

G8 meeting disappoints on global health

Despite the confirmation of financial commitments for infectious diseases and health systems at the G8 meeting in Japan last week, campaigners were left cold by the lack of fresh pledges on other key issues, such as maternal and child health and water and sanitation. Justin McCurry reports.

A combination of mild optimism and dismay greeted the pledges on health and African development made at last week's G8 meeting in Japan. The mixed response came in the context of mounting concern that the world's wealthiest countries are renegeing on commitments made towards meeting the health-related Millennium Development Goals (MDGs) agreed by the group in Gleneagles, Scotland, 3 years ago.

In this year's communiqué, after 3 days of talks in Lake Toya, Toyako, the G8 leaders from Canada, France, Germany, Italy, Japan, Russia, the UK, and the USA recommitted themselves to doubling overseas aid to US\$50 billion by 2010, half of which will go to Africa.

Fears that the G8 would fail to set a deadline for increasing health spending by at least \$60 billion—agreed last year in Heiligendamm, Germany—proved unfounded after the leaders signed up to a 5-year programme to tackle infectious diseases and improve health systems in developing countries.

In their communiqué, the G8 leaders said they were "determined to honor in full their specific commitments to fight infectious diseases, namely malaria, tuberculosis, polio and working [sic] towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010"—a reaffirmation welcomed by WHO.

Although he noted that the world was "very much delayed" in meeting MDGs on child and maternal health, WHO spokesman Dick Thompson said: "these goals, together with the MDG on HIV, TB, and malaria, cannot be achieved without functioning health systems, including an adequate number of trained health workers."

"We need the G8's commitment to fight against the major three infectious diseases, particularly HIV/AIDS, to be sustained, and welcome the reaffirmation of G8's intention to do so in a comprehensive way." He added that the "prevention of HIV

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transmission from mother to child will reduce child mortality".

But the pledge failed to impress some aid agencies. "On the most generous assumption this represents a minimal increase; it may represent a decline", Oxfam International said. "Either way it falls at least \$30 billion short annually of what is needed."

It remains to be seen exactly how widely the funding will be spread. If, for example, \$10 billion a year goes only on infectious diseases, then the Toyako plan would represent

an increase of \$3 billion a year, said Max Lawson, senior policy adviser at Oxfam International. "But that is the most generous assessment", he said.

Lawson was encouraged, however, by the decision to keep the \$60 billion figure in the communiqué, despite reported opposition from France and Italy. He added that the agreement on a timeframe for the \$60 billion injection, while still short on detail, "demonstrated to the G8 that they cannot sidestep promises on health. There was progress on health and the big aid promises, but ultimately we need a bigger pie."

"The aid package is very relevant to health, although, unless the aid pie grows there will be serious problems. But if we see aid going up, then as long as health retains its share we could see substantial new resources."

Health-worker plan

The G8 committed itself to increase coverage of the health workforce to 2.3 workers for every 1000 people—a



The G8 leaders signed up to a 5-year plan to tackle infectious diseases and improve health systems

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Reuters

Japan's Prime Minister Yasuo Fukuda speaking at last month's TICAD conference in Yokohama

commitment that will begin in Africa, where the shortage of qualified health professionals is estimated at 1.5 million.

It also voiced support for WHO's efforts to draw up a code of practice for the ethical recruitment of health workers despite evidence that Canada, the UK, and the USA, among other nations, continue to hire workers from resource-poor countries.

But missing from the final document were the financial commitments needed to enact plans to employ those health workers, improve access to clean water and sanitation, tackle malnutrition, and speed up the woefully slow progress made on targets for child mortality and maternal health (see panel).

Japan's take

Takehiro Kano, senior coordinator for global affairs at the Japanese foreign ministry, said the summit "could have been better" given that Japan had made more explicit pledges on health and water and sanitation at the Fourth International Conference on African Development (TICAD IV) in Yokohama just over a month earlier.

On the eve of that meeting, the Japanese Prime Minister, Yasuo Fukuda, pledged \$650 million over several

years to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has saved an estimated 2.5 million lives since it was set up in 2002.

Japan also said it would support the provision of safe drinking water to 6.5 million people in Africa over 5 years, a crucial measure that never made it into the G8 communiqué.

Though the G8 agreed in this, the International Year of Sanitation, to "accelerate the achievement of the internationally agreed goals on water and sanitation", there was little indication of how the measures would be funded, and no more than a general agreement to pressure national governments to prioritise access to sanitation.

Kano conceded that time constraints and opposition from some G8 members had stifled attempts to include more detail on finances for neglected health MDGs and the human resources for health crisis. "We did try, but because of national budget implications our G8 colleagues expressed their concerns, understandably so", he said.

Infectious diseases

The G8 leaders did, however, reiterate their commitment to eradicating polio through the Global Polio Eradication Initiative, and vowed over the next

3–5 years to reduce the burden of neglected tropical diseases among at least 75% of the estimated 1 billion people affected by these diseases worldwide.

There was also support for lifting travel restrictions on HIV-positive people in more than 70 countries, including the USA and Russia.

Moreover, the G8 said it would provide, by the end of the decade, 100 million long-lasting insecticide treated bednets to combat malaria—a disease that kills more than 1 million people a year, mainly in Africa.

However, these and other key commitments were made against a backdrop of global economic slowdown and falling aid budgets.

Disappointment

Although it successfully pressed other countries to include the MDG on maternal and child health in the final G8 communiqué, Japan actually plans to shrink its annual aid budget by 2–4% through to 2011.

"To persuade taxpayers and political leaders we have to raise awareness, and the situation is largely the same in other G8 countries", Kano said. "They all have pressure from African nations to do more, but they also have to be accountable domestically."

One G8 source confided that there was "considerable disappointment" that references to maternal and child health, as well as water and sanitation, received only a passing mention in the communiqué.

On maternal and child health, the G8 leaders said: "We reiterate our support to our African partners' commitment to ensure that by 2015 all children have access to basic health care...The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs, to improve access to health care, including preventing mother-to-child transmission."

"Infectious diseases drowned out newborn and maternal health", said

the source, who asked not to be named. "But we are optimistic and hope the Italians complete our unfinished business next year."

The Toyako Framework for Action on Global Health, although praising the progress made on HIV/AIDS, tuber-

culosis, malaria, and polio, conceded that maternal and newborn health has been neglected. "There has been significant progress in reducing vaccine preventable diseases, notably measles, yet malnutrition still contributes to half of all child deaths", said the report,

which was written by an international panel of experts and submitted to the leaders at the summit. Referring to the report, the source said: "In many respects the health experts' report is incomplete...in the end it all comes down to financial commitments and action."

Panel: Maternal health and child health make it into the G8 statement

One of the few health-related bright spots in an otherwise disappointing G8 summit was the mention for the first time of maternal, newborn, and child health in the final communiqué.

Last week, in Japan the G8 countries conceded that some developing countries were "seriously off-track" in achieving the Millennium Development Goals on maternal and child health. 3 years ago, the G8 committed themselves to cutting child mortality among those younger than 5 years by two-thirds from 1990 levels by 2015 and reducing, by three-quarters, the maternal mortality rate over the same period. However, as of the end of 2006, only US\$3.5 billion—a third of the annual amount needed—had been invested in maternal, newborn, and child health, according to one estimate.

A failure to include any reference to these key MDGs would have been considered a disaster by Japan, whose Prime Minister, Yasuo Fukuda, had made it his personal mission to persuade G8 partners to step up their effort on health. Japan's postwar experience, Fukuda told his G8 partners, was proof of the sweeping social and economic benefits to be gained from reducing maternal and child mortality. Both dropped dramatically in the years that followed the introduction, in the mid-1940s, of more local nurses and midwives, as well as the Maternal and Child Health Handbook—a guide to child care provided free-of-charge to all Japan's expectant mothers.

Japan invested \$149 million in maternal, newborn, and child health in 2006, but campaigners say that commitment has to be matched by more of the country's G8 partners. "Japan knows from experience that by placing mothers and children first, a country can build a strong health care system and long-lasting development", said Makoto Yaguchi of the Japanese Organisation for International Cooperation in Family Planning.

However, the G8 leaders who met in Toyako last week avoided answering the question of how the maternal and child health initiatives are to be funded. The Partnership for Maternal, Newborn and Child Health had called on the G8 to commit the \$10.2 billion a year to reduce child mortality and improve maternal health, particularly at a time when rising food and energy prices are threatening to increase poverty and malnutrition among women and children. In a recent report the partnership—a coalition of 250 organisations—said an estimated 3.5 million children and 100 000 pregnant women and mothers die every year from illnesses caused by malnutrition.

Médecins Sans Frontières (MSF), meanwhile, charged the G8 with failing to address malnutrition among children, saying its omission posed a threat to efforts to reduce deaths among small children. "As concerns the G8 leaders statement on global food security, there is no indication that they understand that food aid as currently practised fails to meet the needs of a significant portion of the most vulnerable—children under 2 years of age", said Susan Shepherd, nutritional adviser for MSF's Access to Essential Medicines Campaign.

"Until political leadership commits to sustained and concrete steps towards scaling-up the effective treatment of childhood nutrition, there will be no real progress towards reducing childhood mortality...While it is true that infections can lead to a state of malnutrition, it is equally true that inadequate food leads to malnutrition, leads to infections. Just focusing on health-care programmes to combat infectious disease is not likely to be successful in halving childhood mortality."

Yaguchi said that to make good on their promises, the G8 countries would need to make a "serious financial commitment, but it isn't clear if they are going to pledge more than they have already pledged". While she praised Japan's insistence on putting maternal and child health nearer the top of the G8 agenda, she called on the government to abandon its policy of reducing overseas development assistance by 2–4% a year. "This change hasn't been made, so I am doubtful that they will increase funding in a substantial way", she said.

The UN Population Fund, meanwhile, urged the G8 to place greater emphasis on family planning and reproductive health as it struggles to live up to its millennium health promises. "Preventing unwanted pregnancies through voluntary family planning and guaranteeing people's right to reproductive health can help slow population growth and moderate its environmental impact", said Safiye Cagar, the Fund's director for information and external relations. "Voluntary family planning programmes have a record of success in slowing population growth and saving women from dying in childbirth." According to the Fund, more than 200 million women in developing countries would like smaller families, and demand for contraceptives is expected to rise 40% over the next 15 years. Even so, global funding for family planning stands at \$551 million a year, less than half the amount needed, the Fund said.

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Panos Pictures

When will the G8's aid promises reach Africa?

Despite the clear need for action, several G8 countries have actually reduced their financial commitments to maternal and child health in recent years. Italy's funding slid from \$21 million in 2003 to less than \$3 million in 2005, while France's plummeted from \$43.7 million in 2003 to \$8.7 million in 2006.

Could do better

The omission of substantial spending pledges in the final Toyako document drew a withering appraisal from the Global Health Committee of the 2008 G8 NGO Forum, which awarded the summit a grade "C-" for its overall pledges on health and a "D" for financial commitments.

Other campaigners were equally scathing about the lack of progress on health and development goals, particularly those with looming deadlines. "With 2 years to go to the 2010 deadline, G8 leaders now have to deliver the \$50 billion in new assistance they pledged in Gleneagles", said Charles Abani, Pan-Africa advocacy director for Oxfam International.

"The poor of Africa will find little solace in the G8's evasion tactics. Only when they come through with

the \$25 billion for Africa will we have cause to celebrate."

That level of pessimism is rooted in figures showing that the G8 will fall \$30 billion short of its 2010 promise at the potential cost of as many as 5 million lives, mostly among the 30 000 children who die each day from causes related to extreme poverty.

According to Oxfam, G8 countries set aside a smaller percentage of their

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economies to aid than they did in the 1960s. In 2007, for example, the G8 as a whole gave 14% less than they did in 2006.

Reason to be hopeful?

Some found cause for optimism amidst the general despondency surrounding the summit. The decision made in Toyako to implement a follow-up mechanism to gauge progress on health pledges first discussed at the G8 summit in St Petersburg 2 years ago, received praise from many quarters.

Kano of Japan's foreign ministry insisted that the new commitment would force donor countries to be more accountable. "This is not a process that will end after a year", he said. "It will continue in revised form every year and show us what's missing and give us an idea of the financial implications."

Makoto Yaguchi, a spokeswoman for the Japanese Organisation for International Cooperation in Family Planning, said: "It means that the G8 countries have to report back to at least the next summit on what they have done in the global-health area."

Next year's summit will be held in Italy which, along with France, was singled out for their reluctance on health pledges, while Canada, too, reportedly pushed hard to keep fresh commitments out of the final communiqué.

The Canadians, of course, will host the all-important summit in 2010, by which time a much clearer picture will have emerged of how near—or far—the G8 countries are to fulfilling their promises. As Oxfam's Lawson put it: "They know they are holding a potential time-bomb."

Justin McCurry