

Introduction

Introduction to the special issue on the G20 Rome Declaration at the Global Health Summit in Rome on 21 May 2021

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Often I¹ have repeatedly complained about the absence, in any form, of a policy of intervention and coordination of health care systems implemented in different countries. In particular, I recalled the lack, increasingly evident and worrying, of a real interest of the European Union in achieving an objective that for many years had proved important and decisive: that the European Union should also deal with the Public Health of the member countries, with the conviction that only through joint and responsible action it would be possible to face the now inevitable challenges, unfortunately more and more frequent, with greater virulence and breadth in the life of each of us, conditioning its social, economic and cultural development, as the COVID-19 pandemic has shown up.

The protection of health is an absolute value, in the awareness that only its full protection is the preliminary reason for any related objective [1].

In the protection of health, and therefore in the primary protection of the individual and the community in which he operates, there can be found the foundations of life, first of all, and of civil life, consequently.

Protection requires, however, a strong commitment to cooperation at international level. The action of the individual State is not sufficient and, at the same time, joint action is not sufficient, given that, if the participation of even a single State fails, such non-acceptance can render the efforts useless.

That is why the mere constitutional provision is no longer the guarantee for effective protection. It is essential for the international community to share certain general principles and to adhere together to the pursuit of certain objectives which can only find their fundamental conditions in dialogue and mutual collaboration.

International organizations, both governmental and non-governmental, will have to work in this direction and the agreed programs, as well as the interventions that will be considered indispensable, will therefore be entrusted to the responsibility of the individual State which, within itself, will have to work accordingly [2].

¹Not alone but together with many other much more authoritative scholars of the issue concerning the now internationally recognized fundamental right to the protection of the health of all citizens, in every part of the world.

The speech closest to us concerns, inevitably, the attitude and the role of the European Union, which, essentially, during the COVID-19 pandemic has started the difficult and complex discussion on purely economic interventions, starting with the timely suspension of the Stability Pact [3]. It is true that health is not really a competence matter for the EU Treaties, but it is also true that the most recent Treaties, starting with the Amsterdam Treaty, would have allowed the Union to adopt all the measures aimed at ensuring a high level of protection of human health. In fact, among the areas of cooperation between the Member States, not only diseases and major scourges are mentioned but also, and more generally, all the causes of danger to human health, as well as the fundamental objective of improving Community public health. This is a serious shortcoming, with an essentially political matrix, in the fear that a common health policy could make it difficult to safeguard the sovereignty of individual States. Some fundamental achievements of the Process of Community integration have been disappearing in the whirlwind of the pandemic: the Schengen Treaty suspended almost everywhere, with closure of borders and obvious problems on the subsequent reopening; the European common market, the first major objective of the founding treaties, strongly questioned by the serious internal needs of the individual countries.

The public health policy of the European Union has not stopped gaining importance and, although the leading role still falls on the States, it is beginning to discreetly accumulate achievements and advances. At the same time, the voices in public health of the European institutions and agencies are becoming more and more present, some already focused specifically on issues of this order, such as the European Center for Disease Prevention and Control [4]. And this path is still evolving, as it testifies the Regulation (EU) 2021/522 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021–2027, which broadly extends the Union's competence in the field of health.

All this prompts the underlying motivation of this special issue of the *International Journal of Risk & Safety in Medicine* (JRSM), to account for the important results achieved in this further process of European integration in terms of the right to health protection.

With the Declaration made during the Global Health Summit, G20 Health, in Rome on 21 May 2021², the participating States have clarified the commitment made for the future, in organizational and proactive terms:

“We, Leaders of G20 and other states, in the presence of the Heads of international and regional organisations meeting at the Global Health Summit in Rome, May 21, 2021, having shared our experience of the ongoing global COVID-19 pandemic, and welcoming relevant work in this regard, including that presented during the pre-Summit, today:

Reaffirm that the pandemic continues to be an unprecedented global health and socio-economic crisis, with disproportionate direct and indirect effects on the most vulnerable, on women, girls and children, as well as on frontline workers and the elderly. It will not be over until all countries are able to bring the disease under control and therefore, large-scale, global, safe, effective and equitable vaccination in combination with appropriate other public health measures remains our top priority, alongside a return to strong, sustainable, balanced and inclusive growth.

Convey our condolences for lives lost and express our appreciation for healthcare and all frontline workers' vital efforts in responding to the pandemic.”

²https://global-health-summit.europa.eu/rome-declaration_en.

Then they committed to promote and make tangible progress towards these principles and the action they guide:

- (1) Support and enhance the existing multilateral health architecture for preparedness, prevention, detection and response;
- (2) Work towards and better support the full implementation of the IHR and the multi-sectoral, evidence based One Health approach;
- (3) Foster all-of-society and health-in-all policies approaches;
- (4) Promote the multilateral trading system and the importance of open, resilient, diversified, secure, efficient and reliable global supply chains across the whole value chain related to health emergencies;
- (5) Enable equitable, affordable, timely, global access to high-quality, safe and effective prevention, detection and response tools and to strong, inclusive, and resilient health systems;
- (6) Support low- and middle-income countries to build expertise, and develop local and regional manufacturing capacities;
- (7) Leverage synergies and build on expertise of relevant organisations and platforms to facilitate data sharing, capacity building, licensing agreements, and voluntary technology and know-how transfers on mutually agreed terms;
- (8) Enhance support for existing preparedness and prevention structures and ensuring that no one is left behind;
- (9) Invest in the worldwide health and care workforce;
- (10) Invest in diagnostic public and animal health laboratories, and rapidly and safely share data and samples during emergencies;
- (11) Invest in further early warning information, surveillance, and trigger systems;
- (12) Invest in domestic, international and multilateral cooperation in research, development, and innovation;
- (13) Coordinate measures and emergency response in the context of a sustainable and equitable recovery;
- (14) Increase the effectiveness of preparedness and response measures by supporting and promoting meaningful and inclusive dialogue;
- (15) Address the need for enhanced, streamlined, sustainable and predictable mechanisms to finance long-term pandemic preparedness, prevention, detection and response, as well as surge capacity;
- (16) Seek to ensure the effectiveness of such financing mechanisms.

The important results achieved in May 2021 were followed by the Declaration of the G20 Health Ministers of 5–6 September 2021, again in the context of the Italian G20 Presidency in Rome³, to whom we owe the elaboration of the document under consideration.

The Ministers called for continuity of concerted action towards a whole-of-government and whole-of-society response through good governance of health systems and immediate and medium-to-long term multi-sectoral actions on the social, economic and environmental determinants of health, in every country, to strengthen prevention, detection, preparedness and response capacities, through a health-in-all policies approach. The commitment is to reinforce the global health architecture and governance based on a shared vision aiming at addressing challenges and at strengthening health systems and partnership for global

³<https://www.salute.gov.it/portale/rapportiInternazionali/dettaglioContenutiRapportiInternazionali.jsp?lingua=english&id=5478&area=rapporti&menu=vuoto>.

health emergencies preparedness and response capacities, emphasizing the leading and coordinating role of the WHO on international health work in close collaboration with relevant stakeholders.

This focuses on four priority areas: healthy and sustainable recovery; building One Health resilience; coordinated and collaborative response; and accessible vaccines, therapeutics and diagnostics.

Further recognition of the essential role that the European Union can play in the field of public health and methods of coordination and direction of health care systems, is most recently found in *the Report of the Pan-European Commission on Health and Sustainable Development*, entitled *Drawing light from the pandemic, a new strategy for health and sustainable development*⁴.

The document is of particular importance for the objectives it contains. The first objective is to operationalize the concept of One Health at all levels, while the second is to take action at all levels of societies to heal the divisions exacerbated by the pandemic and the third is to support innovation for better One Health. The fourth is to invest in strong, resilient and inclusive national health systems, connected to the fifth that is to create an enabling environment to promote investment in health. Then the report proposes to improve health governance at the global level (objective 6) and to improve health governance in the pan-European region (objective 7).

This special issue of JRSM therefore represents the attempt to introduce and comment on the most recent and important developments achieved at the Community level, without any claim to give a complete deepening, but a solicitation to an examination of the objectives, expectations and commitments adopted by the European Union and world leaders.

References

- [1] Bottari C. Profili innovativi del sistema sanitario. Torino: G. Giappichelli Editore; 2018. pp. 5–6.
- [2] On this point, Uno sguardo italiano alla Conferenza IISA di Yaoundè, “Shared Governance: combatting poverty and exclusion”, Atti del Convegno nazionale IISA. Bologna: Bononia University Press; 2003, and in particular to its chapters Campiglio C. Le organizzazioni non governative e le procedure internazionali per la tutela dei diritti umani and V. Molaschi V. Sulla nozione di servizi sociali: nuove coordinate costituzionali.
- [3] Bottari C. La tutela della salute: lavori in corso Torino: G. Giappichelli Editore; 2020. p. 4.
- [4] Blanc Altemir A, Cierco Seira C, Presentación. In: Blanc Altemir A, Cierco Seira C, editors. *El Derecho ante la salud pública. Dimensión interna europea e internacional*. Pamplona: Aranzadi; 2018. pp. 17–8.
“La política de salud pública de la Unión Europea no ha dejado de ganar envergadura y, aunque el protagonismo recae todavía en los Estados, empieza a acumular, discretamente, logros y avances, a la par que se hacen cada vez más presentes las voces en salud pública de las instituciones y agencias europeas, algunas centradas ya específicamente en los asuntos de este orden como es el caso del Centro Europeo para la Prevención y el Control de las Enfermedades. El tejido, cada vez más grueso, que se va formando en torno a la política comunitaria que hoy vertebraba el art. 168 del Tratado de Funcionamiento de la Unión Europea constituye, en suma, una prueba significativa de que la salud pública posee ya hoy una dimensión europea relevante.
La segunda orientación ha sido la de brindar aproximaciones desde diferentes áreas de conocimiento. Es cierto que la salud pública, por su cercanía con la sanidad, se suele residenciar principalmente en el Derecho Administrativo, siempre contando con la dimensión del Derecho Constitucional. Sin embargo, en razón de su vis expansiva y de la conveniencia de agrupar todos los saberes en derredor, creíamos conveniente no dejar pasar la ocasión para recuperar todo el bagaje que el Derecho Penal acumula en tanto que instrumento cualificado en la tutela de este bien jurídico.”

⁴<https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/pan-european-commission-on-health-and-sustainable-development/publications/drawing-light-from-the-pandemic-a-new-strategy-for-health-and-sustainable-development-2021>.