Global Health gets a Vital Injection at the G7 Japan Summit, but not the Cure

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Media Centre – G7 Ise Shima Summit. There is a long tradition of G7 Leaders giving a vital injection of political and financial support to global health. Perhaps the best example is from the 2000 G8 Summit in Okinawa, where G8 leaders agreed to support the establishment of The Global Fund to Fights AIDS, Tuberculosis and Malaria (GFATM). In doing so, they facilitated the creation of the Transitional Working Group to design the new institution, while also pledging an initial funding round of 10 billion USD to help launch the institution's funding efforts. According to the GFATM, the estimated result of this particular leadership injection has been the saving of 17 million lives since its establishment in 2002, with an additional 2 million lives predicted to be saved each year. Moreover, according to the GFATM, the Fund's efforts within participating countries has equated to a 40% decrease in new HIV/AIDS cases, a 29% reduction in tuberculosis, and a 48% decrease in new Malaria infections since 2002. Although a direct causal pathway between these reductions and the interventions of the GFATM is different to determine (due to the fact that national programs also play a huge role), it is clear that the GFATM plays a significant role in improving population health.

Again, as with the 2000 Okinawa Summit, Japan has placed global health high on the Ise-Shima Summit agenda and in their Vision for Global Health, with an explicit aim to continue the momentum garnered at the last G7 Summit in Schloss Elmau, Germany. In particular, the final Leader's Ise-Shima Declaration has restated their fullest support for reinforcing the global health architecture and to strengthening

global response to public health emergencies. The G7 reaffirmed the World Health Organization's (WHO) central role in coordinating rapid and effective response to public health emergencies as well as restating the G7's commitment to the Global Health Security Agenda (GHSA). As part of this overall health security agenda the G7 urged the WHO to rapidly implement its emergency reforms, including the full roll-out of its One WHO approach as well as calling on the international community to support the WHO's new Contingency Fund for Emergency (CFE), which enables an injection of money and technical expertise within 24 hours of a declared emergency. In a continuation of efforts launched in Germany, the leaders in Ise-Shima further endorsed and welcomed the introduction of the World Bank's Pandemic Emergency Financing Facility (PEF) and invited the international community to further lend their financial and technical support to PEF. In a welcome shift of G7 discourse, the G7 Ise-Shima Leaders Declaration also made an explicit request for better alignment of the CFE and PEF initiatives, so as to create a more comprehensive and coordinated global health architecture.

This welcomed call for better program integration was furthered within the final Leaders' Declaration by explicitly linking the International Health Regulations to the GHSA as well as to key health related initiatives, such as the Joint External Evaluation (JEE) tool, the Food and Agriculture Organization's (FAO) food nutrition efforts, the new Health Emergency Program, and the World Organization for Animal Health (OIE). By making a clear link between the IHRs and other health security activities, the G7 has, consciously or unconsciously, suggested that the IHRs are a key mechanism for better organizing global health governance.

This has significant meaning, since by doing so the G7 has effectively supported a policy mechanism that has traditionally generated a high level of 'buy-in' from the World Health Assembly (WHA), the 196 signature countries, as well as a majority of high disease burdened communities. What this signals, when viewed through

optimistic eyes, is a move toward a more legitimate alignment of global health policies, in which the internationally agreed IHRs can help steer and legitimate on-going global health policies.

In terms of a continuance of prior commitments, the G7 also built upon the global health injections given at 2000 Okinawa Summit by pledging full support for the 5th replenishment of the GFATM – to be done at the Montreal GFATM conference in September. In many ways this is crucial for more effective governance, since secured funding will help to foster more consistent program roll-outs and will allow the GFATM to engage in long-term planning and policy alignments.

Yet, arguably the most significant commitment and addition to this year's G7 Summit relates to an explicit recognition for the importance of universal health coverage (UHC) and its necessary connection to health systems strengthening (HSS). UHC is connected to Sustainable Development Goal 3.8 (SDGs), defined by the WHO as the assurance that 'all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.' What is most promising from this year's Declaration is the fact that the G7 positioned UHC as the overarching normative framework in global health. This was done, again intentionally or unintentionally, by bringing key global health initiatives under the umbrella of UHC as the master concept. For example, the G7 positioned the work of both the WHO and the World Bank as having to be representative of an UHC approach to health. In doing so, the Declaration listed key initiatives such as the new World Bank Global Financing Facility for women's, children's and adolescents' health as needing to fit into an overall UHC approach.

However, what is perhaps most promising is the fact that the G7 Declaration has clearly linked the GHSA as being reliant on strengthening health systems, and that UHC is a way of thinking about long-term

global health which can also link the two concepts of security and HSS together. As the official G7 Leader's Summit Declaration states:

'We reiterate our commitment to enhance our support and coordination to strengthen health systems, especially in developing countries, to make them more resilient, inclusive, affordable, sustainable, and equitable ones. To this end, we emphasize the need for a strengthened international framework to coordinate the efforts and expertise of all relevant stakeholders… we support the establishment of UHC 2030 that seeks to ensure the International Health Partnership principles… and to promote and catalyze [through establishing a UN envoy] efforts toward UHC across different sectors.'

The Declaration continues to solidify this link when it states:

'Taking into consideration the pressing need for HSS in Low Income Countries (LICs) and Lower Middle Income Countries (LMICs) where health systems are particularly weak, we are also committed to support country-led HSS in collaboration with relevant partners including the WHO.'

In many ways the implications from these statements about UHC are dramatic. First, by presenting UHC as a master concept in global health, the G7 has effectively signaled their 'buy-in' to SDG 3 as well as to its most ambitious target - 3.8.

Second, the G7 has now also clearly endorsed the UCH 2030 Alliance, which seeks to create a political and coordination forum that can deliver on SDG 3.8. By backing this initiative (if only in words), the G7 legitimates the Alliance's role as a key international health partner and further gives the forum the needed authority to help manage the complexities of global UHC delivery.

Third, it is also important to note the emphasis placed on 'country-led HSS' as a means to effectively deliver UHC. Despite the lack of detail, and the proof will be in the pudding, this statement could represent the kind of normative direction

that many African health experts have been suggesting is needed.

Finally, it is again necessary to underscore the significance of linking HSS to long-term health security, since a failure to due so in the past has often been a criticism – where health security favors surveillance and containment rather than long-term preventative strategies aimed to remove threats through strengthened health systems. Although it is clear that health security is still the dominant motivator throughout the 2016 G7 Declaration, it is nevertheless a welcomed first step towards a more sophisticated and comprehensively long-term strategy.

Where there was less leadership, however, is in regards to the fact that the G7 did not offer financial support to facilitate the UHC 2030 Alliance. As a result, the promise for the Alliance to manage meaningful change will no doubt be challenged.

Furthermore, there was only lukewarm advancement in relation to efforts to combat Antimicrobial Resistance (AMR). This is due to the fact that the G7 leaders only lightly built upon the language of previous commitments to tackle AMR, offering nothing radical in relation to facilitation. Commitment was mainly through highlighting general support for upcoming events: the FAO and OIE AMR related programs; for the One Health Approach; for the 2016 High Level Meetings on AMR at the United Nations; as well as the EU Ministerial One Health Conference; the Tokyo Meeting of Health Ministers on AMR, and; the GHSA AMR Action Package. These recognitions are of course important, and the G7 will send top diplomats to these meetings in order to hammer out important details and commitments. In this regard, although weak on detail, these meetings could offer the opportunity for creating more robust strategies.

However, what is most disappointing in relation to AMR is the lackluster treatment regarding creating research and development opportunities. Whereas other initiatives received more strongly worded commitments, this area was noticeably weak, with the G7 Declaration only willing 'to consider potential for new

incentives to promote R&D', stopping far short of providing any tangible leadership or financial commitment. The only exception was delivered from Britain, who did push R&D during the Japan G7 discussions and who openly pledged over £300 million to finance its national and global support for exploring new collaborations and research.

Consequently, this lack of clear leadership on AMR by the G7 is shortsighted. This is because AMR threatens the prevention and treatment of infections caused by bacteria, parasites, viruses and fungi. The threat of AMR cannot be understated, since it poses a threat to every state and resistance is now reported in all countries that monitor AMR. As one example of the seriousness of this threat, according to the WHO, there have now been 480,000 new cases of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) is now reported in over 100 counties. Another growing concern is AMR bacteria associated with common infections, with growing hospital infections like methicillin-resistant Staphylococcus aureus (MRSA) seriously threatening national health systems. As stated by David Cameron during his G7 press conference, AMR is predicted to be responsible for an excess of 10 million deaths by 2050 and this figure will undoubtedly increase without consistent action. Lastly, there is growing consensus among health professionals that AMR represents one of the most serious threats to long-term global public health and therefore requires much better coordination between all governments.

Nevertheless, all things being equal, it would be churlish not to suggest that the 2016 Japanese Ise-Shima Summit represents a vital shot in the arm for global health. Although it is still to be seen how these G7 commitments will play out in practice, the Leader's Declaration is a welcome change from the usual securitization language often dominant in the global health lexicon. Furthermore, by being embedded into the language of the Declaration, UCH effectively changes the narrative and thus provides additional opportunities that might have otherwise been deemed as too far from current G7 policy. In other words, this summit offers

some needed good news for global health and suggests that once again, like with the creation of the GFATM in Okinawa in 2000, the G7 can give global health the booster shot it needs, and, perhaps, lay the seeds for a more robust and fit-for-purpose global health policy.

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