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**GL<sup>+</sup>BAL  
HEALTH**



# MANIFESTO

# 2024

# MANIFESTO

## UK GENERAL ELECTIONS 2024



## Summary

Advocacy is fundamental to the work of Students for Global Health and is at the heart of achieving health equity. Our advocacy is grounded in the inalienable right to health, a legally binding commitment that all WHO Member States have signed. To uphold this right, Universal Health Coverage (UHC) helps countries in ensuring that all people have access to equitable and affordable health services (WHO, 2023<sup>a</sup>). Moreover, the Sustainable Development Goals (SDGs) adopted by United Nations member states, especially SDG3 ("To ensure healthy lives and promote well-being for all at all ages"), offer a roadmap. In order to achieve SDG3 and Universal Health Coverage by 2030 (UHC30), we have identified 3 key areas to focus on: [Equitable and resilient health systems](#), [Climate change](#), and [Digital Health](#).

Whilst we acknowledge there are many elements to consider, we are calling on the candidates in the upcoming General Elections, the current government, as well as the future government, to prioritise health equity in their policies and actions. We are also calling for the United Kingdom to sustain its leading role in advocating for collaboration in these areas.

Students for Global Health is a network of students across the country advocating for our vision of health equity for all. We believe global health is a local issue and we offer a platform to amplify youth voices, through our branches across the country and our membership in international networks.

Students for Global Health National Committee

7<sup>th</sup> April 2024

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**RIGHT TO  
HEALTH**

**Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family**

*(United Nations, Universal Declaration of Human Rights, 1948, art. 25)*

# Strategy 1: Equitable and resilient health systems

The COVID-19 pandemic revealed deep global inequalities, which are symptomatic of wider inequities in global health. While we focus on the post-pandemic context, these recommendations are not limited to pandemic prevention, preparedness, and response (PPPR), but rather milestones to achieving health equity. In other words, building equitable and resilient health systems globally is key to providing all people access to health, especially but not exclusively in the context of health emergencies and pandemics.

## “Build back better”

The scale of the COVID-19 pandemic prompted calls for solidarity and various initiatives to make equity a reality, including COVAX to ensure equitable access to vaccines for low- and middle-income countries (LMICs). It became clear that no one is safe from the pandemic unless all are safe. However, as the heat of the pandemic waned in high income countries (HICs), these commitments did not translate into genuine equity and

solidarity (MSF, 2021<sup>a</sup>). HICs secured large vaccine orders, while numerous LMICs’ access was impeded (GAVI, 2022).

Despite their general failure, initiatives like COVAX set a precedent for new mechanisms, such as the Pandemic Accords. Students for Global Health stress the importance to “build back better” a world whereby everyone has equitable access to pandemic preparedness, in full respect to the inalienable human right to health. Preparedness is widely recognised not only as an effective way to protect human lives, but also to reduce the economic impact of pandemics and disasters – which largely outweighs the initial investments required.<sup>1</sup>

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<sup>1</sup> A number of scholars have shown the benefits of preparedness, including Willitts-King *et al.* (2020, 2021), Clarke & Dercon (2016).

## Equitable and pandemic-resilient health systems

Students for Global Health advocates for 3 key strategies to achieving equitable health systems that are resilient to pandemics:

### 1) Health systems strengthening

The COVID-19 pandemic has severely strained health systems globally with many on the brink of collapse. Numerous patients were unable to access necessary treatments as efforts were redirected towards COVID-19 response. Health systems in LMICs were disproportionately impacted, exacerbated by enduring historical vulnerabilities such as heavy post-colonial debts. Meanwhile, the pandemic highlighted the vital role that civil society organisations and

pandemic response, especially in reaching marginalised communities, tailoring the response to community needs, and holding authorities accountable (WHO, 2021).

### 2) Equitable access to medicine

By late 2023, 4 in 5 people were fully vaccinated in upper-middle Income countries (79.86%), as compared to 1 in 3 in LICs countries (32.82%) (Fig. 1). This inequity can be partly attributed to vaccine hoarding by HICs and the unwillingness of the vaccine manufacturers to share intellectual property (IP) and manufacturing know-how, impeding local vaccine production in LMICs (Amnesty, 2021).

#### KEY ASK 1

## Health systems strengthening

- **The UK government should ensure that Official Development Assistance (ODA) is spent in supporting governments to build resilient health systems that mitigate health inequities, and reinstate the 0.7% commitment to ODA as soon as possible, addressing the impact of funding cuts.**
- **Part of ODA should be redirected to community-based organisations in LMICs, fostering meaningful consultation and participation of LMIC stakeholders.**
- **The UK Government should work to define and alleviate the unsustainable debts that LMICs face**

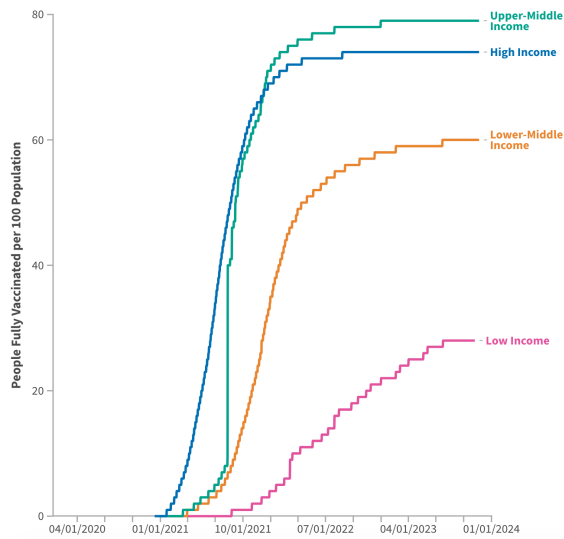


Figure 1: Percentage of fully vaccinated populations in LMICs, UMICs, HICs (UNDP, 2024)

This profit-driven approach is an integral part of a wider phenomenon. The commercialisation of medicine generates massive profits for companies yet simultaneously this model can create barriers to accessing medical tools. This injustice occurs even though public investment funds a large proportion of research and development (R&D); for example, the Oxford/AstraZeneca vaccine research

was 97% publicly funded. In other words, the UK Government paid twice: once for the development of medicines, and then again for their monopoly prices - which exceed by large the production costs (STOPAIDS & Global Justice Now, 2017; Cross et al., 2021).

During the pandemic, Médecins Sans Frontières identified over 100 manufacturers in Africa, Asia, and Latin America, capable of producing mRNA vaccines. However, they lacked access to IP, technology, materials, and policy support for collaboration (MSF, 2021<sup>b</sup>). To illustrate, Afrigen in South Africa reverse engineered Moderna's vaccine as IP was not enforced, a promise that Moderna might reverse. The development process was moreover slowed down due to Moderna's refusal to engage in tech transfer (Tudang, 2023).

## KEY ASK 2

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### Equitable access to medicine

- **The UK government and donors should attach conditions in R&D contracts that safeguard public interest and enforce transparency in publicly funded R&D**, making available to the public licensing agreements and the true costs of R&D.
- **Researchers and companies should engage in active, in-depth technology transfer** to help support regional manufacturing of health technologies globally.
- **The cost of medicine to be de-linked from the cost of R&D**, through upfront grants for example.

### 3) Financing and participating in international institutions.

International institutions have played a key role in ensuring equity in the COVID-19 response, recovery, and preparedness to future pandemics, by providing grants to LMICs countries for example. This year, numerous

international bodies are campaigning for their replenishment, with the UK government taking a leading role in financing these essential institutions.

Equity in pandemic preparedness cannot be achieved without sustainable funding and financial support to LMICs.

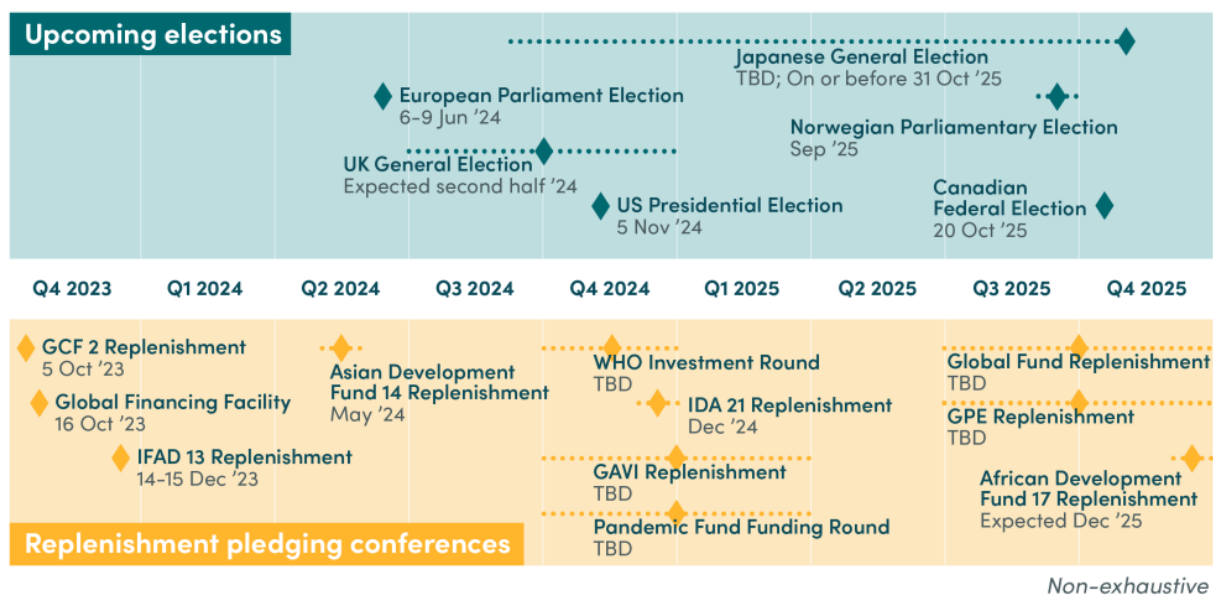


Figure 2: Snapshot of upcoming replenishments and elections in major donor countries in 2024-2025 ([Center for Global Development, 2024](#))

Note from the authors: 'This timeline is non-exhaustive. Elections depicted here are only for the 10 largest bilateral donors; timings for replenishment pledging conferences are authors' best estimates based on latest information available.'

#### KEY ASK 3

## Funding for international institutions

- **The UK Government should continue to be a leading donor to key international institutions**, such as Unitaid, Gavi, the Global Fund, the Pandemic Fund, and the World Health Organisation (WHO).
- **The UK Government should maintain seats on the boards of relevant global health institutions and strengthen their work.**



## The Pandemic Accords

### 1) Context

The scale of the COVID-19 pandemic called for the creation of a new instrument for Pandemic Prevention, Preparedness and Response (PPPR). Therefore, the 194 Member States of the World Health Assembly agreed to a legally binding instrument under the WHO constitution. This instrument is currently being negotiated by an International Negotiating Body (INB) and due to be proposed at the 77th World Health Assembly in May 2024. If adopted, it will supplement the WHO International Health Regulations (2005), with proposed amendments such as enhancing capacity building in LMICs and operationalising equity, alongside the establishment of a compliance committee.

The UK was a signatory to the article proposing the instrument initially and supports a new legally-binding instrument “as part of a cooperative and comprehensive approach to pandemic prevention, preparedness and response” (Parliament. House of Common, 2023). Students for Global Health also commends the UK delegation's calls for a greater involvement of civil societies and efforts to find consensus on the

Pandemic Accords. Similarly, Students for Global Health appreciates the WHO's commitment to engaging with civil societies and youth initiatives (e.g. WHO Civil Society Commission, WHO Youth Council), recognising their key role in global health advocacy.



*Figure 3: Seventh meeting of the Seventh meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response, (WHO / Pierre Albouy, 2023)*

### 2) Equitable and right-based language

Students for Global Health advocates for grounding the Pandemic Accord and its national application in the human right to health, thus aligning with member states' obligation to uphold it under WHO constitution and other human rights accords. With this in mind, supporting LMICs should be framed as a means to pursue equity, incorporating a rights-based language and moving away from colonial-era narratives, while acknowledging the impact thereof.



### 3) The impact of conflict

Populations living in conflict zones are facing compounded challenges, as highlighted by Médecins Sans Frontières at the eighth INB meeting. The strengthening of health systems that is critical to pandemic preparedness and health equity is severely undermined when medical staff is killed, healthcare facilities are destroyed, and populations are impoverished by conflict. For instance, the ongoing “continuing attacks on healthcare” (UN, 2024) in Gaza and the West Bank not only create a humanitarian crisis, but also jeopardise the long-term resilience and capacity of communities and health systems to confront future pandemics.



Figure 4: Palestinians walking down a destroyed street in Gaza (MSF, 2023)

#### KEY ASK 4

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### Swift and equitable implementation of the Pandemic Accords

- **Implementation of the Pandemic Accords should be backed by commitments to robust funding** to support LMICs in their implementation.
- **The Pandemic Accords and their implementation should follow a rights-based framework and discourses**
- **The impact of conflicts should be acknowledged** in countries' ability to implement the Pandemic Accords

## Strategy 2: Climate change and health

### **“A just transition”: Climate justice as a tool for health equity**

Climate change is one of the largest threats to public health and demands radical action to keep within the 1.5 threshold and protect decades worth of progress within global health (Watts *et al.*, 2019). Equally, tackling climate change offers new scope for international collaboration, transition to just economies and investment in healthy communities (Medact, 2021).

Human-induced climate change threatens health in vast numbers of ways, from air pollution and respiratory disease to extreme weather and ecological collapse to the spread of infectious disease and loss of resources and health infrastructure (WHO, 2023<sup>b</sup>). Whilst no country is untouched, the impacts are felt disproportionately in keeping with wider systemic injustices, often by those who have contributed least (AfGH, 2021). The root causes of extractivism and colonialism demand

the mobilisation of all sectors to avert climate breakdown and strengthen health systems to mitigate accordingly (Marya & Patel, 2022). As COVID-19 demonstrated, we possess the political will, skills, and resources to deliver radical action, and we must channel lessons learnt (both positive and negative) in global strategy for climate change.

As a student network for health justice, we seek to raise awareness of climate change as a health issue and recognise the intersectionality of climate change and other health challenges, calling for attention to the neo-colonial and extractive approach that underlie these processes. We will utilise our collective power as a network of students across the country and as young people, demand climate justice for our generation and years to come, ensuring the debate is led by those most affected. We are the representative body of UK students in global health and we acknowledge the responsibility and privilege this grants us to access one of the most

influential players in international policy.

We demand collaboration across sectors and are members of the Action for Global Health Climate Working Group and supporters of Medact's Health for a Green New Deal. We remain hopeful that globally, we possess the tools and resources to achieve climate justice, but recognise timely action and responsible leadership are critical, and currently lacking.

As an organisation, our key demands are:

### 1) No new fossil fuels extraction

In its most critical review yet, the IPCC warns there can be no new fossil fuel extraction to remain within critical limits of warming. This also requires the termination of new projects planned such as Rosebank and Cambo. Full and cross-industry divestment is key to achieving this ambition, especially from universities

and health institutes which exist to serve public health of today and future generations.

### 2) Just transition

Solutions must not perpetuate existing inequalities, and no one must be left behind in the transformation to a climate just world. Climate justice requires recognition of past and present injustices at both international and local levels, and the implementation of strategies to achieve a fairer, healthier future.

In tackling climate change, we are tasked with a new avenue for international collaboration and an opportunity to reimagine systems that are fairer and healthier for all. Whilst climate action is a necessity, communication of its mutual benefits to other causes, and health at large, should be recognised as a powerful tool for mobilisation.

#### KEY ASK 5

## No new fossil fuels extraction

- **The UK Government should commit to stop new fossil fuels extraction projects** such as Rosebanks and invest public funding into renewable energies instead.
- **Universities and health institutes should divest from fossil fuel investments** and prioritise sustainable alternatives instead.

## KEY ASK 6

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## A just transition

- The UK government should advocate for equitable systems while meaningfully recognising the experience of LMICs with greater exposure
- The UK government should identify, mitigate, and support local authorities in addressing both the inequities in accessing healthcare in the UK, and the climate-induced factors that can exacerbate them (e.g. heat- and flood-resilient infrastructures).

### 3) Fair leadership

Fair leadership involves promoting voices of those excluded from the discussion, especially indigenous people, people from LMICs and other marginalised groups. This includes addressing power imbalances within policy making and the exclusion of corporate interest and fossil fuel companies from policy spaces.

Furthermore, the right to vocalise climate-related demands must be safeguarded. We are concerned by

the increasing powers and brutality of policing powers and recognise that in facing an uncertain future, the right to protest and critique is paramount. No one should face intimidation or violence in voicing concerns for planetary health.



Figure 7: Artemisa Xakriabá, a 19-year-old indigenous climate activist (Amnesty / Getty Images, 2021)

## KEY ASK 7

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## Fair leadership and safeguarded discussion

- The UK Government should ensure that the voices of those most affected or excluded are central to decision-making in climate-related decisions that affect them.
- The right to protest should be safeguarded, and no one should face intimidation or violence in voicing concerns for planetary health.

#### 4) Investing in equitable mitigation and adaptation measures

Equity in face of climate change requires mitigation measures from high-contributing countries to compensate for both their historic and current disproportionate contributions to climate change, and their contribution in the implementation of National Adaptation Plans of countries with high exposure. This includes strengthening health systems while considering their vulnerability to climate-induced events, and the need to adapt to climate-induced illnesses.



Figure 6: SfGH members at a climate protest (2021)

#### KEY ASK 8

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### Investing in equitable mitigation and adaptation measures

- The UK Government should commit part of ODA to support LMICs with greater exposure to climate hazards in the implementation of their National Adaptation Plans and the strengthening of their health systems.



## Strategy 3: Equitable digital health

### Digital health innovation and literacy

At Students for Global Health, we aim to advance both awareness and engagement with digital health technologies (DHT), which is defined as software, applications and online platforms that benefit the healthcare system. In the United Kingdom, the enforcement of digital health technologies is dynamic and fast-paced, meaning there are overlapping regulatory regimes that oversee various aspects of digital health, such as data protection and disease-specific applications.

Following the withdrawal of England from the European Union in 2020, there are regulatory attempts to bridge the gap between innovation, safety, and efficiency, to ensure that the deployment of these technologies achieve health systems and clinical goals.

At the Office of Health Economics, there are four high-level key learnings outlined as vital to the effective and safe deployment of DHT. These include:

- Maintaining clear yet flexible regulatory standards
- Value assessment of technologies to provide dedicated guidance to innovators and buyers
- Future-proofing risks of technologies in a health system setting
- Digital literacy within the public and healthcare workforce, that tackles the digital skills gap

Our aim is to bring change to the gap specifically in digital health literacy, which refers to the ability to engage in a meaningful way with information and communication technologies, to evaluate, create, and communicate information, requiring cognitive and technical skills (UNESCO, 2011).

It is a fundamental prerequisite for making informed health decisions, and the degree of literacy can be impacted by factors such as age, gender, and income status, among others. For example, whilst in the UK, 81% of the population have mastered essential digital skills, 28% of over-75 years old individuals hold foundation level skills, compared to 97% in the 18-24 age group (Lloyds Bank, 2021). 6% of the UK population is digitally excluded, due to factors such as lack

of a formal education background, and income status.

There are several existing programs in the UK that target digital health literacy, including the Widening Digital Participation program, which has resulted in an additional 200,000 people gaining foundational skills to access health resources. At Students for Global Health, we aim to engage with influential leaders in industry and the government, to advance such platforms to benefit those who currently under-utilise DHT, to equip them with trust in technologies' relevance, data privacy, and functional contribution to health.

## **Bridging digital health and women's health**

At Students for Global Health, we acknowledge that digital health is dynamic and expansive, covering health systems software, surgical innovation, medical devices for combination therapies, and more. Our specific aim is to bridge the awareness and growth of DHT with women's health.<sup>2</sup> In August 2022, the UK Government published the Women's Health Strategy for England, targeting regulatory and data-based

gaps in diseases that occur in the national female population (DHSC, 2022). Recent achievements of this strategy have included: reducing waiting times in specialist areas such as gynaecology; establishing a Maternity Disparities Taskforce and investing £127 million to support the maternity NHS workforce and neonatal care, along with £95 million invested in recruitment.

The strategy aims to pilot an Early Value Assessment process for 10 DHT for clinical and cost-effectiveness, especially focused on women's health technologies such as fertility tracking and sexual wellness, to evaluate the possibility of a recommendation for use within the NHS. What this shows is that it is a fast-paced field of innovation, which requires empowering its users with the knowledge to understand the benefits of such technologies.

Therefore, at Students for Global Health, our Digital Health campaign will focus on women's health technologies, aiming to bridge the policy gap between technological innovation and patient utilisation. With policy schemes such as the Accelerated Access Collaborative and the Scan4Safety program, which aim to streamline and monitor the effect

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<sup>2</sup>We acknowledge that not all who face such diseases or use such services identify as women.



of women's health technologies, it is vital that understanding how to access data and make safe decisions throughout a health journey is placed at the forefront of a policy initiative. Our work will make a substantial contribution to this domain.

Our key asks are:

### 1) **Research on disparities**

We call on the government to conduct research on disparities in the accessibility of digital health in the UK. Various studies have shown that despite technologies such as mobile health apps having positive health outcomes, concerns amongst users include privacy concerns, financial sustainability, and general awareness of the benefits of such technologies. Whilst there are a number of systematic reviews exploring barriers to the use of health apps and community attitudes towards the uptake of health-tracking technology, further research is required on

utilisation between socio-economic and ethnic users.

### 2) **Technology transfer through ODA**

We advocate for the use of the UK's foreign policy leverage to encourage technology transfer to low resource settings, as part of the Official Development Assistance strategy. There has been a lack of research on the promotion of digital health in lower resource settings. This is perhaps due to the association of technology with a high-income country profile of financial sophistication, and devices powered by artificial intelligence. However, a study in South Africa for example, suggests that simpler models of digital health, such as social media, are effective in the dissemination of sexual health behaviour.

#### KEY ASK 9

### Further research

- **Further research should be done into the granularities of disparities in access to women's health technologies in the UK**

Moreover, youth groups such as the Ndola Youth Research Centre has developed TuneMe, an online adolescent and young adult platform that encourages healthy sexual and

requirement is therefore a considerate global health strategy, led by the UK, that encourages innovation in digital health across borders.



Figure 7: An adolescent girl at a youth resource centre in North-Western Province, Zambia, explains the consequences of teenage pregnancy to her peers. The centre is supported by UNFPA and provides sexual and reproductive health information to young people ([UNFPA Zambia, 2020](#))

**KEY ASK 10**

**Technology transfer**

- The UK Government should use the UK's foreign policy leverage to encourage technology transfer to low resource settings, as part of the Official Development Assistance strategy

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