Model G20 Summit 2027

STUDY GUIDE

Hosted at FLAME University, Pune · 18 to 20 June 2027

Arrive by the evening of Thursday 17 June, leave Monday 21 June



Sherpa track

Health

After aid cuts, who pays for pandemic preparedness and for treating epidemic diseases in poorer countries?

AT A GLANCE

30% to 40%

The fall in health aid from abroad that WHO projected for 2025, compared with 2023[1]

US$12.64 billion

Pledged to the Global Fund for 2026 to 2028[2]

US$15 billion

The yearly gap in pandemic financing that a G20 panel recommended closing[3]

YOUR GROUP MUST DECIDE

1. Who pays: donors, global funds or poorer countries themselves
2. How fast countries move from aid to their own budgets
3. Which diseases and countries come first when money is short
4. How money reaches an outbreak in its first days
5. Who reports progress, and by when

FIVE TERMS TO KNOW

Pandemic preparedness
Getting ready before an outbreak: disease watch, laboratories, stockpiles, trained staff and plans.

Replenishment
A round in which donors refill a fund for its next few years.

Co-financing
A country paying part of the cost of a programme that a global fund supports.

Domestic resources
A country's own money for its needs, raised mainly through taxes.

Surge financing
Money that can be released fast when an outbreak begins.

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1. World Health Organization. "WHO issues guidance to address drastic global health financing cuts", news release, 3 November 2025. 2. The Global Fund. "Global Fund Board Welcomes Final Eighth Replenishment Outcome of US$12.64 Billion, Backs Strategic Shifts to Advance Countries' Path to Self-Reliance", news release, 18 February 2026. 3. G20. "Chair's Summary: Joint Finance and Health Ministerial Meeting", Polokwane, 7 November 2025 (South African presidency), copy hosted by the G20 Research Group, University of Toronto. · Last updated 21 November 2026. Every figure is footnoted to its source.

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SECTION 1

Letter from the chairs

Dear delegates,

We will chair the Health Working Group at the Model G20 Summit 2027. Our group asks one hard question: after aid cuts, who pays for pandemic preparedness and for treating epidemic diseases in poorer countries?

Read this guide twice. The first time, read for the story of how health in poorer countries has been paid for, what changed in 2025, and what a gap in that money means in a clinic. The second time, read it as your member's negotiator and mark every line that helps or hurts your case.

In the room we will look for clauses that name who acts, what they do and by when. We will also look for delegates who bring a donor and a country that receives aid to the same text, and who can show a source for every claim they make.

Bring your white paper, your member's row from Section 8 and one draft clause. We look forward to meeting you at FLAME University in June.

Warm regards,

Your chairs, Health Working Group

SECTION 2

How the G20 and this simulation work

The real G20

The Group of Twenty has 21 members: 19 countries and two regional bodies, the European Union and the African Union[4]. The African Union became a permanent member at the New Delhi summit in 2023[4]. Together the members account for around 85% of the world's economic output, over 75% of world trade and about two-thirds of its people[4].

The G20 began in 1999, after the Asian financial crisis, as a meeting of finance ministers and central bank governors[4]. Leaders first met in Washington DC in 2008, and they have met every year since 2011[4]. Each year one member holds the presidency and sets the agenda, helped by the members that held it before and will hold it after. These three are called the troika[4]. The United States took over the presidency on 1 December 2025 and cut the number of working groups from 16 to four[4]. The United Kingdom holds the presidency in 2027 and will host the Leaders' Summit in Manchester on 27 and 28 November 2027[5,6].

Two tracks

The G20 process is led by the sherpas, each leader's personal representative. The work runs in two tracks, the Finance Track and the Sherpa Track. Within the two tracks, working groups bring together officials from the members, invited countries and international organisations[4].

Agreement by everyone

In November 2025 the G20 health ministers issued their text as a Chair's Statement, because two members expressed reservations and full consensus was not reached[7]. In this simulation a text is agreed only when no member objects; the Rules of Procedure 2027 explain how.

This simulation

The Model G20 Summit 2027 is set in 2027, the year the United Kingdom holds the G20 presidency. The Model G20 secretariat chairs every working group, and the UK delegation is an ordinary member. All 21 members are seated in every group. Each group also has four invited seats for international organisations or guest countries; they take part in the debate but are not members. Model G20 is organised by One Young India and is independent of the G20 and of every G20 government.

Each working group is modelled on a group that has met in the real G20 in recent years, so delegates learn how the forum works. Your group negotiates one short text on its agenda. On Sunday afternoon the working groups' texts come together in the communiqué, which the Leaders' Session adopts by consensus at the closing ceremony. The Rules of Procedure 2027 explain how debate, amendments and the final text work.

This working group

The Health Working Group is modelled on the real G20 group of the same name, which met eight times under South Africa's 2025 presidency[7]. G20 leaders also set up a Joint Finance and Health Task Force in 2021, with its secretariat at WHO[8], and the Pandemic Fund was launched under Indonesia's presidency in November 2022[8]. In 2025 the leaders' declaration agreed under South Africa's presidency called domestic resource mobilisation "the primary source of sustainable pandemic PPR financing"[9]. PPR stands for prevention, preparedness and response. The 2025 Chair's Summary of finance and health ministers records "a range of views on the way forward for the Task Force for 2026"[3].

SECTION 3

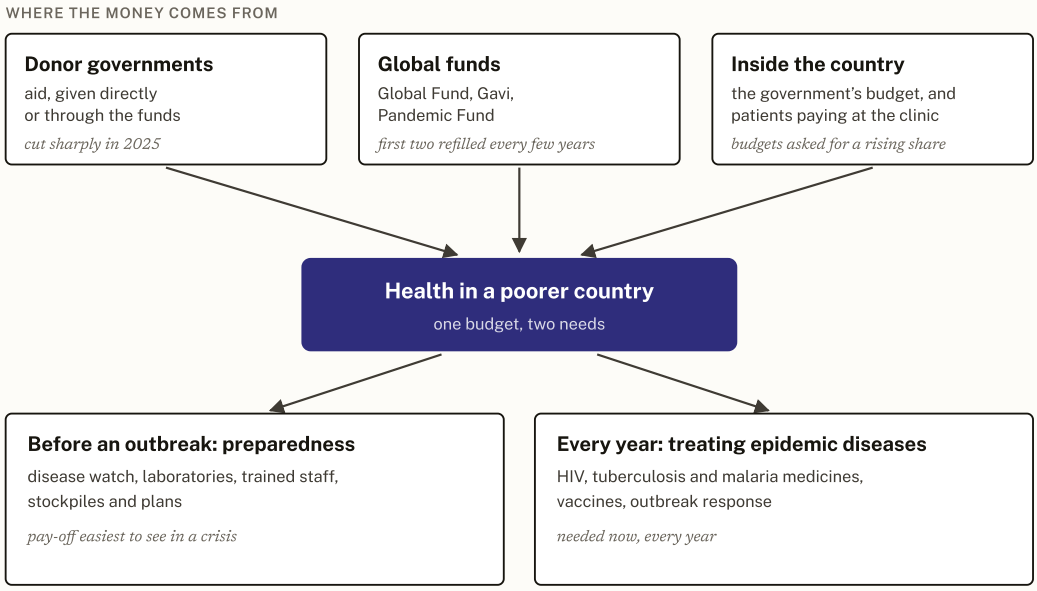
The issue explained

Who pays for health in poorer countries

Health care in poorer countries is paid for from the country's own budget, by patients themselves, and by aid from abroad, given by donor governments directly or pooled in global funds. WHO notes that countries face long-standing problems, including "high out-of-pocket spending" and "heavy reliance on external aid"[1]. The Global Fund fights HIV, tuberculosis and malaria. Among the strengths of its model, it names its influence on the markets for health products, pooled procurement (buying health products together for many countries) and work led by civil society and communities[2]. Gavi, the Vaccine Alliance, asks countries to pay for part of the vaccines it supports: since 2008, every country applying for new vaccine support has co-financed a share[10]. The Global Fund also makes part of its grants depend on countries putting in more of their own money[11]. Figure 1 shows how the money flows.

FIGURE 1 SECTION 3

Where the money for pandemic preparedness and epidemic diseases comes from, and where it goes.



What the aid cuts did

In 2025 WHO projected that health aid from abroad would fall by 30% to 40% compared with 2023[1]. It says the sudden and unplanned cuts hit many countries hard[1]. When WHO asked 108 of its country offices about the effects, the answer they gave most often was damage to preparing for and responding to health emergencies: 70% of responses[12]. Up to 24% of responses suggested that budget cuts were already turning into higher out-of-pocket payments by patients[12].

WHO itself has less than it planned: its base budget for 2026 and 2027 was cut by 22%, from the US$5.3 billion first approved to US$4.2 billion[13]. In January 2026 the United States completed its withdrawal from WHO, and said it had stopped funding the organisation[14].

New rules for the next pandemic

In May 2025 the World Health Assembly adopted a Pandemic Agreement by consensus[15]. It opens for signature only after the Assembly adopts an annex on sharing pathogens and the benefits that come from them, and enters into force after 60 countries ratify it[15]. Under the Agreement, drug makers in the pathogen-sharing system would give WHO "rapid access targeting 20% of their real time production" of vaccines, treatments and tests for the pathogen causing a pandemic emergency[15]. In May 2026 member states agreed to ask the Assembly to extend the talks on the annex, with the result due at the Assembly of May 2027, or earlier at a special session in 2026[16]. Separately, amended International Health Regulations entered into force in September 2025, adding a "pandemic emergency" alert[17].

Why paying is hard

The gaps are large. A G20 panel found a yearly gap of US$10.5 billion in pandemic financing, which led to the Pandemic Fund in 2022[18]. In the 2025 Chair's Summary, finance and health ministers noted the recommendations of the same panel, reconvened, to close a US$15 billion gap each year[3,18]. The Global Fund asked donors for US$18 billion for 2026 to 2028[2,19] and received pledges of US$12.64 billion[2]. Preparedness is hard to fund because its pay-off is easiest to see when a crisis comes, while today's diseases need money every year.

SECTION 4

What has happened so far

2021	G20 leaders set up the Joint Finance and Health Task Force[8]
Nov 2022	The Pandemic Fund is launched by G20 leaders, hosted by the World Bank[20]
19 Aug 2023	G20 health ministers in Gandhinagar welcome the conclusion of the Pandemic Fund's first call for proposals[21]
31 Oct 2024	A Chair's Statement from G20 finance and health ministers lists assessing "debt-for-health" among the Task Force's work[22]
20 May 2025	The World Health Assembly adopts the Pandemic Agreement[15]
25 Jun 2025	Gavi's summit raises more than US$9 billion against a US$11.9 billion target[23]
19 Sep 2025	The amended International Health Regulations enter into force[17]
7 Nov 2025	G20 health ministers meet in Polokwane; their text is a Chair's Statement[7]
21 Nov 2025	Partners pledge US$11.34 billion at the Global Fund's summit in Johannesburg[24]
22 Nov 2025	The leaders' declaration agreed under South Africa's presidency says "We will continue to work with the Pandemic Fund"[9]
22 Jan 2026	The United States completes its withdrawal from WHO[14]
Feb 2026	The Global Fund Board welcomes a final total of US$12.64 billion[2]
1 May 2026	WHO member states agree to keep negotiating the pathogen-sharing annex[16]
18 Sep 2026	WHO reports that the draft political declaration for the UN meeting on pandemics of 25 September 2026 calls for the annex's timely completion[25]

What the G20 has already said

G20 leaders' declaration, agreed under South Africa's presidency, Johannesburg, November 2025:

> *"We emphasise the importance of strengthening domestic resource mobilisation as the primary source of sustainable pandemic PPR financing and ensuring efficient and effective health spending through finance and health coordination."*[9]

The same declaration:

> *"We will continue to work with the Pandemic Fund and other global health funds to catalyse international and domestic investment actions to strengthen pandemic PPR and encourage further contributions to the Pandemic Fund from a diversified donor base."*[9]

SECTION 5

Facts that matter

FIGURE	VALUE	YEAR	REF.
Projected fall in health aid from abroad	30% to 40%	2025 against 2023	1
WHO country offices reporting harm to emergency preparedness	70% of responses	March to April 2025	12
WHO base budget	US$4.2 billion, 22% below the US$5.3 billion first approved	2026 to 2027	13
Global Fund pledges	US$12.64 billion, against a US$18 billion ask	2026 to 2028	2,19
Pledges to the Global Fund from G20 members at the November 2025 summit	US$8.96 billion	2026 to 2028	24
Global Fund country allocations	US$10.78 billion	2026 to 2028	2
Gavi pledges at its summit	more than US$9 billion, against US$11.9 billion	2026 to 2030	23
Expected spending by Gavi's countries on their own immunisation programmes	a record US$4 billion	five years from June 2025	23
Pandemic Fund seed money and grants	US$2 billion raised in its first year; US$885 million granted in two rounds	grants to December 2024	20
Pandemic financing gap found by a G20 panel	US$10.5 billion a year	panel report of 2021	18
Debt turned into health funding by Debt2Health	close to US$500 million of debt, US$330 million for health	since 2007	26
The mpox plan for Africa	close to US$600 million	September 2024 to February 2025	27

SECTION 6

Core tensions

Donors, or countries' own budgets

For countries' own budgets. The WHO Director-General says the crisis holds an opportunity for countries to move from aid dependency towards self-reliance based on domestic resources[1]. The leaders' declaration agreed under South Africa's presidency calls domestic resource mobilisation the primary source of pandemic PPR financing[9], and Africa CDC works for African Union members to "mobilise stronger domestic resources whilst securing complementary, predictable, and better-aligned external financing"[28]. Nigeria raised its health budget by US$200 million to make up for aid shortfalls[1].

For donors. Poorer countries cannot fill the gap overnight. In the 2025 Chair's Summary, finance and health ministers discussed "the disproportionate impact on low- and middle-income countries of the steep decline in development assistance"[3]. In a 2025 WHO survey, up to 24% of responses suggested that budget cuts were already raising what patients pay out of pocket[12].

Prepare for the next pandemic, or treat today's diseases

For preparing now. Emergency preparedness and response was the area WHO country offices most often reported as hit by the aid cuts in early 2025[12]. In April 2025, eight months after the mpox emergency was declared, WHO said over US$220 million was still needed to fill funding gaps in the response[27,29].

For treating today's diseases. HIV, tuberculosis and malaria need money every year, and the Global Fund received less than it asked for[2,19]. Its Board agreed to focus grant funding on the poorest countries with the heaviest disease burdens[2].

WHO at the centre, or outside it

For WHO at the centre. G20 leaders in 2024, in the declaration agreed under Brazil's presidency, reiterated "the central coordinating role of the World Health Organization (WHO) in the global health architecture"[30].

For working outside it. The United States left WHO, citing what it called the organisation's mishandling of the COVID-19 pandemic, its failure to reform and its inability to show independence from the political influence of member states[14]. It remains the Global Fund's largest donor[31].

SECTION 7

Case studies

Mpox in Africa, 2024 to 2025

By August 2024 mpox had begun spreading from the Democratic Republic of the Congo to four neighbouring countries[29]. Africa CDC declared a public health emergency of continental security on 13 August 2024, and WHO declared a public health emergency of international concern the next day[27]. Their joint plan had a budget of close to US$600 million[27]. By April 2025 over a million vaccine doses had reached 10 countries[29], but over US$220 million was still needed to fill funding gaps for the mpox response[29].

What it shows. Money raised after an outbreak starts can fall short[29]. **Question for your group.** Should money for the first days of an outbreak be set aside before it starts, and who should hold it?

The Global Fund's Eighth Replenishment

The Global Fund asked donors for US$18 billion for 2026 to 2028[2,19]. South Africa and the United Kingdom co-hosted the replenishment, and the final total was US$12.64 billion[2]. The United States, its largest donor, committed US$4.6 billion; the United Kingdom pledged £850 million, Germany €1 billion and Canada C$1.02 billion[24]. At the November 2025 summit G20 members together pledged US$8.96 billion[24]. The Board agreed that grant funding would follow strategic shifts that focus resources on the poorest countries with the heaviest disease burdens[2], with defined, predictable transition timelines and increased co-financing[2].

What it shows. Even a successful replenishment can leave a gap, and the Board then has to decide where the money goes first[2]. **Question for your group.** How should a G20 text share the cost of filling gaps like this one?

Nigeria pays more of its own way

After US-funded programmes were suspended in 2025, a committee in Nigeria studied the gaps, and UNAIDS reported that its findings informed the approval of a supplementary budget[32]. WHO reported that Nigeria increased its health budget by US$200 million to make up for aid shortfalls, and named Kenya, Nigeria and South Africa among countries that had put more of their budgets into health or were awaiting parliamentary approval to do so[1].

What it shows. Some countries can move quickly to put more of their own money into health when aid falls. **Question for your group.** What help should countries get to make that move without cutting care?

SECTION 8

Country positions

One row for each of the 21 members. "Stake" and "On the record" come from official sources. "Our reading", in italics, is what we think that record suggests: test it in your research. Where the record is silent, the row says so. Many rows quote what a minister said at Gavi's summit in June 2025; a pledge is not a position on every question in Section 10. The label under each name shows the member's place in the record: donor, left WHO, regional body, or not clear. Bring this section to the summit and tick each row as members speak.

MEMBER	STAKE	ON THE RECORD	OUR READING	MARK
Argentina NOT CLEAR	A G20 member[4].	In February 2026 the WHO Executive Board noted Argentina's notice to the UN Secretary-General that it withdraws from WHO, effective 17 March 2026[33]. In May 2026 the World Health Assembly took note of the communication and decided that "no further action at this stage is desirable"[34].	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Australia DONOR	At the Global Fund's November 2025 summit it maintained its commitment[24].	Its minister for international development told Gavi's summit: "During these turbulent times, Australia is steadfast in our commitment to Gavi."[23]	***Pushes for:*** *Steady funding for the global funds.* ***Allies:*** *Japan, Korea.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing

MEMBER	STAKE	ON THE RECORD	OUR READING	MARK
Brazil NOT CLEAR	Its ambassador co-chairs the WHO working group negotiating the Pandemic Agreement's pathogen-sharing annex[16].	The Rio declaration, agreed under its 2024 presidency, reiterated "the central coordinating role of the World Health Organization (WHO) in the global health architecture"[30].	***Pushes for:*** *Not clear from the record; having held the 2024 presidency, and with its ambassador co-chairing the annex talks, it may back the role of WHO and the annex.* *Not clear from the record: red line, allies. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Canada DONOR	A founding donor of the Global Fund, it pledged C$1.02 billion for 2026 to 2028[24].	Its Secretary of State for International Development told Gavi's summit: "Tackling global health challenges requires strong, united action."[23]	***Pushes for:*** *Joint action through the global funds.* ***Allies:*** *The United Kingdom, Germany.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
China DONOR	It pledged US$18 million to the Global Fund for 2026 to 2028[35].	Its Vice Premier spoke at the World Health Assembly in May 2025[36]. No public statement on financing found.	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
France DONOR	At the Global Fund's summit it said its support remains unchanged[24].	Its health minister told Gavi's summit that "the COVID-19 crisis showed us that we are capable of rising to the greatest challenges together"[23].	***Pushes for:*** *Steady funding for the global funds.* ***Allies:*** *Germany, the European Union.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Germany DONOR	It confirmed a Global Fund pledge of €1 billion[24], and is one of three donors in the Global Fund's debt-for-health swaps[26].	Its development minister told Gavi's summit that "Germany will stay committed to protecting people worldwide from diseases"[23].	***Pushes for:*** *Debt-for-health swaps.* ***Allies:*** *France, the European Union.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
India DONOR	It increased its Global Fund contribution[24], and pledged US$20 million to Gavi[23].	Its health minister told Gavi's summit that India's vaccine manufacturing capacity "contributes to 60% of the global vaccine supply"[23]. Under its 2023 presidency, G20 health ministers welcomed the conclusion of the Pandemic Fund's first call for proposals[21].	***Pushes for:*** *A role for its own vaccine makers in global supply.* ***Allies:*** *South Africa, Indonesia.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Indonesia DONOR	It pledged US$10 million to the Global Fund's Eighth Replenishment in 2026, having first joined as a donor in 2022[37], and US$30 million to Gavi[23]. The Pandemic Fund was launched under its 2022 presidency[8].	Its health minister said its Gavi pledge "reflects our commitment to a healthier and more equitable world for future generations"[23].	***Pushes for:*** *A stronger Pandemic Fund.* ***Allies:*** *India, South Africa.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Italy DONOR	It pledged €150 million to the Global Fund for 2026 to 2028[24].	Its foreign minister announced a contribution of €250 million to Gavi[23].	***Pushes for:*** *Steady funding for the global funds.* ***Allies:*** *France, Germany.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Japan DONOR	It pledged up to JPY 81 billion to the Global Fund for 2026 to 2028, and is its fifth-largest public donor[38].	Its vice-minister told Gavi's summit that "Japan hereby promises to firmly and continuously support Gavi's mission"[23].	***Pushes for:*** *Steady funding for the global funds.* ***Allies:*** *Korea, Australia.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing

MEMBER	STAKE	ON THE RECORD	OUR READING	MARK
Republic of Korea DONOR	It maintained its Global Fund commitment and now qualifies to join a voting group on the Fund's Board[24].	It said it "will make an initial contribution of 50 million US dollars" to Gavi[23].	***Pushes for:*** *Steady funding for the global funds.* ***Allies:*** *Japan.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Mexico NOT CLEAR	The Global Fund lists its pledge for 2026 to 2028 as US$0[39].	No public statement found. Research it.	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Russia NOT CLEAR	A G20 member[4].	No public statement found. Research it.	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Saudi Arabia DONOR	It pledged US$39 million to the Global Fund's Eighth Replenishment, and is the Fund's largest donor in the Middle East[40].	No public statement found. Research it.	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
South Africa DONOR	It co-hosted the Global Fund's replenishment with the United Kingdom and committed US$36.6 million[24].	The Global Fund reported that South Africa's President "underlined Africa's growing leadership in global health" at the Fund's replenishment summit in Johannesburg[24]. Under its 2025 presidency the Health Working Group met eight times[7].	***Pushes for:*** *African leadership and steady funding.* ***Allies:*** *The African Union, India.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
Türkiye NOT CLEAR	A G20 member[4].	No public statement found. Research it.	*Not clear from the record. Research it.*	☐ Ally ☐ Opp. ☐ Swing
United Kingdom DONOR	It holds the G20 presidency in 2027[5]. It co-hosted the Global Fund's replenishment and pledged £850 million[24].	Its Foreign Secretary told Parliament in March 2026 that UK aid is moving to the equivalent of 0.3% of national income by 2027[41]. At Gavi's summit its Foreign Secretary said: "Gavi's global impact is undeniable."[23]	***Pushes for:*** *Global funds, with a smaller aid budget.* ***Allies:*** *Canada, Germany, South Africa.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
United States LEFT WHO	It is the Global Fund's largest donor and committed US$4.6 billion for 2026 to 2028[24].	In January 2026 it completed its withdrawal from WHO[14]. During the year it took to leave, it stopped funding WHO and began moving work it had done with WHO to direct dealings with other countries and organisations[14]. It cited what it called the organisation's mishandling of the COVID-19 pandemic, its failure to reform and its inability to show independence from the political influence of member states[14].	***Pushes for:*** *Bilateral deals and the global funds, not WHO.* ***Red line:*** *A text that commits it to fund WHO.* *Not clear from the record: allies. Research it.*	☐ Ally ☐ Opp. ☐ Swing
European Union DONOR	The European Commission pledged €360 million to Gavi, within a Team Europe pledge of more than €2 billion[23].	Team Europe had pledged nearly €800 million for Gavi's fund for vaccine makers in Africa[23].	***Pushes for:*** *Making vaccines in Africa.* ***Allies:*** *Germany, France, the African Union.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing
African Union REGIONAL BODY	Africa CDC, its health agency, declared mpox a continental emergency in August 2024[27]; Africa CDC says Africa is poised to receive US$234 million of the US$500 million approved in the Pandemic Fund's third call[28].	Africa CDC works for members to "mobilise stronger domestic resources whilst securing complementary, predictable, and better-aligned external financing"[28].	***Pushes for:*** *Predictable funding and more of its own resources.* ***Allies:*** *South Africa, the European Union.* *Not clear from the record: red line. Research it.*	☐ Ally ☐ Opp. ☐ Swing

Invited seats (not members)

World Health Organization. Its base budget for 2026 and 2027 is US$4.2 billion, cut by 22% from the US$5.3 billion first approved[13]; it hosts the secretariat of the G20's finance and health task force[8].

World Bank. Hosts the Pandemic Fund[20]; in November 2025 finance and health ministers welcomed its commitment to update the playbook for financing a pandemic response in 2026[3].

Global Fund. Approved US$10.78 billion for countries in 2026 to 2028[2], focused on the poorest, highest-burden countries[2].

Gavi, the Vaccine Alliance. Hopes to protect 500 million children in 2026 to 2030, and was still raising money towards US$11.9 billion in June 2025[23].

The camps

Large donors to the global funds

The United States, the United Kingdom, Germany, Japan and Canada[24,38].

Other G20 donors to the Global Fund

India, Indonesia, South Africa, Saudi Arabia and China[24,35,37,40].

The role of WHO

G20 leaders reiterated WHO's central coordinating role in the 2024 Rio declaration, agreed under Brazil's presidency[30]; the United States has since left WHO[14].

Africa's own resources, with predictable outside money

The African Union and Africa CDC[28].

SECTION 9

Options on the table

Each option is something the G20 can actually do: commit its own members, call on others, or ask international bodies to act and report. Who may back or resist each option is our reading of the record in Section 8, for you to test in your research.

A. A pooled fund for preparedness

What it is. Members fund one shared pot that pays for disease watch, laboratories and staff in poorer countries before an outbreak. **Who runs it.** The Pandemic Fund, hosted by the World Bank[20]. **Precedent.** The Pandemic Fund, launched in 2022 as a financing mechanism to help low- and middle-income countries prepare for pandemic threats[20]. The 2025 leaders' declaration, agreed under South Africa's presidency, says "We will continue to work with the Pandemic Fund" and encourages more donors[9]. **For.** Its grants of US$885 million had mobilised another US$6 billion by December 2024[20]. **Against.** It had granted US$885 million by December 2024[20], against a yearly gap of US$10.5 billion found by the G20's panel[18]. **May back it.** Indonesia, under whose presidency it was launched[8], and the African Union.

B. Co-financing and domestic budgets

What it is. Countries pay a rising share of the programmes that global funds support, on a fixed timetable. **Who runs it.** The global funds and each country's finance ministry. **Precedent.** Once a country enters Gavi's preparatory transition phase, its contribution rises by 15% a year, until its share of the cost reaches 80%[10], and the Global Fund makes part of its grants depend on co-financing[11]. **For.** Gavi says rising co-financing puts countries on a pathway towards full ownership of their

immunisation programmes[10]. **Against.** In a 2025 WHO survey, up to 24% of responses suggested that budget cuts were already raising out-of-pocket payments[12]. **May back it.** The African Union and South Africa[28].

C. Debt for health

What it is. A creditor and a borrowing country agree to convert part of a debt into health investments[26]. **Who runs it.** The two governments and the Global Fund[26]. **Precedent.** The Global Fund's Debt2Health has turned close to US$500 million of debt into US$330 million for health[26]. A 2024 Chair's Statement listed assessing "debt-for-health" among the G20 Task Force's work[22]. **For.** It turns debt repayments into health spending in the borrowing country[26]. **Against.** Few creditors have taken part: three donors so far[26]. **May back it.** Germany and Australia, two of the three donors[26].

D. Surge money for the first days

What it is. A credit line or reserve that can be released within days of an outbreak. **Who runs it.** Gavi and the development banks, such as the World Bank. **Precedent.** At Gavi's 2025 summit a further US$1.5 billion was committed to give Gavi extra cash, backed by existing donor pledges, for fast access in events such as a major outbreak[23]. In the 2025 Chair's Summary, finance and health ministers noted "gaps in surge financing mechanisms"[3]. **For.** It could fill gaps like the one in the mpox response, which still needed over US$220 million in April 2025[29]. **Against.** It lends against pledges that donors must still pay[23]. **May back it.** Not clear from the record.

E. Make vaccines and medicines in more regions

What it is. Finance for factories in Africa and other regions, so that supplies do not depend on a few countries. **Who runs it.** Gavi, the Global Fund and development banks. **Precedent.** Gavi's African Vaccine Manufacturing Accelerator, for which Team Europe had pledged nearly €800 million[23]. **For.** Supplies stay closer to the places that need them. **Against.** Factories can take years to build, and need buyers once they open. **May back it.** The European Union[23] and the African Union.

SECTION 10

What the communiqué must answer

1. Who pays for pandemic preparedness: donors, global funds, or countries themselves, and in what shares?
2. How fast should countries take over the cost of their own programmes?
3. Which diseases and countries come first when money is short?
4. How does money reach an outbreak in its first days?
5. Should vaccines and medicines be made in more regions, and who pays?
6. Who reports progress, to whom, and by when?

DRAFT PARAGRAPH, AS AMENDED — WEAK, THEN STRONG

> ~~We recognise the importance of pandemic preparedness and call for adequate and sustainable financing for global health.~~ We commit to set out, by the end of 2028, how we will together close the yearly pandemic financing gap of US$15 billion named by the G20's panel, through the Pandemic Fund and our own budgets. We call on the multilateral development banks to set up a surge facility that can release funds within 14 days of a declared emergency, and ask WHO and the World Bank to report progress to our Health and Finance Ministers by October 2028.

WHO ACTS	WHAT	FOR WHOM	HOW LONG	WHO REPORTS
G20 members, and the development banks	*a plan to close the gap; a surge facility*	*low- and middle-income countries*	*by the end of 2028*	*WHO and the World Bank, by October 2028*

The weak paragraph names no one and promises nothing. The strong one commits only G20 members and calls on everyone else. It is an example, not the answer: your group may decide on a different course, or on none.

SECTION 11

Preparation

Your white paper

Write at most 1,000 words, with numbered sources, and send it to your chairs by Monday 31 May 2027 (Rules of Procedure 9.2). Use five parts:

1. Your member's stake, in three numbers with sources.
2. Its position on each question in Section 10.
3. Its red lines: what it will not accept.
4. One draft paragraph in the style of a communiqué, beginning "We commit" or "We call on".
5. Your sources, numbered, official ones first.

Five questions to research for your member

1. Does your member give health aid, receive it, or both?
2. What did it pledge to the Global Fund, Gavi and the Pandemic Fund?
3. Where does it stand on the WHO Pandemic Agreement?
4. What did its health or finance minister say at the G20 or the World Health Assembly in 2025 or 2026?
5. Which members are most likely to agree with it, and which one in the other camp could it win over?

Starter sources

How aid cuts are hitting health services (WHO), reference 12

WHO guidance for countries facing aid cuts, reference 1

The Global Fund's Eighth Replenishment, reference 2

Gavi's 2025 summit, reference 23

The Pandemic Fund, reference 20

The WHO Pandemic Agreement, reference 15

The G20 leaders' declaration of 2025, reference 9

Debt2Health, reference 26

POCKET CARD

Your first hour as a delegate

- [ ] **Roll call.** Hold up your placard and answer "present" when your member is called.
- [ ] **Opening speech.** Give your member's stake in one number, its position, and one thing it wants in the text.
- [ ] **Listen.** As members speak, mark their rows in Section 8: ally, opponent or swing.
- [ ] **First caucus.** Find two allies, one in your camp and one in the other.
- [ ] **By the break.** Bring one clause that names who acts, what they do, and by when.

SECTION 12

Glossary

Co-financing
A country paying part of the cost of a programme that a global fund supports[10,11].

Domestic resources
A country's own money for its needs, raised mainly through taxes.

Epidemic
A rise in cases of a disease well above what is normal in an area.

Gavi
Gavi, the Vaccine Alliance, which helps poorer countries buy vaccines.

Global Fund
The fund that pools money to fight HIV, tuberculosis and malaria.

International Health Regulations
Global rules that set out the rights and obligations of 196 States Parties, including all WHO members, on public health risks[17].

Out-of-pocket payment
Money patients pay themselves at the point of care.

Pandemic
An epidemic that spreads across many countries or the world.

Pandemic Agreement
The WHO agreement of May 2025 on preventing and responding to pandemics[15].

Pandemic Fund
A fund launched by the G20 in 2022, hosted by the World Bank, for pandemic preparedness[20].

Pandemic preparedness
Getting ready before an outbreak: disease watch, laboratories, stockpiles, trained staff and plans.

Replenishment
A round in which donors refill a fund for its next few years.

Surge financing
Money that can be released fast when an outbreak begins.

WHO
The World Health Organization, the UN's health agency.

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