

## **DG Bård Vegar Solhjell's speech to the 2021 Development Cooperation Forum (DCF)**

Dear President, members of ECOSOC and others tuning in to this year's High-level Meeting of the Development Cooperation Forum: thank you for the invitation. This time, I am joining you through a pre-recorded video. Next time, I hope to meet you all in person.

The health sector is complex. Health is not only a vital service we provide to populations –it is also a huge part of the economy, accounting for an estimated 10 per cent of our global GDP – and a major employment sector. It is an intricate system that must be developed over time. It must be dynamic, as health threats are also changing. Urban life also means we are particularly vulnerable to pandemics. The COVID pandemic has elevated the need for global coordinated action as well as local investment. How do we finance and coordinate around such a complex agenda?

I would like to argue for one important factor I believe stands out from the rest. *Cooperation*.

In the span of a single generation, the world witnessed progress so far unseen in human history. One billion people had lifted themselves out of poverty. Global health investments managed to target specific diseases and conditions, extending life expectancy, and ensuring healthier populations. Child and maternal mortality had been reduced by almost 45 percent from 1990 to 2015. Polio is nearly eradicated. There has been significant progress across other diseases such as malaria and TB.

But there were also things we did not achieve. We did not support countries in developing complex national health systems that can protect from epidemics and provide equitable access to affordable care for all.

We must recognize the enormous economic impact pandemics have on societies, including lack of access to health care, reduced production, and reduced income opportunities. These impacts are felt at household, national and regional levels. Not all economies are hit equally – but all are hit.

Norway has a long history working on global health. We have always forwarded national ownership, responsibility and principles of inclusion and equity. Not as after-thoughts, but as strategic goals – emphasising public health and Primary Health Care, at home and abroad. When it comes to Pandemic Preparedness – we have supported the incontestable role of WHO, the creation of The Coalition for Epidemic Preparedness Innovations (CEPI) and we most recently joined South Africa to co-facilitate the ACT-Accelerator.

We need to change the collective investment and action for preparedness against pandemics today - and tomorrow. There are difficult questions regarding the opportunity costs of investing in Pandemic

Preparedness – as opposed to direct daily service provision. Financing is also critical to future responses – who should pay – how much – and for what. Lastly there are difficult questions for the interface between public and private sectors in medical markets – how to ensure innovation, cooperation, effectiveness, and equity – all at once.

I do not have all the answers, but I would like to offer these FOUR principles for us to move forward together:

- (1) Firstly, we must see every region and country as Participants, not as Recipients. There is increasing emphasis on ensuring better global distribution of research and manufacturing capacity. Sustainable business models for regionalized production will take a long time to develop – but must start now. Every region must be a **PARTICIPANT**, not a **RECIPIENT** in preparing and responding to global pandemics.
- (2) Investments in Pandemic Preparedness cannot be at the expense of daily services. Investments in systems to enhance preparedness need to be vital all the time and not just purposed for pandemic response – they need to be “kept warm”. Public health priority setting, surveillance systems, labs, diagnostic systems, staffing and community engagement platforms - cannot sit cold, waiting for the next outbreak.
- (3) For sustainability and resilience, we need to think INSTITUTIONS as well as FUNCTIONS. We need to ensure that development cooperation supports competent public health institutions, regulatory bodies and research platforms that are both global and local.
- (4) We need to collectively invest in Local Data from Local Systems. We frequently hear that data is critical. When a pandemic hits, we cannot do surveys in all countries at the same time – we need trend data, not cross-sectional data. Now is the time to build national data systems. The DHIS2 platform for health data is an example of this

The creation of COVAX and ACT-A has been work-in-progress, but we are far from vaccine equity. The global aid budget cannot cover the costs alone. We need fair share financing and decisional protocols to work across aid and domestic boundaries. We need to unite the power of national capacity and security platforms to scale and integrate the collaborative platforms we need.

We are, as this session has emphasized “only as strong as our weakest health system”.

In 2016, Norway’s prime minister, Erna Solberg said: we are all developing countries. For me, this means we must all aspire to be better and to work together to co-create.

Thank you.