

THE HEALTH AGENDA IN THE LAST G7 SUMMITS

AN OVERVIEW OF THE RESULTS ACHIEVED AND UNFULFILLED COMMITMENTS



COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

STRENGTHENING OF HEALTH SYSTEMS

	L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014	Schloss Imau 2015	Ise-Shima 2016	Taormina 2017	
	<p>Confirm the commitments already made, including the investment of 60 billion dollars to combat infectious diseases and strengthen health systems by 2012.</p> <p>Take action regarding the scarcity of specialised health workers in the so-called developing countries.</p>	<p>Increase the number of trained medical personnel and set up a network dedicated to health innovation.</p> <p>Foster the strengthening of health systems as an instrument to improve the health of mothers, children and newborns.</p>				<p>Respond to the Ebola emergency, supporting the Global Health Security Agenda, and cooperate with countries so that they meet the International Health Requirements (IHR) of the WHO.</p> <p>Work on the prevention, identification and monitoring of any epidemic breeding grounds.</p>	<p>Assist at least 60 countries, including those of West Africa, over a five-year period, with the aim of developing the capabilities of each country and furthering existing partnerships.</p> <p>Create health support systems that are adequate for migrants and refugees, eliminating the current shortfalls.</p>	<p>Strengthen the mechanisms for responding to health emergencies.</p> <p>Offer practical assistance, supporting 76 countries and regions so that they meet the IHR of the WHO.</p> <p>Strengthen the health systems, supporting schemes such as the Healthy Systems, Healthy Lives Roadmap.</p> <p>Provide services to protect and improve the health of individuals throughout their lives.</p>	<p>Reiterate the importance of strengthening health systems and preventing health systems from collapsing during humanitarian and public health emergencies and effectively mitigate health crises, in line with the previous G7 and G20 commitments and 2030 Agenda for Sustainable Development and its SDGs.</p> <p>Commit to improve the safety and security of health workers and facilities during emergencies and in conflict-affected areas by upholding International Humanitarian Law.</p> <p>Reiterate the commitment to build our International Health Regulations (IHR) core capacities and to assist 76 partner countries and regions to do the same.</p>	<ul style="list-style-type: none"> • Despite some progress, increases in the number of people employed in the health sector are still insufficient. According to WHO, out of the 186 countries taken into consideration, 83 (44.6%) do not meet the threshold of 22.8 skilled health professionals per 10 000 population to achieve relatively high coverage for essential health interventions¹. • By 2030 there will be a projected shortage of 18 million health workers to achieve the Sustainable Development Goals, mostly in low- and lower-middle-income countries¹. • A positive signal is the approval of the “Global Strategy on Human Resources for Health: Workforce 2030” that addresses, in an integrated way, all aspects ranging from planning, education, management, retention, incentives, linkages with the social service workforce³. • One of the most important challenges right now is the observation of the IHR of the WHO. No less than 84 of the 196 member states of the WHO have requested and obtained an extension of the deadlines to the end of 2016, in order to be in line with the basic requirements stated in the regulation. There are still considerable shortcomings in the ability to react rapidly, monitor and respond to health emergencies⁴. • A positive signal is the approval of the Health Systems – Healthy Lives roadmap as a basic starting point for fostering coordinated unified action for strengthening health systems⁵. • As regards the monitoring of commitments relating to the strengthening of health systems, something of concern is the lack of common guidelines to measure the support of the G7 countries in pursuing this objective⁶.

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

FIGHTING AIDS, TB AND MALARIA

L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014
<p>Implement further efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for HIV/TB.</p> <p>Counter any form of stigma, discrimination and breach of human rights; promote the rights of people with disabilities and the elimination of travel restrictions on people with HIV/AIDS.</p>	<p>Come as close as possible to universal access to prevention, treatment, care and support for HIV/AIDS.</p> <p>Support efforts to achieve this aim by making the third voluntary replenishment conference of the Global Fund to Fight AIDS, TB and Malaria in October 2010 a success.</p>	<p>Continue to support the Global Fund to fight AIDS, Tuberculosis and Malaria.</p> <p>Welcome the Patent Pool Initiative launched by UNITAID in order to facilitate the production of affordable broad-spectrum medicines suitable for use in resource-poor settings.</p>			<p>Reaffirm commitment to an AIDS-free generation and to the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to reduce the burden of these three major infectious diseases on eligible countries and regions</p>

Schloss Imau 2015	Ise-Shima 2016	Taormina 2017
<p>Fully support the Global Fund to fight AIDS, Tuberculosis and Malaria, in view of its replenishment in 2016.</p>	<p>End AIDS, tuberculosis and malaria, working in partnership with the Global Fund and others. To this end, fully support the 5th Global Fund replenishment process.</p>	<p>Confirm the previous commitments to end the epidemics of HIV/AIDS, malaria and tuberculosis by 2030 through the support to the Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNITAID.</p> <p>Look forward to the High Level Meeting on Tuberculosis in 2018.</p>

<ul style="list-style-type: none"> Antiretroviral therapy has reached a global coverage of 53% (June 2017). The main factor that has led to a decrease in mortalities related to AIDS, which fell from 1.5 million in 2010 to 1 million in 2016 (-33%), was improved access to treatment. Improvements have been substantial in areas of the world with the most cases of HIV/AIDS, especially in South and East Africa, where coverage rose from 24% in 2010 to 60% in 2016, reaching a total of 11.7 million people. However, new HIV infections are rising at a rapid pace in countries that have not expanded health and HIV services to the areas and the populations where they are most effective. In Eastern Europe and Central Asia, new HIV infections have risen by 60% since 2010 and AIDS-related deaths by 27%⁷. Ignorance and prejudice continue to weigh on the overall balance. At the beginning of 2016 there were 72 countries with laws that specifically allow discriminatory attitudes towards people with HIV. Another critical factor is the high percentage (54%) of HIV-positive people who are unaware of their condition⁸. Between 2010 and 2015, the malaria incidence rate fell by 21% globally and in Africa. During the same period malaria mortality rates fell by an estimated 29% globally and by 31% in Africa⁹. 74.6% of the mosquito nets treated with long-lasting insecticide (LLINs) distributed through the Global Fund were provided thanks to the G7 countries¹⁰. TB remains the world's top infectious killer and the only drug-resistant disease spread through the air. For the third year in a row, TB remains the world's single largest infectious killer, with 1.7 million deaths in 2016 (including 0.4 million among people with HIV). While drug-resistance is often thought to develop due to a failure of medication, new studies show airborne transmission is becoming the driving force behind drug-resistance¹¹. Drug-resistant TB (DR-TB) is a driver of global antimicrobial resistance (AMR); the AMR Review estimated that TB will account for one in four deaths from drug-resistant infections by 2050. We will never reign in drug-resistance more broadly if we fail to tackle TB. Globally, TB incidence is falling at about 2% per year, this needs to accelerate to a 4-5% annual decline to reach the 2020 milestones of the End TB Strategy. Between 2004 and 2013, 72% of financing by international donors for the fight against TB was channelled through the Global Fund¹². In September 2018 will take place the first-ever United Nations High-Level Meeting on TB. G7 contributions to the Global Fund increased by 72% between 2006 and 2015¹³. At the fifth replenishment conference of the Global Fund held in September 2016, the G7 countries donated USD 9.2 billion, out of a total of USD12.9 billion allocated overall for the three-year period 2017-2019¹⁴. The Global Fund asked donors to invest at least USD13 billion¹⁵. As of October 2017, the MPP has signed agreements with nine patent holders for thirteen HIV antiretrovirals, one HIV technology platform, a tuberculosis treatment and two hepatitis C direct-acting antivirals. Twenty generic manufacturers and product developers have now signed MPP sublicensing agreements¹⁶.
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COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

	L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014
POLIOMYELITIS	Complete the process of eradicating poliomyelitis.	Confirm the fight for a polio-free world.	Renew the commitment supporting the Global Polio Eradication Initiative.			
NEGLECTED TROPICAL DISEASES	Combat the spread of neglected tropical diseases through a comprehensive integrated approach.	Continue to support the control and elimination of neglected tropical diseases.				
ANTIMICROBIAL RESISTANCE						Work in close cooperation with the WHO to develop a Global Action Plan on antimicrobial resistance.

Schloss Imau 2015	Ise-Shima 2016	Taormina 2017	
	Eradicate poliomyelitis.	Sustain previous commitments to eradicate polio through support to the Global Polio Eradication Initiative.	<ul style="list-style-type: none"> Substantial successes in eradicating poliomyelitis have been achieved. Polio remains endemic in three countries Afghanistan, Nigeria and Pakistan. Until poliovirus transmission is interrupted in these countries, all countries remain at risk of importation of polio, especially vulnerable countries with weak public health and immunization services and travel or trade links to endemic countries.
Promote research & development, investing in prevention and control, in order to achieve the elimination objectives planned for 2020.	Foster research & development to protect, disseminate and discover new remedies.	Sustain previous commitments to eradicate polio through support to the Global Polio Eradication Initiative.	<ul style="list-style-type: none"> The progress in the prevention and cure of Neglected Tropical Diseases or NTDs has been negligible. The G7 countries have obtained an overall score of +0.11 on a scale of -1 to +1, with the lowest scores being found in Italy, Japan, United Kingdom and United States¹⁷.
Develop and implement national Action Plans, also supporting other countries in doing the same. Support the One Health Approach (human, animal and environmental health) and foster cautious use of antibiotics.	Strengthen and actively implement the multi-sector One Health Approach. Identify potential new incentives that encourage R&D in this area.	Confirm and strengthen existing G7 commitments on AMR, guided by the One Health approach. Welcome the establishment of the Global Collaboration Hub on Research and Development on AMR. Agree to support this Hub by joining the interim board of members and actively inputting into the design of the Hub. Promote R&D for new antimicrobials, alternative therapies, vaccines and rapid-point-of care diagnostics, in particular for WHO-defined priority pathogens and tuberculosis. Look forward to the report to the United Nations General Assembly on AMR. Support low and middle income countries to improve their access to effective prevention, diagnosis, and treatments as well as their surveillance capability in both human and animal health sectors.	<ul style="list-style-type: none"> In G7 countries there has been an increase in the levels of resistance due to the overuse of antibiotic medicines and improper control of the procedures. The cumulative score for the implementation of national action plans is 0.75 on a scale of -1 to +1. Particularly poor was the commitment of Italy¹⁸, which had one of the highest levels of resistance in Europe¹⁹. In 2017, G7 countries agreed to support the Global Collaboration Hub on Research and Development on AMR by joining the interim board of members and actively inputting into the design of the Hub²⁰.

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

SEXUAL AND REPRODUCTIVE HEALTH

L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014
Promote gender equality as a key issue for aid effectiveness and to reduce poverty. Support the building of a global consensus on maternal, newborn and child health as a way to accelerate progress of the Millennium Development Goals for both maternal and child health.	Prevent maternal mortality with better access to strengthened health systems and Sexual and reproductive health (SRH) care and services, including voluntary family planning. Take action on all factors that affect the health of women and children. This includes addressing gender inequality, ensuring women's and children's rights, and improving education for women and girls. Promote the integration of HIV and SRH rights and services within the broader context of strengthening health systems.	Improve maternal health and reduce child mortality by delivering the Muskoka commitments. Support the recommendations of the Commission on Information and Accountability for Women's and Children's Health established by the WHO at the request of the UN Secretary General ²¹ .	Report transparently and consistently on the implementation of the commitments to global health, including those made at the L'Aquila Summit and the Muskoka Initiative on maternal, newborn and child health. Condemn and vow to stop violence against and the trafficking of women and girls.	Sexual violence in armed conflicts represents one of the most serious forms of violation or abuse of human rights, international and humanitarian law. Prevent sexual violence in armed conflict as a matter of upholding universal human rights and of maintaining international security, in keeping with UN Security Council Resolution 1820.	Promote gender equality to end all forms of discrimination and violence against women and girls, to end child, early and forced marriage and to promote full participation and empowerment of all women and girls. Remain committed to the Muskoka Initiative and take up the call made at the Saving Every Woman, Every Child Summit in Toronto to accelerate progress on this global priority. Ensure sexual and reproductive health and rights, as well as ending child, early and forced marriage and female genital mutilation and other harmful practices.

WHAT RESULTS WERE ACHIEVED?

Schloss Imau 2015	Ise-Shima 2016	Taormina 2017
Reaffirm the commitment to continue to promote gender equality as well as full participation and empowerment for all women and girls. Strongly condemn all forms of sexual violence in conflict. Support the renewal of the Global Strategy for Women's, Children's and Adolescents' Health as well as the establishment of the Global Financing Facility in support of "Every Woman, Every Child". Support the partners in the so-called developing countries and within the G7 countries to overcome discrimination, sexual harassment, violence against women and girls and other cultural, social, economic and legal barriers to women's economic participation.	Launch tangible initiatives at national and international levels, in line with the G7 Guiding Principles for Capacity Building of Women and Girls, in order to achieve gender equality and respect of human rights for women and girls, supporting them in reaching their full potential ²² .	Reaffirm the commitment to address sexual and gender-based violence, including harmful practices such as child, early and forced marriage, and female genital mutilation, in line with SDG 5.2 and 5.3, and human trafficking, including for the purpose of sexual exploitation. Invest in children and adolescents' education, including children and adolescents' gender and diversity-sensitive sexuality education, programmes, and tools. Commit to promote and invest in the health and protect the rights of women, children and adolescents, in line with the UN Global Strategy for Women's, Children's and Adolescents' Health and the G7 Roadmap for a Gender-Responsive Economic Environment. Invest in women, children and adolescents' education, improving their health literacy, skills, and capacities. Reaffirm the commitments regarding the promotion of gender equality in all areas, including the health policy sector, and Promote women's and adolescents' rights related to health and health care as adopted at the G7-Summit in Taormina in 2017 in the G7 Roadmap for a Gender-Responsive Economic Environment. Commit to respecting, protecting and fulfilling women's, children's and adolescents' right to the enjoyment of the highest attainable standard of physical and mental health, without discrimination. Commit to take concrete actions to strengthen health systems, policies, laws and programs that support their empowerment.

- Report the resources allocated to implementing the policy on RMNCH as of 2014.
- Support of the resolutions of UNGA and HRC on Forced and Early Marriages (FEM) and Female Genital Mutilations (FGM) including the first substantial HRC resolution of 2015 and the joint programmes set up to put an end to harmful practices in more than 25 countries, where at least one of them is present, and provide support for girls who are already married.
- Adopt a specific objective on gender equality in the SGDs, which includes elimination of harmful practices; support for the two joint programmes of UNFPA and UNICEF of which one is aimed at eliminating FGM in 17 countries.
- Little more than 50% of the funds has been allocated to the RMNCH, equivalent to a result considered "moderate" by the G7 countries and which therefore requires further efforts.
- Monitoring and reporting the national progress regarding FEM and FGM.
- Adoption of a "G7 roadmap for a Gender - Responsive Economic environment". It focuses on the structural policies falling within the G7 central governments' jurisdiction that are likely to have the greatest impact in delivering gender equality through enabling women's labour force participation, entrepreneurship, economic empowerment and thus their full and equal participation in society.

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

MATERNAL AND CHILD HEALTH AND IMMUNIZATION

L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014
Foster the health of mothers, newborns and children, in order to speed up progress in the pursuit of the Millennium Development Goals.	Muskoka Initiative: mobilise 5 billion dollars in five years.	<p>Monitor and implement the Global Strategy for Women's and Children's Health.</p> <p>Support the Gavi Alliance, especially its pilot project on pneumococcal vaccines (such as those for the prevention of pneumonia, meningitis and septicaemia).</p>			<p>Continue to support the Muskoka Initiative.</p> <p>Ensure universal access to health services and education, improving nutrition and access to immunisation..</p>

Schloss Imau 2015	Ise-Shima 2016	Taormina 2017
Support renewal of the Global Strategy for Women's, Children's and Adolescents' Health and the establishment of the Global Financing Facility for Every Woman, Every Child.	Renewed support for: Global Financing Facility for Every Woman, Every Child; Gavi Alliance; Global Strategy for Women's, Children's and Adolescents' Health.	<p>Support key global initiatives such as Gavi Alliance. Pay particular attention to maternal, newborn, and child health, including by closing critical gaps for adolescents' health, with a specific focus on the poorest and most vulnerable.</p> <p>Support and empower women's, children's and adolescents' voices, and meaningful participation through G7 policy, advocacy and programmatic engagement on health and nutrition and actively involve also men and boys as agents of change.</p> <p>Support the implementation of the UN Global Strategy for Women's, Children's and Adolescents' health and recognize the Global Financing Facility as a welcome innovative financing mechanism to support the achievement of its objectives.</p>

<ul style="list-style-type: none"> Globally, under-five mortality rate has decreased by 56%, from an estimated rate of 93 deaths per 1000 live births in 1990 to 41 deaths per 1000 live births in 2016²³. The maternal mortality rate dropped from 385 per 100,000 births in 1990 to 216 out of 100,000 in 2015²⁴. According to the Ise Shima Progress Report, most of G7 members have satisfied the commitments made within the framework of the Muskoka Initiative and exceeded the original targets²⁵. The Global Strategy for Women's, Children's and Adolescents' Health, launched in 2010: 400 commitments by over 300 partners; US\$ 60 billion committed, 60% disbursed; in 49 target countries (2010-2015): 2.4 million lives of women & children saved 870,000 additional health workers trained and more²⁶. In 2015, an updated Global Strategy 2016-2030²⁷, which includes also adolescents, has been launched. Starting with its creation in 2000, with the support of donors and a strong commitment on the part of each country, the Gavi Alliance make it possible to vaccinate 440 million children, saving 6 million lives. At the time of the first replenishment of the Gavi Alliance, the G8 countries contributed to refinancing in 2011, with a total of 1.8 billion dollars through direct contributions and innovative financing mechanisms". In January 2015, at the second replenishment of the Alliance, a total of US\$ 7.5 billion was promised, with 4.1 billion dollars from G7 countries.

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

NUTRITION

	L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014	Schloss Imau 2015	Ise-Shima 2016	Taormina 2017		
	Support food security, nutrition and sustainable agriculture so that they remain a priority topic in the political agenda. Launch the Aquila initiative on food security with the reduction of malnutrition as one of the principal outcomes. Mobilise 22 billion dollars for the development of sustainable agriculture in the next 3 years.	Launch the Muskoka initiative for neonatal health and the health of children under the age of five, focusing on improving nutrition, reducing the burden of disease and strengthening health systems to provide complete integrated health services to women and children locally. Allocation of 7.3 billion dollars for additional funds in 2010-2015.	Support the Deauville Accountability Report- G8 on health and food security and the need to reach the goals set. Support the strategic coordination of players operating in food safety and nutrition, also reforming the institutional architecture, working particularly to reform and strengthen the Committee on World Food Security (CFS).		Speed up efforts to combat malnutrition Consolidate prompt and appropriate commitments to achieve sustainable global food and nutrition security. Launch of the "New Alliance for Global Agriculture and Food Security" programme. Support of the Summit "Nutrition for Growth" (N4G).	Continue the commitment to the Muskoka initiative and boost action related to nutrition to improve the health and wellbeing of women and children. Substantial support for global approaches to achieve food security and nutrition. Identification of the Second International Conference on nutrition and Milan Expo as platforms for the post-2015 debate on sustainability and food security and nutrition.		Undertake to save 500 million people in so-called developing countries from hunger and malnutrition and by 2030. Double efforts to support dynamic rural transformations, promotion of responsible investments and sustainable agriculture, assurance of food security and nutrition in crisis and conflict situations. Continue to support actions to empower women, small scale farmers and rural families.	Determination of the vision of G7 countries on food security and nutrition: empowerment of women, improvement of nutrition levels through an approach centred on people, sustainability and resilience in agricultural and dietary systems. Acknowledgement of the 2016 N4G Summit as an important opportunity for progress in the global agenda on nutrition. Confirm the target set at Elmau.	In the context of the UN Decade of Action on Nutrition, advocate for food systems that support healthy and sustainable diets, ensuring food security, safety and nutrition for everyone, including vulnerable and marginalized populations. Recognize the Milan Global Nutrition Summit held on 4th November 2017 and the new policy and financial commitments that were made to accelerate the global response to malnutrition in all its forms. Reaffirm the collective commitment to lift 500 million people out of hunger and malnutrition by 2030, and call for further commitments from others on this important issue. Support R&D focused on new approaches that address malnutrition in all its forms; on food security and food safety; and on healthy and sustainable diets for growing populations in line with the Decade of Action on Nutrition. Recognize the critical importance of addressing women's, children's and adolescents' health and nutrition.	<ul style="list-style-type: none"> After steadily declining for over a decade, global hunger is on the rise again, affecting 815 million people in 2016, or 11 per cent of the global population. At the same time, multiple forms of malnutrition are threatening the health of millions worldwide. The increase - 38 million more people than the previous year - is largely due to the proliferation of violent conflicts and climate-related shocks²⁸. The matter of food security was included in the agenda of the last seven G8-7 summits, but the economic and political commitments were not sufficient to meet real needs. Malnutrition affects one third of the world population and 159 million children are malnourished, which is equivalent to 24% of all children. This is going to have an irreversible impact on their physical and intellectual development. Two billion people have access to food which is too poor in trace elements and this has an impact on their health, productivity and capacity to contribute to the economic and social life of their countries. Another two billion people are overweight or obese. There is still no tangible plan of action for nutrition which includes mobilisation of the resources necessary and the creation of a mechanism of accountability to uphold the commitments made at the G7 summits. Despite the lack of transparency on scaling up funding, recent political statements indicate that global leaders know they must take action against the crisis of malnutrition. In the 2017 G7 Health Ministers' declaration it was acknowledged that "food systems have a huge impact on human health. Therefore, in the context of the UN Decade of Action on Nutrition, we advocate for food systems that support healthy and sustainable diets, ensuring food security, safety and nutrition for everyone, including vulnerable and marginalized populations."

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

	L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014	Schloss Imau 2015	Ise-Shima 2016
UNIVERSAL HEALTH COVERAGE								Acknowledge Universal Health Coverage as a necessary condition for achieving all the other global health objectives.
IMPACTS OF ENVIRONMENTAL FACTORS ON HEALTH								

WHAT RESULTS WERE ACHIEVED?

Taormina 2017	
<p>Reiterate the importance of strengthening health systems through each country's path towards UHC, in line with previous G7 and G20 commitments and the 2030 Agenda for Sustainable Development and its SDGs.</p> <p>Recognize the need to addressing health workforce shortages and poor health financing by countries to achieve their goals of increasing access to health care.</p>	<ul style="list-style-type: none"> The present outlook is variable. On one hand, the number of people who have access to essential health services has increased to historic levels; on the other hand there are still serious shortfalls which can be seen in the first monitoring Universal Health Coverage report, produced in conjunction with the World Bank Group and the WHO. As regards the vaccination of children, 84% coverage had already been achieved in 2013 for children aged 12 months. As regards reproductive, neonatal and maternal health, coverage is about to reach 80% and the number of births attended by expert staff is around 73%, while the demand for modern birth planning methods is met for about 76% of women globally. There are still serious shortfalls in access to hygiene services: 36% of the world population, about 2.5 billion people, do not have access to hygiene services and live with the continual risk of dysentery, cholera and typhoid²⁹. At least 400 million people globally lack access to one or more essential health services³⁰. Every year 100 million people are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services³¹. On average, about 32% of each country's health expenditure comes from out-of-pocket payments³².
<p>Commit to strengthen surveillance systems, identify and analyse emerging risks; promote the use of evidence-based meteorological and climatic early warning systems by forecasting health impacts and risks. Enable timely actions to reduce health risks such as implementing vector control practices that integrate the concepts of a One Health approach, where appropriate. Commit to adapting and improving the resilience of health systems and communities, in particular vulnerable and marginalized groups, in light of the impact of environmental-related factors. Address the health impacts of air, water, and soil pollution and thus prevent deaths and disabilities caused by related NCDs, including cancers, cardiovascular and lung disease, and diabetes. Reiterate the commitment to achieve by 2020, the environmentally sound management of chemicals and waste throughout their life cycle, to minimize their adverse impacts on human health and the environment. Support inter-sectoral, evidence-based foresight exercises and policies to reduce drivers of pollution concentrations, and promote innovative solutions, such as smart working and sustainable mobility, clean energy, as foreseen. Commit to work with other sectors and with international colleagues towards achieving access to safe drinking water and sanitation by reducing geographical differences in services provided, avoiding discrimination or exclusion in access to services by vulnerable groups, and promoting affordability.</p>	<ul style="list-style-type: none"> In 2017, for the first time, a G7 Leaders' Communiqué acknowledges impact of the climate and environmental-related factors on health³³. DELPHI study: global strategy to address the effects of climate change on health, presented and launched at the Ministerial Health.

COMMITMENTS MADE AT THE G7-G8 SUMMITS ON HEALTH

WHAT RESULTS WERE ACHIEVED?

MIGRANTS AND REFUGEES' HEALTH

L'Aquila 2009	Muskoka 2010	Deauville 2011	Camp David 2012	Lough Erne 2013	Brussels 2014	Schloss Imau 2015

Ise-Shima 2016	Taormina 2017
<p>Place the highest priority on humanely and effectively managing massive displacement, addressing both humanitarian consequences and root causes.</p> <p>Increase efforts towards conflict prevention, stabilization, and post-conflict peacebuilding and focus on finding solutions in order to reduce poverty, promote peace, good governance, the rule of law and respect for human rights, support inclusive economic growth and improve the delivery of basic services.</p> <p>Increase global assistance to meet immediate and longer-term needs of refugees and other displaced persons as well as their host communities.</p> <p>Increase the socio-economic development of affected regions, notably regarding education, health care, infrastructure, and promotion of human rights and equal opportunities.</p> <p>Assist countries in providing sustainable livelihoods for refugees and other displaced persons as well as their host communities, through financing and technical advice to support access to jobs, education, health services, and basic infrastructure.</p>	<p>Acknowledge that States share a responsibility in managing the flows; in protecting refugees and migrants, and safeguarding the most vulnerable of them, such as women at risk, adolescents, children and unaccompanied minors.</p> <p>Support the provision of health services (including immunization programs and mental health services for migrants, refugees and crisis affected populations), including in situations of forced displacement and protracted crises, as well as the improvement of health services in transit and destination countries.</p> <p>Stress that the support for migrants and refugees should consider their specific needs, leaving no one behind, in line with the 2030 Agenda for Sustainable Development and following the adoption of the New York Declaration for Refugees and Migrants in September 2016, and the Resolution WHA 70.15 in May 2017.</p>

· The issue of health of migrants and refugees was mentioned for the first time in the Ise-Shima G7 Leaders' Declaration. In the Italian 2017 G7 Summit the issue of health of migrants has been addressed in the final Leaders' Communiqué as well as in the health ministerial communiqué³⁴.

¹ A Universal Truth: No Health Without a Workforce, OMS/ GHWA report 2013 http://www.who.int/workforcealliance/knowledge/resources/GHWA_AUniversalTruthReport.pdf

² <http://www.who.int/mediacentre/news/notes/2016/health-workers-triple-return/en/>

³ <http://www.who.int/hrh/resources/globstrathrh-2030/en/>

⁴ Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals, WHO http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf

⁵ Healthy Systems – Healthy Lives. A Global Initiative to strengthen Health Systems, WHO, 2015 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_mgt_arrangements_docs/Steering_Committee_as_of_2014/SC_V/Healthy_Systems_Healthy_Lives_Presentation.pdf

⁶ Ise-Shima Progress Report, Ise-Shima Summit, G7 2016 <http://www.mofa.go.jp/files/000158338.pdf>

⁷ UNAIDS, Fact Sheet – World AIDS Day 2017, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

⁸ UNAIDS, Global AIDS Update, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

⁹ WHO, World Malaria Report 2016, <http://apps.who.int/iris/bitstream/10665/252038/1/9789241511711-eng.pdf?ua=1>

¹⁰ Ise-Shima G7 Summit 2016, Ise-Shima Progress Report, <http://www.mofa.go.jp/files/000158339.pdf>

¹¹ <http://www.nejm.org/doi/full/10.1056/NEJMoa1604544>

¹² Ise-Shima G7 Summit 2016, Ise-Shima Progress Report, <http://www.mofa.go.jp/files/000158339.pdf>

¹³ Ise-Shima G7 Summit 2016, Ise-Shima Progress Report, <http://www.mofa.go.jp/files/000158339.pdf>

¹⁴ The Global Fund, https://www.theglobalfund.org/media/1504/replenishment_2016conferencepledges_list_en.pdf

¹⁵ Ise-Shima G7 Summit 2016, Ise-Shima Progress Report, <http://www.mofa.go.jp/files/000158339.pdf>

¹⁶ <https://medicinespatentpool.org/what-we-do/global-licence-overview/update-on-progress-of-mpp-sublicensees/>

¹⁷ G7/8 Summit Compliance Data Sets by Issue, 1985-2013: Health G8 Research Group, 17 April, 2015 <http://www.g8.utoronto.ca/compliance/dataset/health.html>

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LIST OF ABBREVIATIONS

AIDS Acquired Immune-Deficiency Syndrome

AMC Advanced Market Commitment

AMR Antimicrobial resistance

ARV Antiretroviral

CFS Committee on World Food Security

CRS Common Reporting Standards

DAC Development Assistance Committee

DGCS Direzione Generale Cooperazione allo Sviluppo (Directorate General for Development Cooperation)

EFSA European Food Security Agency

FAO Food and Agriculture Organisation

FEM Forced and Early Marriages

GAVI Global alliance for vaccine immunization

GNI Gross National Income

GPEI Global Polio Eradication Initiative

HIV Human Immunodeficiency Virus

IFAD International Fund for Agricultural Development

IFC International Finance Corporation

IFFIm International Finance Facility for Immunization

IOM International Organization for Migration

LGBTQ Lesbians, Gays, Bisexuals, Transgenders and Queers

MAECI Ministero degli Affari Esteri e della Cooperazione Internazionale (Ministry of Foreign Affairs and International Cooperation)

MDGs Millennium Development Goals

MFG Mutilation of Female Genitals

MPP Medicines Patent Pool

N4G Nutrition for Growth

NGO Non Governmental Organization

NTDs Neglected Tropical Diseases

ODA Official Development Assistance

OECD Organisation for Economic Cooperation and Development

PPP Public-private partnership

RMNCH Reproductive, Maternal, Neonatal and Child Health

SDGs Sustainable Development Goals

SRH Sexual and Reproductive Health

SUN Scaling Up Nutrition Movement

TB Tuberculosis

UHC Universal Health Coverage

UNAIDS Joint United Nations Programme on HIV/AIDS

UNFPA United Nations Population Fund

UNGA United Nations General Assembly

WHO World Health Organisation

WFP World Food Programme



This document is the result of the joint work of the associations and networks of the Global Call Against Poverty (GCAP) Italy health group* together with Friends of the Global Fund Europe. It aims at informing public opinion on the commitment of G7 countries to Sustainable Development Goal 3 on global health, at the end of the Italian Presidency of the 2017 G7 Summit.

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