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## Italian G8 Summit: a critical juncture for global health



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In 2009, humanity should reaffirm its commitment to the health of the poorest, just when they are suffering the most. Or we could turn our back on poor people, relegating health for them to nothing more than a passing fad, affordable only when the going is good for the rich. We are at a critical juncture and the focal point is Italy—the La Maddalena G8 Summit this summer.

Only 9 years ago, at the 2000 Kyushu Okinawa Summit, global health first appeared as a major focus for the G8.<sup>1</sup> That focus led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since then, global health has had a continuous presence on the G8 agenda, and the G8 has expanded its promises on global health through a series of initiatives.<sup>2</sup> Resources deployed in the field soared from US\$6.8 billion in 2000 to \$17 billion in 2006,<sup>3</sup> backed by robust global economic growth. This situation is all about to change, unless the global-health community gets its act together.

The 2008 experience, with Japan as the G8 chair, provides some valuable lessons. In 2008, the world was already heading into recession. There were other pressing agenda items ready to crowd out global health: financial crisis, economic downturn, food shortages, fuel prices, climate-change negotiations, to name a few. And yet, global health managed to stay on the agenda.<sup>4</sup> Why? There are three lessons.

First, obvious but crucial, is that politicians respond primarily to their domestic constituency, and unless there is domestic political support, it is difficult for the G8 chair to step up. In 2008, former Prime Ministers Mori and Koizumi rallied the public, while Prime Minister Fukuda

and Foreign Minister Koumura spoke from almost a year before the Summit about setting global health on the agenda.<sup>5,6</sup> The Hideyo Noguchi Africa prize, established by Koizumi's initiative, presented its inaugural award in May, galvanising Japan's commitment on health.<sup>7</sup> Broadcasters and newspapers also carried special programming on global health, giving a Japanese angle that resonated with the public.<sup>8,9</sup> Early, personal, and broad engagement is a must.

Second, a multistakeholder approach is indispensable, particularly in a "flattening world". Government alone has neither the resources nor skills to undertake global initiatives. In 2008, leaders from government, business, academia, non-governmental organisations (NGO), and media were brought together in various forums. The Global Health Summit co-organised by Health Policy Institute, Japan, and the World Bank, in collaboration with the Bill & Melinda Gates Foundation, brought all key stakeholders together 6 months before the Summit.<sup>10</sup> The Working Group on Challenges in Global Health and Japan's Contributions, organised by the Japan Center for International Exchange, prepared policy recommendations on health-system strengthening with broad participation by stakeholders.<sup>11,12</sup> The participatory approach, as described in the Chair's summary of the Hokkaido Toyako Summit must become the norm.<sup>13</sup>

Third, international outreach by each stakeholder—in which countries and stakeholders cross—cemented the initiatives. For example, G8 Summit NGO Forum, a well-coordinated body of more than 140 NGOs with a special task-force on global health, coordinated their activities with NGOs around the world.<sup>14</sup> The

Science Council of Japan coordinated with other national academies around the world to create the first G8+5 statement focused on global health, delivered to all G8 heads of state.<sup>15</sup>

In 2009, it is naive to simply expect global health to remain on the G8 agenda, or if it disappears, for it to re-emerge in the coming years. A place on the agenda needs to be earned each year by: building domestic political support in the G8 chairing country; mobilising all stakeholders; and reaching out internationally across stakeholders. So, this year, citizens of the world need to focus on Italy. The first major step is the Global Health Forum, held in Rome on Feb 13, 2009, which will gather all the key stakeholders in Italy for the first time for this purpose.

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## Trade and health: the need for a political economic analysis



The global credit crisis illustrates how economic globalisation affects health. Because of an unregulated global financial system, US homebuyers lose their houses and workers around the world lose their jobs. Behind the slogan of “free trade”, subsidised grain is dumped on markets in poor countries, destroying small farmers' livelihoods. Comparative advantage is generated by poverty wages, deadly working conditions, and environmental degradation. The links to health outcomes are obvious.

The impact of the global trading regime on the social determinants of health is particularly clear in relation to food, as discussed by Chantal Blouin and colleagues in the Series on trade and health in *The Lancet* today.<sup>1</sup> From hunger to obesity, the structures of global trade are reshaping diets and health. Transnational food corporations now dominate the food-supply chain, including: seeds, fertilisers, and pesticides; the

production, processing, and manufacturing of foods; and the way they are sold and marketed to consumers. Such corporations are the leading traders of food, and 40% of food imports and exports are between and within them.<sup>2</sup>

The global trade regime also shapes health systems. In the Series, Richard Smith and colleagues<sup>3</sup> describe the effect of the General Agreement on Trade in Services (GATS) on the health sector. These authors emphasise the irreversibility of health-sector privatisation under GATS. The irreversibility of GATS commitments is complemented by the World Bank's support for the privatisation of health care in low-income and middle-income countries, including through subsidised loans to private corporations. WHO has presented an alternative vision of primary health care and universal access,<sup>4</sup> but if health care is opened up under irreversible GATS agreements such debates become irrelevant.

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