

The 2015 G7 summit: A missed opportunity for global health leadership

Garrett Wallace Brown
The University of Sheffield

Introduction

G7 Media Centre - Schloss Elmau. It has been recognized for some time that the agenda for the 41st annual Group of Seven (G7) summit was both ambitious and a challenge.

The agenda was ambitious in the sense that it included a considerable number of issues to be addressed, which covered three main areas – the global economy, foreign security (ISIS / Ukraine) and development policy – and several secondary policy areas, including – the protection of the marine environment, global health, supply chain standards, energy security and gender equality.

Whereas the breadth of issues covered on the agenda was daunting from the start, the agenda was equally demanding in terms of the depth of topics for discussion within each policy area. In health, the agenda had multiple sub-areas for

discussion, which included antimicrobial resistance, health system strengthening, child and maternal health, Ebola, as well as the inclusion of 17 neglected tropical diseases.

The ambitiousness of the agenda therefore represented a challenge in that the length of items to cover offered new difficulties for the G7 in generating the type of leadership consensus needed for serious global progress on all of the agenda items. Consensus building was further challenged due to the fact that deliberations were (rightly) broadened to incorporate additional input from African heads of state, which included Ethiopia, Liberia, Nigeria, Senegal, South Africa and Tunisia. Lastly, as in the case of health, the deliberations also involved the inclusion of Margaret Chan the Director General of the World Health Organization (WHO) as well as heads from the other health

determining global institutions (World Bank, IMF, OECD, WTO and UN). In most cases, agenda discussions became lengthened, and, as with many G7 summits before, the agenda quickly became fluid with certain agenda items getting favored status over others. There were also, as usual, more exacting G7 Declaration commitments as well as generalized rhetoric that was light on obligation.

In the end, at least in terms of global health, it could be argued that what started off as a promising set of health related agenda items ended in lukewarm G7 commitments with only moderate gains in the way of G7 global leadership on global health policy.

Why leadership mattered for global health

The rationale for including global public health on the G7 agenda was obvious to anyone who remotely follows recent health related events. The demand for action stemmed from the recent failures for swift concerted action on Ebola as well as the recognition that the chance of

further global pandemics has been increased through processes of globalization.

In terms of Ebola, there remain serious concerns about the ability for global institutions to effectively respond to the next global pandemic. The Ebola epidemic killed over 11,000 people, infecting over 27,000, and there is widespread recognition by the health community that the WHO (and global health governance more broadly) was poorly prepared to fight the outbreak. Particularly, there is agreement that there was a pathetically slow global response to Ebola, that there was ineffective surveillance of the virus despite long-standing knowledge of its potential threat, that the alarm was not raised soon enough, that there was a general lack of health leadership, and that there is a general lack of treatment and vaccines in relation to most diseases, not just Ebola.

Yet, what is most troubling, despite the recognition of these failures, is that there has been little movement to rectify the lack of global preparedness since the Ebola outbreak. As the International President of

Medecins sans Frontieres Joanne Liu suggested when pushing health on the G7 agenda:

‘If a global pandemic were to strike tomorrow, there is still no well-resourced, coordinated international response in place to kick in. The G7 leaders must recognize this gaping hole in our global health system and take concrete action to address it, or risk losing thousands of more lives in the next major epidemic.’

Tied to these rising concerns is the worry of antimicrobial resistance (AMR). AMR is the ability of microbes to resist the effects of drugs. As a result, AMR threatens the prevention and treatment of infections caused by bacteria, parasites, viruses and fungi. AMR poses a threat to every state and resistance is reported in all countries that monitor AMR. As one example of the seriousness of this threat, according to the WHO, there have been 480,000 new cases of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) is now reported in over 100 countries. 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. In many ways, AMR represents one of the most serious threats to long-term global public health and will require considerable coordinated effort by all governments.

Part of the problem with AMR and other epidemics like Ebola, relates to the fact that many health systems are too weak to properly monitor, track and respond to emerging threats. This is compounded by the fact that many diseases are ‘neglected’ by global public health and get inadequate attention until it is often too late to avoid large-scale outbreaks (like in the case of Ebola). In particular, there is a diverse set of WHO recognized neglected tropical diseases (NTDs) that thrive mainly among the poorest populations. It is estimated that 17 of the main NTDs affect more than 1.4 billion people and are endemic in 149 countries.

In other words, the world faces clear public health related collective action problems and there is a pressing need for increased cooperation, coordination and, in relation to the G7 and G20 (which together

accounts for 85-90% of global GDP), more leadership and commitment.

A promising start for global health before Schloss Elmau

Angela Merkel herself stressed the need for G7 leadership on global health, proclaiming ‘the Ebola epidemic was a wake-up call for all of us,’ and it was clear early in her G7 presidency that she would make health a key agenda priority.

In fact, a more progressive G7 agenda on global health had already been sewn by Merkel when Germany and Britain co-chaired the 2014 EU hosted Hague / Brussels G7 summit (after boycotting Russia’s G8 Sochi summit). At the conclusion of the [Brussels summit, the G7 members pledged](#):

‘To address the threat posed by infectious diseases, we support the Global Health Security Agenda and commit to working with partner countries to strengthen compliance with the World Health Organisation’s (WHO) International Health Regulations and enhance health security around the world. We commit to working

across sectors to prevent, detect and respond to infectious diseases, whether naturally occurring, accidental, or the result of a deliberate act by a state or non-state actor. That includes building global capacity so that we are better prepared for threats such as the recent Ebola outbreak in West Africa and working together, in close cooperation with WHO, to develop a Global Action Plan on antimicrobial resistance.’

Perhaps most notably, Merkel’s greatest leadership action on global health came at the launch of Germany’s G7 presidency in Berlin on January 27th 2015, when she pledged 600 million euros over five years to replenish the GAVI Alliance’s child immunization programme. As a result of her pledge, key funders followed suit, with the US pledging 1 billion over four year, the UK pledging \$1.5 billion, the Bill and Melinda Gates Foundation giving \$1.5 billion and with Norway, Canada and China pledging 13.5 billion combined. In total, Merkel’s initiative raised 7.5 billion, which is estimated to be able to save five million lives through an additional 300 million children vaccinated. In addition, Merkel

consulted with several health academics and professionals prior to the G7, such as with members of the *Evidence to Policy Initiative* (EP2i), and made conscious efforts to better engage with health NGOs.

Because of these efforts, Merkel showed an early willingness to take a lead on global health and thus renewed hopes for more ambitious global health policy commitments. The momentum was further advanced by Merkel pressing ahead on support for UN proposals for the better management of health emergencies as well as through her continued support for a WHO programme to tackle antimicrobial resistance. Lastly, just a month before the summit, Germany adopted its own national antimicrobial strategy while encouraging other G7 members to follow suit.

Health and the waning G7 summit

In many ways, what started off as promising momentum for global health going into the G7 summit quickly became a lost opportunity in relation to firming up

G7 leadership commitments to global health.

First, although the G7 declared ‘strong support’ for the new [WHO Global Action Plan on AMR](#), the G7 made no financial commitments for funding the plan or strengthening the WHO. In fact, the G7 Schloss Elmau Declaration offered only slightly more in terms of global health action than what was already worded at the 2014 Brussels summit. This suggests that the G7 was more focused on minor tweaks than renewing firm leadership.

Where more salient commitments were made are in relation to a ‘strong commitment’ by G7 members to the [One Health approach](#), which seeks to incorporate humans, animals, agriculture and the environment into a unified strategy to reduce patterns of AMR. Furthermore, by endorsing the One Health approach, the G7 pledged to base their national AMR plans on this concept, so as to create a more consistent and unified fight against new and existing strains of AMR. The G7 also ‘recognized’ the need to strengthen surveillance of emerging patterns of AMR, partly agreed on the

prudent use of antibiotics ('partly' because they couldn't agree on the definition of antibiotics), recognized the need to raise prevention awareness, and stated a commitment to 'intensifying' G7 dialogue with pharmaceutical, biotechnical and food industries about AMR countermeasures. Lastly, the G7 supported an Independent Review on AMR to foster innovation and called upon their Ministers to pool national resources and hold a future G7 meeting to promote responsible use of antibiotics between relevant stakeholders. In the later cases, there is optimism that these could spark renewed G7 leadership on global health as it relates to the serious threat of AMR.

Second, although the G7 declared that they were committed to preventing future outbreaks, the language of the G7 remained largely focused on security and the securitization of health. For example, the G7 declared a commitment to assist countries to implement the WHO's [International Health Regulations](#) (IHR), yet tied their declaration to the [Global Health Security Agenda](#) and its aim to securitize infectious disease response. Again, like

above, the wording of the Schloss Elmau Declaration closely mirrored 2014 commitment statements, thus signaling that the G7 is firmly committed to a security based approach. Moreover, as with prior statements, the G7 remained committed to reducing Ebola cases to zero and offered 'support' for the WHO's effort to strengthen its capacity to prepare and respond to complex health crises. Yet again, the G7 focus remained largely on security, endorsing the UN Secretary General's 'high-level panel' on Ebola and emergency response as well as 'reaffirming the central role of the WHO for international health security.'

In line with this health security approach, the strongest G7 commitment related to the support for the World Bank's development of a 'Pandemic Emergency Facility' as well as G7 encouragement that this initiative be placed on the G20 agenda. Although no funding commitments were made, the World Bank facility was singled out in Angela Merkel's press conference at the end of the summit, which suggests that the G7 found greatest consensus in the idea of the World Bank taking a larger role

in facilitating more coordinated epidemic response. In terms of representing a successful outcome for global health, the verdict is still out.

Third, the G7 offered commitments to fight NTDs and emphasized the vital role of research in locating new ways to tackle NTDs. Although the language of health security persisted, the G7 did commit to try and build collaboration networks for R & D and highlighted the key role that the WHO Global Observatory and the G7- Academies of Science could play in fostering new R & D efforts. Although funding pledges were not given, nor were governance mechanisms suggested, the addition of NTDs is itself a positive acknowledgment that more must be done if future epidemics are to be averted. For global health advocates, this could represent future opportunity to push a more consistent and comprehensive NTDs program.

Lastly, health system strengthening received continued mention from earlier G7 statements and the G7 reaffirmed its advocacy role for advancing 'accessible, affordable, quality and essential health

services for all.' In addition, the G7 declared that they remained committed to ending preventable child deaths and for improving material health, that they welcomed the success of the GAVI Alliance, supported the ongoing work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and 'looked forward' to replenishing the fund through the 'support of an enlarged group of donors'. Most importantly, the G7 supported the renewal of the Global Strategy for Women's, Children's and Adolescent's Health and 'welcomed' the establishment of the Global Financing Facility in support of '[Every Woman, Every Child](#).' If existing plans for this financing facility go through, and G7 pledges here manifest at some point into robust funding, then this would be a considerable boon for child and material health.

G7 – A missed opportunity?

It would be churlish to dismiss the advances offered by the G7 summit at Schloss Elmau. As highlighted above, the recognition that more should be done to

combat AMR, NTDs and other potentialities for future health epidemics is welcome. In addition, by claiming these priorities as commitments, it does provide some indication of what will be supported by G7 countries within the upcoming UN summit negotiations on 'Financing for Development' in Addis Ababa and the Sustainable Development Goals in New York. Furthermore, the earlier work of Merkel to secure funding for the GAVI Alliance and to recognize the need to strengthen health systems is both timely and a necessary first step. As suggested to me at the G7 by Julia Schilling, Advocacy Manager for *Save the Children*, there are important normative advantages for keeping G7 discussions on health system strengthening going and we should not dismiss the positives associated with this continued dialogue too easily.

That said, in many ways it was Merkel's pre-summit efforts that made the largest impact, which again signals that this was very much a missed opportunity for the G7 to assume a needed leadership role. For example, the G7 could have made a bold financial commitment to strengthen the

WHO as well as to advance governance mechanisms to promote more coordinated R & D programs for AMR and NTDs. This would not have been out of the question, since there are past precedents where the G7 took this kind of leadership role (such as they did in 2000 in Japan when they committed 10 billion dollars as an initial down payment on the creation of the Global Fund).

Furthermore, the securitization of health by the G7 might do little to address the key determinants of health that often cause mass scale epidemics, since security approaches often focus on symptoms rather causes and reduce health system strengthening to issues of containment rather than tackling the root causes of epidemics associated with weak health systems. It is not surprising, for example, that Ebola was most prevalent in African countries that had weakened health systems and it seems rather shortsighted to continue to stutter-step on this key fact about global health. In this way, the declared commitment to health system strengthening still lacks sufficient leadership and seemingly flies in the face



G7 Summit, June 2015

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of the opening sentence of the G7 Leaders Declaration on health, which boldly states that ‘the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.’

Garrett Wallace Brown is Reader in Global Health Governance and Policy in the Department of Politics, University of Sheffield.