

Global health and the G8—is power just too sweet to share?



On July 8, at the Hokkaido Toyako Summit in Japan, G8 leaders—from Canada, France, Germany, Italy, Japan, Russia, UK, and the USA—welcomed the Toyako Framework for Action on Global Health¹ in their leaders' communiqué.² The document was prepared by the G8 Health Experts Group—which was convened by the Japanese Government and which met three times in the months leading up to the 2008 G8 Summit—and has now been endorsed by G8 leaders. The Framework outlines the current situation, the principles for action, and actions to be taken on global health. Although based on the language of diplomacy, thanks to the intense work done by the Japanese Government, the Framework, refreshingly, says something new and different to the usual platitudes that we have come to expect from such international summits.

Predictably, a substantial amount of the Framework focuses on infectious diseases, especially HIV, malaria, and tuberculosis. The document adds little new here. However, the promise to meet its previous financial commitments to support the Global Polio Eradication Initiative, and its pledge to scale-up control of neglected tropical diseases, are welcome, although the resource implications remain unclear.

After the recent Countdown to 2015 conference on maternal, newborn, and child survival in Cape Town,³ it is encouraging to see that some of the resulting calls to action from there, which were directed at the G8, have been included in the Framework. However, disappointingly, the Framework falls short of announcing any new resources for maternal, newborn, and child survival, even though it recognises that domestic and international resources are urgently needed. This omission damagingly undermines the intention of the G8 to prevent the deaths of over 10 million women and children every year—all for a mere additional US\$10.2 billion a year.³

Another disappointment in the Framework is the token reference given to water and sanitation with no real commitment to action. The Framework acknowledges the role of poor access to water and sanitation in neglected tropical diseases, and acknowledges the close relation between the internationally recognised goals on health and safe water and sanitation (and poverty, education, and gender). But as poor access to water

and sanitation accounts for 10% of the global disease burden,^{4,5} it is seriously short-sighted not to give more time, attention, and resources to these basic health needs.

As previously promised by Masahiko Koumura, the Japanese Minister for Foreign Affairs,⁶ the Framework recognises the need for a comprehensive approach to tackling global health issues by strengthening health systems, including the development and retention of human resources. The Framework suggests that health-system evaluation can be monitored through indicators of maternal health, such as access to skilled birth-attendants to help track and assess health-system performance. As for human resources, the Framework notes that to work towards universal access to health services for the most vulnerable and disadvantaged people, the international community must act as a whole, and address the gap in human resources with a sense of urgency. The Framework recognises the importance of the Kampala Declaration and Agenda for Global Action adopted at the First Global Forum on Human Resources for Health in March, 2008.⁷ This declaration articulated the importance of the retention and equitable distribution of health workers. The Framework goes on to say that the G8 encourages WHO work on a voluntary code of practice for the international ethical recruitment of health workers, which is tragically ironic given that at least three G8

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A summit for the self-appointed few?

countries—Canada, the UK, and the USA—have recently been actively recruiting health workers from resource-poor countries.⁸

Such discrepancies between recommendations in the Framework and reality are in danger of undermining the authority and credibility of the document. For example, the Framework states that reproductive health should be widely available. However, the global gag rule imposed by the US Government, which prohibits funding reproductive-health activities if there is the merest suggestion that abortion is an option, obstructs access to reproductive health.⁹

So is this Framework doomed to become yet another example of good G8 intentions—which even then, are only a step in the right direction and nowhere near enough—followed by failed promises? Possibly. But to help provide some degree of accountability, the Framework includes annexes that show how the G8 countries have lived up to their past commitments on global health...or not. The Framework states that such an evaluation is not a one-off and that from now on, there will be an annual review to track progress. Additionally, the Japanese Government is committed to continuing to work on the principles and actions outlined in the Framework and is organising a conference with major stakeholders, including WHO, the World Bank, and the Bill & Melinda Gates Foundation, for later this year.

But it is important to conclude too that one of the biggest obstacles to progress is the G8 itself. In 2008, it seems preposterous and unjust to allow the leaders of eight countries that command 65% of the Gross World Product¹⁰ and represent only 13% of the world's population¹¹ to assume the mantle of governance about issues that concern the entire world's economy, environment, health, and security. The dreadful failure of the 2005 G8 Summit in Gleneagles, despite the promises of both Tony Blair and Gordon Brown, and

other G8 leaders, to come anywhere near tackling the root causes of poverty¹² suggests that the allocation of political power to a self-appointed few does not benefit the voiceless many.

Although there is much to support in the G8 Toyako Framework for Action on Global Health, including the fact that it has been written by a respected group of international health experts, delivery will demand a new era of partnership and power sharing with countries. There is no sign yet that any nation is willing to lead such a revisioning of purpose for the world's institutions. Democracy for health should be the rally cry for the G8. But power seems too sweet a taste to share.

**Rhona MacDonald, Richard Horton*
The Lancet, London NW1 7BY, UK
 rhona.macdonald@lancet.com

- 1 The Toyako Framework for Action on Global Health. July 8, 2008. <http://www.g8summit.go.jp/eng/index.html>.
- 2 The G8 leaders' communiqué. July 8, 2008. <http://www.g8summit.go.jp/eng/index.html>.
- 3 Countdown to 2015. G8 action urged to avert six million mother and child deaths every year. April 19, 2008. <http://www.countdown2015mnch.org/documents/pressreleaseg8calltoactionfinal.pdf> (accessed July 6, 2008).
- 4 WHO. Safer water, better health. 2008. http://www.who.int/quantifying_ehimpacts/publications/saferwater/en/index.html (accessed July 6, 2008).
- 5 The Lancet. How to prevent a tenth of the global disease burden. *Lancet* 2008; **371**: 2145.
- 6 Koumura M. Global health and Japan's foreign policy. *Lancet* 2007; **370**: 1983–85.
- 7 WHO. The Kampala declaration and agenda for global action. 2008. <http://www.who.int/workforcealliance/Kampala%20Declaration%20and%20Agenda%20web%20file.%20FINAL.pdf> (accessed July 6, 2008).
- 8 Mills E, Schabas W, Volmink J, et al. Should active recruitment of health workers from sub-Saharan Africa be viewed as a crime? *Lancet* 2008; **371**: 685–88.
- 9 Population Action International. Access denied. US restrictions on international family planning. <http://www.globalgagrule.org> (accessed July 8, 2008).
- 10 Wikipedia contributors. G8. July 6, 2008. <http://en.wikipedia.org/wiki/G8> (accessed July 6, 2008).
- 11 G8-alternative-summit.org. G8 2007: there are alternatives. June 5–7, 2007. <http://www.g8-alternative-summit.org> (accessed July 8, 2008).
- 12 Make poverty history. <http://makepovertyhistory.org> (accessed July 8, 2008).