health Organization (WHO) is essential to enhance the G20’s capacity in global health governance and extend its global governance functions.

G20 Participation in Global Health Governance

As the priority of the G20’s global governance mandate remains in the economic field, participation in global health governance has so far been executed largely through informal mechanisms.² However, as global health has gained importance on the G20 agenda, and in view of the risk of broken global supply chains and economic recession brought on by new and recurrent infectious diseases, full participation in global health governance has now become a historical responsibility and mission of the G20. The WHO Director-General Tedros Adhanom Ghebreyesus declared at the G20 Leaders’ Summit in June 2019 that health was a political choice, and that leaders of G20 members had a unique opportunity to make that choice for a better world.³ The G20 participates in global health governance generally

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1 “G20 Leader’s Declaration: Shaping an Inter-Connected World,” Hamburg, July 7/8, 2017.

2 Andrew Cooper, “The G20 as an Improvised Crisis Committee and/or a Contested ‘Steering Committee’ for the World,” *International Affairs*, Vol.86, No.3, 2010, p.741.

3 Editorial, “G20 Osaka: When Will Global Health Commitments be Realized?” *The Lancet*, Vol.394, No.10192, 2019, p.1.

in three ways: setting agendas, building financing mechanisms, and working with other multilateral institutions.

Setting the global health governance agenda

Agenda setting is a powerful tool for political stakeholders to exert and expand their influence. The G20 attempts to set the global health governance agenda in the following two ways.

The first is that the rotating host country can use the position of its presidency to influence the global health governance agenda. In the absence of a permanent G20 secretariat, the host country has a unique opportunity of shaping the theme of a leaders' summit. In 2013, the German Ministry of Health released its first ever national strategy document for global health governance. It put the focus on "strengthening global health architecture," emphasizing that "Germany has a special interest in effective and efficient global cooperation on health issues. The Federal Government is striving for a well-ordered and interconnected coexistence of international formats in the interest of coherent global health governance."⁴ When hosting the G20 Leaders' Summit in 2017, Germany managed to include health governance in the summit agenda and facilitated the very first Meeting of G20 Health Ministers, which has meanwhile become the most important annual G20 dialogue format for global health governance.⁵ In 2018, Argentina, as the G20 rotating presidency of the year, managed to put "malnutrition and overweight" on the agenda of the Meeting of Health Ministers. In Argentina, only 32 percent of infants under six months are exclusively breastfed, which is well below the South American average of 64.2 percent. Argentina's adult population is also burdened by the problem of malnutrition. 18.6 percent of women of childbearing age suffer from anemia, and 9.9 percent of adult men and 9.5 percent of adult women have been diagnosed with diabetes.⁶

4 "Shaping Global Health, Taking Joint Action, Embracing Responsibility," Germany's Federal Ministry of Health, 2013, p.41.

5 Ilona Kichbusch, "A New Global Health Strategy for Germany," *British Medical Journal*, Vol.366, July 26, 2019, p.3.

6 "Argentina Nutrition Report," p.1, <http://globalnutritionreport.org/media/profiles/v2.1.1/pdfs/argentina.pdf>.

Inclusion of issues such as nutrition balance, obesity and diabetes into the G20 global health agenda would certainly contribute to solving the country's public health problems. Japan, being the country with the oldest population in the world, has managed to include "response to population ageing" into the global health agenda at the third Meeting of G20 Health Ministers held in Japan in 2019. The Okayama Declaration released at the meeting's conclusion recognized the necessity of building a sound medical system to address an ageing population, and emphasized the promotion of further research and development for healthy ageing, including for risk reduction, early detection, diagnosis, and treatment of dementia.⁷

Secondly, G20 leaders can set an example for promoting the composition of the global health governance agenda. To a certain extent, it was the personal effort of German Chancellor Angela Merkel that prompted Germany to participate in global health governance. At the Munich Security Conference in 2015, Merkel elaborated that the threat of the Ebola virus was an equally serious international matter as terrorism and forced migration.⁸ In 2019, then British Prime Minister Theresa May pledged US\$1.8 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria. When she took part in the G20 Leaders' Summit in Japan, she also urged "other international leaders to up their contributions to the fund to tackle three of the world's deadliest epidemics."⁹

The personal commitment of these state leaders has thus turned the concept of global health governance which was formulated at the G20 Meeting of Health Ministers into concrete collective action. The first G20 Health Ministers' Meeting, convened in 2017, concluded with the Berlin Declaration titled "Together Today for a Healthy Tomorrow," which focused on global health crisis management, strengthening health systems, and antimicrobial resistance (AMR). The G20 Health Working Group (HWG)

7 "Okayama Declaration of the G20 Health Ministers," October 19-20, 2019, p.5.

8 Ilona Kickbusch, et al., "Germany's Expanding Role in Global Health," *The Lancet*, Vol.390, August 26, 2017, p.898.

9 Sophie Edwards, "UK Pledges £1.4B to Global Fund, Boosting Advocates' Spirits," *Devex*, 2019, <https://www.devex.com/news/uk-pledges-1-4b-to-global-fund-boosting-advocates-spirits-95213>.

was established under the German presidency in the same year to “develop a shared international agenda on issues such as strengthening health-care systems, reducing malnutrition, health-crisis management and scaling up the fight against pandemics.”¹⁰ The initiatives coming from the G20 Leaders’ Summits have given health issues more prominence in global governance.

Participating in multilateral financing mechanisms for global health governance

Efficient global health governance depends on a stable financing mechanism. The G20 members account for 80 percent of the global economy and 75 percent of global trade, which undoubtedly makes it the largest contributor to financing a global health governance system. While the industrialized countries in the G20 lead the world in development assistance for health, the developing countries in the group have also made their due contributions.¹¹ Major investments in global health have raised hopes that the G20 will be able to reshape the global health financing system. During the 2019 G20 Leaders’ Summit in Japan, the first Joint Meeting of Finance and Health Ministers was held to strengthen sustainable health financing. The conference came to the conclusion that “whole-of government and multisector approaches are crucial for improving efficiency and enhancing public financial management, with collaboration between finance and health authorities being the centerpiece of such approaches. While health ministries are in charge of designing high-quality, financially-sustainable, equitable and inclusive health policy, this mission cannot be completed by them alone; finance authorities have a joint responsibility in designing and securing financing sources for the health systems.”¹²

The G20 supports various types of global health financing by means of its Development Assistance Committee. Most developed countries in

10 OECD, “Global Health and G20,” 2017, <https://www.oecd.org/g20/topics/global-health/>.

11 Angela Micah, et al., “The US Provided \$13 Billion in Development Assistance for Health in 2016, Less Per Person Than Many Peer Nations,” *Health Affairs*, Vol.36, No.12, 2017, pp.2133-2141.

12 “G20 Shared Understanding on the Importance of UHC Financing in Developing Countries - Toward Sustainable and Inclusive Growth,” June 6, 2019, p.2, http://www.g20.utoronto.ca/2019/annex8_1.pdf.

the G20 are members of the Development Assistance Committee of the Asia-Pacific Economic Cooperation (APEC), an international development agency which prioritizes its global development assistance for health. In 2018, the Committee's financial obligations were as high as US\$38.9 billion for health, accounting for about 13 percent of its overall development assistance.¹³ In addition, the development assistance for health is also an important component of the G20 members' respective official development assistance programs. Its function is to improve health care conditions in low- and middle-income countries, and to provide funding for developing countries through international organizations.¹⁴ The principal mechanisms of current global health development assistance include the WHO, the International Health Partnership and related initiatives, the Health System Funding Platform, the Joint United Nations Program on HIV/AIDS, etc.

The G20 also promotes the financing of global health programs through public-private partnerships. A public-private partnership is a new type of cooperation involving government and non-government funding for the construction of public infrastructure and the provision of better products and services to the general public. Public-private partnerships in the global public health sector encourage governments to share responsibilities and risks, participate in decision-making for global health, and take collective action to respond to any global health crisis with civil society and the private sector.¹⁵ The WHO has been promoting public-private partnerships as an important component of public health policy for the 21st century. These partnerships are now commonplace across the global health sphere, and are widely represented in the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the International AIDS Vaccine Initiative, and the Drugs for Neglected

13 Joseph Dieleman, "Past, Present and Future of Global Health Financing," *The Lancet*, Vol.393, June 1, 2019, p.2250.

14 Tang Kun, Zhao Yingxi and Li Chunyan, "The Development Assistance for Health, its Role of Coordination in International and National Assistance System," *China Public Health Management*, Vol.5, 2016, p.632.

15 GAVI, "2018 Annual Financial Report," and "The Global Fund, Pledges and Contributions Report 2019."

Diseases Initiative. The G20 is actively involved in building public-private partnerships for global health, with nearly half of its members being important donors to the Global Vaccine Alliance and the Global Fund.¹⁶

Exerting influence on major multilateral mechanisms

The WHO and related United Nations agencies are powerful platforms to discuss issues of global health governance. The WHO is now in a phase of crucial transformation and transition, and the G20's more active participation in global health governance will exert substantial impact on the WHO. In 2017, the Berlin Declaration released at the first G20 Meeting of Health Ministers stated that the G20 would comply with the International Health Regulations (IHR), support the leading role of the WHO in global health governance, and work closely with the organization to resolve global health crises. The Health Ministers urged the WHO to step up its reform of the funding system and make more effective use of its financial resources to respond better to global health emergencies.¹⁷ The Mar del Plata Declaration released at the second G20 Meeting of Health Ministers took a step further by calling upon the WHO to develop and improve the Contingency Fund for Emergencies (CFE), by reviewing its performance and demonstrating its benefits.¹⁸ In their Okayama Declaration, which was announced at the third G20 meeting, the Health Ministers promised that they would work together with the WHO for "Universal Health Coverage (UHC) by 2030."¹⁹

The G20 development goals for global health are highly consistent with the UN 2030 Agenda for Sustainable Development, and they are therefore best suited to complement and reinforce each other, thereby becoming a duet in global health governance. One of the policy objectives supported by the G20 Meeting of Health Ministers is to facilitate the implementation

16 "Berlin Declaration of the G20 Health Ministers," May 19-20, 2017.

17 *Ibid.*

18 "Declaration: G20 Meeting of Health Ministers," October 4, 2018.

19 "Okayama Declaration of the G20 Health Ministers," October 20, 2019.

of the UN 2030 Agenda, because both share the common goal of achieving “universal health coverage.” The inclusion of the UN 2030 Agenda in the G20 global governance agenda will help “set a new medium- and long-term target for the G20 and overcome the confusion when formulating relevant policies within the Group.”²⁰ By means of realizing the 2030 Agenda, the G20 may to a certain degree even transform itself from a mere crisis response mechanism to a long-term governance framework. A number of scholars have pointed to the fact that the sustainable development agenda explicitly calls for the participation of the G20 to lead the formation of global public health policies and guidelines, and to help achieve some of the public health goals of the United Nations’ sustainable development agenda.²¹

Motivations of G20 Participation in Global Health Governance

In the era of globalization, the mutual vulnerability in global public health security is affecting the entire international community, as any country may be hit by a health crisis.²² These common public health security challenges that every member is facing have motivated the G20 to actively participate in global health governance. While the WHO is confronted with many obstacles in executing global health governance, the G20 can take the initiative to act. The operating mechanism of the G20 allows for the inclusion of a broader health agenda and policy consensus, and is able to inject fresh impetus for its long-term sustainable development.

Common public health threats

The Ebola outbreak and the Zika crisis were the immediate reasons for the G20 to put global health issues on its agenda. When the Ebola epidemic

20 Zhu Jiejun, “2030 Agenda for Sustainable Development and Transformation of G20 Mechanism,” *International Prospects*, Vol.4, 2016, p.44.

21 Sunisha Neupane, et al., “SDGs, Health and the G20: A Vision for Public Policy,” *Economics*, Vol.12, No.35, 2018, p.2.

22 Ivan L. Head, *On a Hinge of History: The Mutual Vulnerability of South and North*, Toronto: University of Toronto Press, 1991, p.232.

spread in West Africa in 2014, the international community realized it was exposed to “mutual vulnerability.” The first case of Ebola virus infection in the United States was confirmed in September 2014, and another case was detected a month later in Spain, showing that the virus had crossed “the Maginot Line” of the developed world to defend against infectious diseases and posed a direct threat to G20 members. Shortly afterwards, the Zika virus began to ravage the world. According to statistics, the costs inflicted by the Zika outbreak was estimated to range from US\$7–18 billion over 2015–2017 in Latin America and the Caribbean. Brazil, the United States and Canada might all be unable to withstand the consequences for their health and economic systems posed by the Zika virus threat.²³

These above-mentioned public health crises directly led to the creation of the G20 response mechanism for global health security. During the Brisbane Summit in 2014, the G20 leaders announced the Brisbane Statement on Ebola, in which G20 members pledged to do whatever is necessary to ensure that international efforts would stifle the outbreak and address its economic and humanitarian costs.²⁴ It was the first time since the G20 came into existence that leaders committed themselves in an official statement to jointly support a global health governance initiative.

Dysfunction of the global health governance mechanism

Although the WHO constitutes the most important multilateral global health governance mechanism, it has performed rather poorly in its reaction to recent global public health emergencies, and a lack of financial support has reduced its capacity to make independent decisions.

The WHO’s response to several global public health emergencies has been criticized as either an “overreaction” or as much too timid. Shortly after the H1N1 influenza outbreak in early 2009, the WHO declared

23 UNDP, “A Socio-Economic Impact Assessment of the Zika Virus in Latin America and the Caribbean,” 2017.

24 Guo Xinwei, “G20 Statement on ‘Extinguish’ Ebola Outbreak,” *China News*, November 15, 2014. <http://www.chinanews.com/gj/2014/11-15/6780372.shtml>.

it “a public health emergency of international concern” and called upon countries to plan for the worst. The WHO was later accused of exaggerating the threat in order to attract large donations and help international pharmaceutical giants sell vaccines.²⁵ An EU official even called it one of the biggest medical scandals of this century.²⁶ By contrast, when the massive Ebola epidemic broke out and spread in the Republic of Guinea in early 2014, it was not until August 2014 that the WHO declared it “a public health emergency of international concern.” Due to the delayed reaction by the WHO the epidemic could not be quickly and effectively brought under control.²⁷ The United Nations had to set up a UN Mission for Ebola Emergency Response to handle the situation.

Insufficient financial resources have additionally weakened the WHO’s capacity to make autonomous decisions. The budget of the WHO is made up mainly of membership dues and voluntary contributions for designated programs. The “zero-growth principle” in membership dues forces the WHO to rely heavily on voluntary donations, which come mostly from developed countries and account for more than 80 percent of its total budget.²⁸ However, voluntary contributions do not necessarily bear any obligation in favor of multilateral governance, but might decentralize the authority of such an international organization to its donor countries, distort global health priorities, weaken organizational autonomy and global leadership, and even leave the decision-making credibility and legitimacy in question.²⁹ Director-General Tedros emphasized that the WHO must work hard to diversify its funding sources to avoid heavy reliance on certain donors.³⁰ However, with a freeze on its assessed contributions, it is difficult to alleviate the WHO’s

25 Rob Stein, “Reports Accuse WHO of Exaggerating H1N1 Threat, Possible Ties to Drug Makers,” *The Washington Post*, June 4, 2010, <https://www.washingtonpost.com/wp-dyn/content/article/2010/06/04>.

26 Michael Fumento, “Why the WHO Faked a Pandemic,” *Forbes*, February 5, 2010.

27 Kate Kelland, “Global Health Experts Accuses WHO of Egregious Failure on Ebola,” *Reuters*, November 23, 2015.

28 Mushtaque Chowdhury, “World Health Organization: Overhaul or Dismantle?” *American Journal of Public Health*, Vol.106, No.11, 2016, p.1911.

29 Erin Graham, “Money and Multilateralism: How Funding Rules Constitute IO Governance,” *International Theory*, Vol.7, No.1, 2015, p.175.

30 Editorial, “WHO Reform Continues to Confuse,” *The Lancet*, Vol.393, March 16, 2019, p.1071.

heavy reliance on voluntary contributions in the short term.

Maintaining organizational vitality and considering policy preferences of members

As a multilateral cooperation mechanism composed of both developed countries and emerging economies, the G20 members have established an agenda setting model of mutual consultation on given topics before coming to an agreement, which helps to take into consideration policy preferences of individual members while continuously enlarging the framework of agenda. The G20 is constantly expanding its cooperation formats based on existing dialogue mechanisms, with issues ranging from global financial crisis response to transnational anti-corruption cooperation, from global energy governance and climate change to the reform of the international monetary system. In the course of this, a phenomenon can be perceived which has first been termed by neo-functionalist scholar Ernst Haas as the “spillover effect” theory of international cooperation. This describes a process in which new tasks of an organization would occur as a result of experience with tasks which the organization had performed or is performing.³¹ The experience and efficacy of the G20 in response to the global financial crisis and to energy governance may serve as a reference for its participation in global health governance, which illustrates a “functional spillover” from the economic to the public health sphere. Some scholars believe that agenda setting and its efficacy is one of the central elements which may help sustain the G20’s further development and vitality.³²

In terms of setting specific agendas, an open discussion on topics is a good basis to ensure a high degree of flexibility for the G20’s response to different international situations. To take global health governance as an example, the G20 has already participated in a wide range of relevant programs, including the universal health coverage and the accessibility of medicines, which are

31 Ernst Haas, *Beyond the Nation-State: Functionalism and International Organization*, Stanford: Stanford University Press, 1968, p.111.

32 Yang Jiemian, “Transformation of G20 and its Prospects,” *International Studies*, No.6, 2011, p.55.

the concerns of developing countries, as well as antimicrobial resistance, the challenge of ageing population, and the establishment of a global infectious disease surveillance system, which are followed by the developed world.³³ Any improvement of global health governance requires professional knowledge on behalf of decision-makers, for which the Meeting of G20 Health Ministers provides a good starting point. Such informal agenda setting procedures make it possible for global health issues to be included in the G20 agenda, and also provide impetus for the G20's long-lasting sustainability.

Advantages and Challenges

The G20's informal organizational structure without a permanent secretariat embodies greater flexibility and inclusiveness, which helps reduce negotiating costs and decrease power struggle and hegemonic governance in international cooperation.³⁴ Since its founding in 1999, the G20 has perceived development as its mission, and has gradually extended the discussion on development issues. In 2005, the promotion of a "balanced and orderly world economic development" became the headline topic of the G20 meeting in China.³⁵ The G20 consultation mechanism for mutually beneficial development sets countries free from the security dilemma in traditional international cooperation. At the same time, flexibility and inclusiveness also has its pitfalls, because it takes the collective effort of members to effectively translate a "gentleman's agreement" or a consensus into real action.

Advantages of G20 global health governance

The inclusive consultation mechanism of the G20 can help manage the transition in global health governance from "governance by developed

33 Gerald Bloom, et al., "Next Steps towards Universal Health Coverage Call for Global Leadership," *British Medical Journal*, Vol.365, May 24, 2019, p.2107.

34 Sudeep Chand, et al., "From G8 to G20, Is Health Next in Line?" *The Lancet*, Vol.231, June 23, 2010, p.3.

35 "Meeting of Finance Ministers and Central Bank Governors," October 15-16, 2005, <http://www.g20.toronto.ca/2005/2005communique.pdf>.

countries” to “joint governance by developed and developing countries.” The G20 is composed of four sub-groups: the United States, Europe and Japan; the BRICS countries; medium-sized powers; and international organizations. Their respective positions are largely determining whether the G20 transformation will be a success or a failure.³⁶ The G7, which represents the developed countries, and the BRICS group, representing emerging economies, are the two most dynamic forces inside the G20. Regarding the global health governance agenda, the G7 had held seven meetings of their health ministers as of the end of 2019 compared to eight by BRICS countries. It shows that the G7 and the BRICS have each formed relatively mature health governance cooperation mechanisms of their own, and both blocs will most likely bring their proposals to the negotiating table to work out a consensus within the G20 multilateral framework.

In addition, cross-sectoral cooperation within the G20 makes it possible to achieve an internal balance between the developed and developing world. International mechanisms are usually dominated by the interests and policies of major powers.³⁷ In the past, Western industrialized nations had most of the say and decision-making power in global health governance, whether it concerned patent protection of pharmaceuticals in the World Trade Organization (WTO), or how the obligations of developed countries to assist developing countries were understated in the WHO’s International Health Regulations. Under the G20 framework, developing countries are now in a better position to have their voices heard and participate in the decision-making, which enhances the legitimacy and the fair distribution of decision-making power in global health governance. “Inclusive competition” between developed and developing countries within the G20 has proven to be an advantage of the new type of multilateral international cooperation mechanism when it comes to efficiency in global health governance.³⁸

36 Yang Jiemian, “Transformation of G20 and Its Prospects,” p.52.

37 Stephen Krasner, *Sovereignty: Organized Hypocrisy*, New Jersey: Princeton University Press, 1999, p.59.

38 Xu Xiujun, “Institution Non-neutrality and Cooperation of BRICS Countries,” *World Economics and Politics*, No. 6, 2013, p.77.

By emphasizing the concept of development, the G20 has managed to break away from the former mindset of seeing health as an exclusive security concern. When Western developed countries played the leading role in global health governance, public health was mostly portrayed as a traditional security issue. This means that developed countries gave priority to their own security interests when facing a common health threat for all humanity. Their primary concern was to protect themselves from the risks caused by public health problems rather than trying to resolve the collective health threats that jeopardize the whole international community. This wrong idea inevitably led to the typical “security dilemma” in global health governance, which is, in challenging circumstances the effort of one country to enhance its security may undermine the sense of security of the others.³⁹ The consequent weakening of global health governance can be seen in two aspects. First, developed countries paid less attention to assisting developing countries in improving the latter’s public health responsiveness capabilities, but instead were helping the WHO establish global disease monitoring systems in developing countries to reassure their own safety by relying on the overseas early warning systems for infectious diseases. Second, by putting caps on patent flexibilities for life-saving drugs and protecting research and development of technologies, policies in developed countries have weakened the capability of developing countries to respond to public health crises.

Since developing countries are an integral part of the G20, the introduction of the core concept of development allows for an inclusive solution to ease structural contradictions facing global health governance. In 2009, the G20 London Summit delivered tangible support for the UN Millennium Development Goals, and incorporated issues of global development into its governance policy framework. The summit called for the provision of US\$50 billion to support social security programs in low-income countries, including assistance to sub-Saharan African countries

39 Robert Jervis, “Cooperation Under the Security Dilemma,” *World Politics*, Vol.30, No.2, 1978, p.196.

and US\$6 billion additional concessional and flexible finance for the world's poorest nations.⁴⁰ In 2016, the G20 Hangzhou Summit announced an action plan for the implementation of the 2030 Agenda for Sustainable Development, with focus on global health governance. "The G20 recognizes that health is a necessary component for socio-economic stability, and it is also a key aspect of sustainable development," the action plan says, "The G20 commits to support international efforts, including those of the WHO, to manage health risks and crisis in a comprehensive way, from preparedness and early identification of disease risks to effective response and recovery efforts, in the context of the International Health Regulations. It will also continue to support international efforts to strengthen sustainable and innovative financing of the global and national health systems. The G20 believes there is a need for an improved, aligned and coordinated approach to strengthening health systems, thereby contributing to universal health coverage, which serves as a foundation to promote public health, and enhances preparedness for global health threats."⁴¹

From the Millennium Development Goals to the 2030 Agenda, the G20 has kept pace with the United Nations global health agenda, integrating it with the G20's own health development targets, to jointly promote the objective of achieving the sustainable development goals.

Challenges facing G20 global health governance

When it comes to setting the global health agenda within the G20, developing and industrialized countries often have conflicting ideas. Since the G20 is composed of both major Western developed countries as well as large developing countries, its structure can on the one hand broaden participation in the global health governance agenda, but on the other hand will also certainly lead to contradictions between different policy priorities. Members of the G7 still have most of the say in the group,

40 "Declaration on Delivering Resources through the International Financial Institutions," London Summit, April 2, 2009, p.1, <http://www.g20.utoronto.ca/2009/2009delivery.pdf>.

41 "G20 Action Plan on the 2030 Agenda for Sustainable Development," September 20, 2016, p.14.

while “institutional inequality” in the G20 apparently continues to exist. One scholar is convinced that the current G20 agreement and collective action plan will exacerbate its internal power imbalance, because dialogue mechanisms between major powers often play a dominant role, while other members are simply passively standing by.⁴²

A comparison between the Meeting of G7 Health Ministers and the Meeting of the BRICS Health Ministers may illustrate this point. The agenda of the G7 Health Ministers’ Meeting in 2015 and the G20 Health Ministers’ Meeting in 2017 were highly aligned, each focusing on antimicrobial resistance and strengthening global health security. However, the primary concerns of the 2017 Meeting of BRICS Health Ministers, such as “cooperation on traditional medicine,” “accessibility of medicines” and “pharmaceutical research and development,” were completely left outside of the G20 global health governance agenda. This apparent divergence reflects the divide between the developed and developing world in addressing public health security priorities and their different potential to influence the agenda of global health governance. Therefore, to promote equal and effective communication on global health governance within the group is one of the main challenges for the G20.

In addition, the G20 declarations or initiatives on global health governance have no legally binding character or any performance monitoring mechanism, so that effective operation in global health governance cannot be guaranteed. The main goal of the G20 is to merely guide the direction of cooperation. Neither its declarations nor initiatives are obliged to be filed with the UN Secretariat or published, or to be ratified by any legislative body of its members. This lack of accountability in the G20 governance mechanism severely restricts its function to govern.⁴³ Since the declarations or initiatives are non-binding, the G20 members may as

42 Robert Benson and Michael Zurn, “Untapped Potential: How the G20 can Strengthen Global Governance,” *South African Journal of International Affairs*, Vol.26, No.4, 2019, p.7.

43 Steven Slaughter, “The Prospects of Deliberative Global Governance in the G20: Legitimacy, Accountability, and Public Contestation,” *Review of International Studies*, Vol.39, No.1, 2013, pp.71-90.

well just ignore the consensus and commitments they have jointly reached. There is no specific provision whatsoever for whether or not members are obliged to fully observe the commitments made by their health ministers in the previous year. Although the annual G20 Meeting of Health Ministers has been institutionalized, members have neither any particular incentive nor the capacity to act upon and fulfill the commitments made in the previous year due to the lack of legal obligation and accountability.

G20 Participation in the Prevention and Control of COVID-19 and its Limitations

Since its outbreak at the end of 2019, the COVID-19 pandemic has spread to more than 200 countries and regions around the world, posing an unprecedented challenge to global health security, and inflicting devastating damages to the global economic and trade development.⁴⁴ According to the Organization for Economic Cooperation and Development (OECD), the coronavirus pandemic will cut global economic growth of 2020 in half and cause a deep economic recession in a number of countries.⁴⁵ In the annual Trade Statistics and Outlook published on April 8, 2020, the WTO expects that world trade could collapse by 13 to 32 percent in 2020. The decline will likely exceed the trade slump brought on by the global financial crisis of 2008-2009, given the unparalleled nature of this health crisis.⁴⁶ Some scholars even predict that the consequences of this pandemic could become the last straw that breaks the camel's back for economic globalization.⁴⁷ The G20 has played an indispensable role in maintaining global financial stability, and has done its share in the fight against the Ebola outbreak. In the current global health security crisis, the G20 has actively participated in the global action to

44 Johns Hopkins Coronavirus Resource Center, "Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering," April 22, 2020, <https://coronavirus.jhu.edu/map.html>.

45 Richard Partington and Phillip Inman, "Coronavirus Escalation Could Cut Global Economic Growth in Half," *The Guardian*, March 2, 2020.

46 World Trade Organization, "Trade Statistics and Outlook," April 8, 2020, https://www.wto.org/english/news_e/pres20_e/pr855_e.pdf.

47 Robin Niblett, "The End of Globalization As We Know It," *Foreign Policy*, March 20, 2020.

overcome the disease, by setting agendas, and by financing and promoting synergy between different collaborative mechanisms. However, during this process, deficits in the governance architecture of the G20 have also become further apparent.

G20 participation in the prevention and control of COVID-19

At the outbreak of the coronavirus pandemic, coordination mechanisms between major member countries of the G7, BRICS, and even of the UN Security Council failed to play their expected role as coordinators. Due to its flexible mechanism, the G20 has been able to actively participate in the global fight against the virus.

First of all, it has created a global political consensus on prevention and control of the pandemic. Soon after the outbreak began, Chinese President Xi Jinping emphasized that different countries must work closely together with all available means to fight the virus and to safeguard public health security in all regions of the world.⁴⁸ French President Emmanuel Macron also called for global efforts to contain the coronavirus.⁴⁹ On February 23, 2020, the Meeting of G20 Finance Ministers and Central Bank Governors expressed in a joint communique that they intend to strengthen coordination in the containment of the pandemic; and on March 13, G20 National Coordinators also produced their joint statement. At their video conference on March 26, the G20 leaders reiterated in the G20 Leaders' Summit Statement on COVID-19 the importance and urgency of global cooperation to combat the pandemic and stabilize the world economy. In that statement they called for "a transparent, robust, coordinated, large-scale and science-based global response in the spirit of solidarity," strongly committing themselves to presenting a united front against this common threat.⁵⁰

To add more weight to the document, the Extraordinary Meeting

48 "The Standing Committee of Political Bureau of the Central Committee of the CPC Meets to Discuss the Prevention and Control of the Coronavirus," *People's Daily*, January 26, 2020.

49 Noemie Bisserbe and Stacy Meichtry, "France's Macron Urges Global Effort to Contain Coronavirus," *Wall Street Journal*, March 12, 2020.

50 "Extraordinary G20 Leaders' Summit Statement on COVID-19," *Xinhua*, March 27, 2020.

of G20 Trade Ministers on March 30 announced its own statement on COVID-19; and on April 19, the G20 Health Ministers also discussed global anti-epidemic cooperation at a video conference. This is the first time since the G20's founding that its members have communicated and coordinated with each other at such a high frequency to find common ground and act collectively for building a global political consensus in the fight against the pandemic.

Second, it has been promoting a global financing system to tackle the pandemic. Leaders of the G20 members have committed themselves to taking all necessary health measures and ensuring adequate financing to contain the pandemic and protect the people, especially the most vulnerable. They have committed to strengthening national, regional, and global capacities to respond to potential infectious disease outbreaks by substantially increasing their spending on epidemic preparedness.⁵¹ They have also pledged to work with one another and with stakeholders to close the financing gap in the WHO Strategic Preparedness and Response Plan, and to immediately provide sufficient resources to the WHO's COVID-19 Solidarity Response Fund, the Coalition for Epidemic Preparedness and Innovation (CEPI), and Gavi the Vaccine Alliance on a voluntary basis. On April 2, the United Kingdom pledged £200 million in aid to help the WHO and other institutions.⁵² A statement by G20 leaders requested Finance Ministers and Central Bank Governors to consult regularly to develop a G20 action plan in response to COVID-19, and work closely with international organizations for a swift delivery of appropriate international financial assistance. To mitigate the harm that the pandemic has brought onto the global economy, the G20 is "injecting over US\$5 trillion into the global economy, as part of a targeted fiscal policy, economic measures, and guarantee schemes to counteract the social, economic and financial impacts of the pandemic."⁵³

51 "Extraordinary G20 Leaders' Summit Statement on COVID-19," March 27, 2020.

52 Michael Holden, "UK Pledges 200 Million Pounds in Aid to Help Stop Second Coronavirus Wave," *Reuters*, April 12, 2020.

53 "Extraordinary G20 Leaders' Summit Statement on COVID-19," March 27, 2020.

The pledges made by the G20 provide a guiding principle for establishing a global financing system to overcome COVID-19.

Finally, the G20 has coordinated cooperation between international mechanisms of global health governance. As an informal consultative body, the G20 does not have a mandate to implement its statements and resolutions on global health governance, which instead have to be put into practice by such international institutions as the UN and the WHO. “To succeed in epidemic control, G20 governments will need to listen to and work with international organizations – beginning with the WHO.”⁵⁴ In addition, considering the impact of the pandemic on global financial stability, there is also the need for close cooperation between the mechanisms of global health and finance. The statements of G20 leaders and ministers both emphasize the importance of cooperation between the WHO, the World Bank, and the UN. The leaders are committed to “do whatever it takes to overcome the pandemic, along with the WHO, International Monetary Fund (IMF), World Bank Group (WBG), United Nations, and other international organizations, all working within their existing mandates.”⁵⁵ The G20 pledges to support the full implementation of the International Health Regulations of 2005, and asks the WHO to cooperate with relevant organizations in assessing gaps in pandemic preparedness. The findings are then to be reported to the Joint Meeting of Finance and Health Ministers in the coming months, with regard to establishing a global initiative on pandemic preparedness and responsiveness. All of these statements and resolutions announced so far by leaders and ministers have vigorously promoted cross-platform cooperation in preparing for and responding to the pandemic.

Limitations of G20 participation in combating COVID-19

The Extraordinary G20 Leaders’ Summit and the ministerial meetings all gave the containment of COVID-19 a high priority on their agendas,

54 Erik Berglof, “A Pandemic Strategy as Global as COVID 19,” *Project Syndicate*, March 19, 2020.

55 “Extraordinary G20 Leaders’ Summit Statement on COVID-19,” *Xinhua*, March 27, 2020.

highlighting the G20's positive impact on the global response to the pandemic. At the same time, however, there are a number of obvious limitations.

First, when great powers within the group have different or even opposing priorities, it is hardly possible for G20 members to reach consensus and take meaningful collective action. Scholars have criticized the G20's inability to play a leading role in 2011, by describing the situation as a "G-Zero" world, in which no country is capable or willing to take the lead, but instead countries or temporary coalitions pursue only their own best interests.⁵⁶ Former British Prime Minister Gordon Brown once lamented that the prevailing "minilateralism" in the G20 had handicapped its fulfillment of global governance.⁵⁷ The prevalence of "minilateralism" is a direct result of the divergent priorities and political disputes among member states. As far as the COVID-19 outbreak is concerned, China and the United States have not yet been able to communicate with each other regarding the common threat the virus poses to both nations. Instead, the politicization of the pandemic by the Trump administration has created high barriers to any effective cooperation between the two countries in the fight against the disease. At the Extraordinary G20 Leaders' Summit, President Xi Jinping called on "all G20 members to take collective actions - cutting tariffs, removing barriers, and facilitating the unfettered flow of trade. Together, we can send a strong signal and restore confidence for global economic recovery."⁵⁸ However, President Trump made no mention of this matter in his speech. The rift between China and the United States suggests that there will be no significant concerted action after the summit. As the statement is only pointing to the direction of cooperation without specifying how to institutionalize any cooperation in the anti-pandemic fight, it largely remains to be seen whether the members can live up to their commitment. Experts have further pointed

56 Ian Bremmer and Nouriel Roubini, "A G-Zero World," *Foreign Affairs*, March/April, 2011.

57 Laurence Norman, "Gordon Brown Laments G20," *Wall Street Journal*, March 26, 2011.

58 "President Xi Jinping Delivers an Important Speech at the Extraordinary G20 Leaders' Summit," *Xinhua*, March 26, 2020.

out that the Extraordinary G20 Leaders' Summit Statement on COVID-19 only publicized what individual members are working on, with no grand design of a multilateral global vision.⁵⁹

Second, the statement or declaration of the Extraordinary G20 Leaders' Summit on COVID-19 does not have a mechanism for implementation. To jointly contain the pandemic, the G20 would have to either establish its own formal mechanism or employ another global structure such as the WHO. In reality, the G20 does not even have a permanent secretariat and staff, let alone an enforcement mechanism, which condemns its statements or declarations to remain largely on paper. In the G20 statement on COVID-19, the leaders pledged to provide immediate resources for the WHO's COVID-19 Solidarity Response Fund on a voluntary basis. The WHO indeed launched a strategic preparedness and response plan as early as February 5, calling for US\$675 million in support for countries with higher risks.⁶⁰ Unfortunately, the WHO has received only US\$368 million in donations as of April 17.⁶¹ It remains questionable whether the readiness and commitment proclaimed by the G20 members in their statement can be turned into real action. Previously, the G20 host country usually had more leeway to shape the agenda compared to other members, by coordinating work through an ad-hoc secretariat organized by the host country. However, this year's host, Saudi Arabia, seems less interested in global health governance. The Joint Meeting of G20 Finance Ministers and Central Bank Governors on February 23 did not even fully recognize the risk posed by the coronavirus outbreak.

Finally, the weakening of the WHO also impairs the scope of action for the G20. In the absence of an internal structure for cooperation, the G20 must work with and through other formal international mechanisms

59 Stephen Kalin and David Lawder, "G20 Leaders to Inject \$5 Trillion into Global Economy in Fight against Coronavirus," *Reuters*, March 26, 2020.

60 World Health Organization, "US\$675 Million Needed for New Coronavirus Preparedness and Response Global Plan," February 5, 2020.

61 World Health Organization, "Contributions to WHO for COVID-19 Appeal," April 17, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners>.

to respond to the pandemic. Their capacities to coordinate international cooperation and their influence on the G20 agenda are key to any effective governance of the G20.⁶² Therefore, the effectiveness of the G20 in fighting the pandemic highly correlates with the competencies of the WHO in its mandate. The WHO is undoubtedly the most important international organization dedicated to and in support of the global fight against the pandemic; it is for that reason that the G20 statement on COVID-19 repeatedly emphasizes and promises cooperation with the WHO. Faced with multiple problems in coordinating global anti-pandemic action, “the World Health Organization offers a useful global clearinghouse but lacks a global megaphone to lead”.⁶³ Trump has even publicly accused the WHO of being “China-centric” and threatened to suspend US funding to the organization.⁶⁴ On April 19, the G20 organized a virtual meeting of Health Ministers, hoping to produce a joint communique to strongly support and empower the WHO in its efforts to coordinate the global pandemic response. The Ministers expressed concerns whether the WHO will be able to continue emergency initiatives while being plagued by a shortage of financing, and urged donors to comply with their promises to capitalize relevant WHO programs. However, the United States downplayed the meeting and was represented only by the Undersecretary of the Department of Health and Human Services, who scuppered the joint communique. The meeting was concluded with nothing but a very brief joint statement which did not even mention the WHO.⁶⁵ It can be anticipated that under the combined pressure of power politics and financial inadequacies, the WHO will be much handicapped, and the G20 will equally face many additional obstacles to resuming a greater role in global preparedness and response to the viral threat.

62 Xiang Nanyue and Liu Hong, “An Analysis of Effectiveness of G20 Governance Model,” *World Economics and Politics*, No.2, 2017, p.145.

63 Nicholas Burns, “How to Lead in a Time of Pandemic,” *Foreign Affairs*, March 25, 2020.

64 Emma Farge, “WHO Rejects ‘China-centric’ Charge after Trump Criticism,” *Reuters*, April 8, 2020.

65 Patrick Wintour, Fiona Harvey and Peter Beaumont, “US Scuppers G20 Coronavirus Statement on Strengthening WHO,” *The Guardian*, April 20, 2020.

Conclusion

The international community expects the G20 to play a more prominent role in global health governance to deal with the frequent occurrences of major crises. In the wake of the COVID-19 outbreak, the G20 leaders and ministers have convened timely meetings and responded actively, demonstrating its policy shift towards global health governance. Nevertheless, the G20 is faced with many challenges to fulfill its designated role in global health governance. It is not realistic for the G20 to take substantial collective leadership and joint action, especially at the time when nationalism is gaining ground and multilateralism encounters hardships. In the fight against the pandemic, the G20 members must put aside disputes and refrain from politicizing the virus to jointly build political consensus and a global health community which serves all peoples. G20 members, especially the two major countries of China and the United States, must shoulder their responsibilities and work together to take effective collective action. Moreover, when the WHO is increasingly hampered in its ability to coordinate global health governance, the efficient participation of the G20 will undoubtedly also be weakened. In terms of political legitimacy and professional expertise, the WHO is still the only international organization that can lead the global fight against the pandemic and stimulate trustworthy intervention. As the G20 members have definite influence over the WHO's financial resources, it should empower the WHO, in order to enhance its own capacity and coordination of resources in the global fight. Having said that, more needs be done to study the dilemma that the G20 faces in its global response to the pandemic, for instance the tension between intervention measures and economic development, or how to strike a balance between intervention policies and economic stimulus initiatives. 