From G8 to G20, is health next in line?

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The G20 is the place to discuss the big numbers. There is wide recognition that the world's financial problems are so great that they should be addressed by the world's biggest economies, including China, India, and Brazil. But can the G20 take on health as well as the economy? Although the G8 has played a major role in the doubling of funding for global health over the past 10 years, some question its future. In the meantime, G20 states have their own ideas about what they should be advocating and supporting. So who should set the priorities and where should they do it?

Still very much alive, the G8 group of Canada, France, Germany, Italy, Japan, Russia, UK, and USA will be meeting again on June 25 in Muskoka, Canada. More about political authority than implementation, the G8 legacy includes the birth in 2000 of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Okinawa, Japan. 5 years later the Gleneagles summit brought financing for health and development to centre stage. Since then, new discourses have emerged on health systems strengthening, water and sanitation, and food security.

In the absence of a permanent G8 secretariat, the rotating chair can have a significant effect on the agenda. This year, Canadian host Prime Minister Stephen Harper has been supportive of a traditional G8, emphasising "shared values" and celebrating its track record as a "highly successful group".[1] Maternal health is announced as "the top priority". Canada has pledged US$1 billion over 5 years and seeks to leverage higher commitments from other G8 members. Its initiative has also stirred controversy over the omission of safe abortions in early proposals.[2]

> "As leaders of the most developed economies of the world, we have an obligation to assist those who are most vulnerable to hardship."
>
> *Stephen Harper, 2010*

Many in G20 states will be tracking the G8 preparations for what they might mean for them. Over the years, the G8 has invited outsiders to address specific problems. A G8+5 and a G14 have played their part, and recently 30 African leaders were invited to discuss new aid relationships in the context of the economic crisis. However, the sustainability of such proliferating arrangements has been questioned.[3] The G8's performance on aid commitments has also been criticised, and interest in the G8 seems to be fading amongst some of its members.[4] The 2005 Gleneagles commitment to add US$50 billion in official development assistance (ODA) has fallen short by US$15 billion; a function of insufficient political will, changed political leadership, and deep recession.[5]

Notably among this self-selected group, the USA alone provides almost half the world's development assistance for health from both public and private sources.[6] Hence the G8 could still play a part in building consensus and laying out a framework for activities elsewhere. Given the fragmentation in global health, and efforts to counter it such as the Paris Declaration on Aid Effectiveness and the International Health Partnership, such cooperation and coordination could still have important consequences for the effectiveness of financial and technical assistance.[7] The history of financial assistance shows that it can have a negative effect on domestic spending in the absence of capacity to use new resources effectively.[8] However, does a consensus exist in the G8 to take on the nuanced issues of health system strengthening, or to get the G20 involved?

In the past 2 years, there has been an increasing realisation that the world's faltering economy has affected our health and wellbeing. Rising food prices were associated with speculation in the commodities markets.[9] Then the credit crunch reduced lending and global trade slowed. A series in *The Lancet* showed the benefits and risks of this trade for health. Dropping remittances, increasing unemployment and millions in poverty are well documented concerns.[10] At the turn of the millennium, the Commission on Macroeconomics and Health estimated the cost of a basic package of health interventions was about US$38 per person per year. Nevertheless, by 2006 only US$25 was spent in low-income countries. The High Level Taskforce on Innovative Financing for Health conceded that most new funding in

Panel 1: G20 members

- Argentina
- Australia
- Brazil
- Canada
- China
- France
- Germany
- India
- Indonesia
- Italy
- Japan
- Mexico
- Russia
- Saudi Arabia
- South Africa
- Republic of Korea
- Turkey
- UK
- USA
- European Union

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Panel 2: **Potential areas of interest for the G8 and G20**

1. Areas where there is a legacy of recent success—for example, HIV, tuberculosis, and malaria.
2. 2010 is the year of Maternal and Child Health. The G8 is supporting the Health 4, an intensified joint effort by four international agencies—UNICEF, WHO, the UN Population Fund, and the World Bank.
3. Vaccines, innovations, and the prospect of using them to reduce child mortality and illness.
4. Global preparedness against a broad range of health hazards, including climate change (a shared security dimension that crosses the G8/G20 boundary).
5. Aid efficiency and effectiveness, including improved coordination and integration across key initiatives and organisations—eg, the Global Alliance on Vaccines and Immunisation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO, and the World Bank.
6. Market conditions that affect access to global health goods. Trade, intellectual property, manufacturing capacity, and research and development are notable G20 concerns.
7. Non-communicable disease and its prevention, in the context of the wider determinants of health.

the long term was not going to come from the traditional donors represented in the G8. They proposed that most funding would come from low-income and middle-income countries themselves. Encouragingly, some of the relevant reforms that many thought were impossible are now on the agenda of the G20. Hundreds of billions of dollars could return to countries, including those with low incomes, from curbing the abuse of tax havens. Even that old idea from the 1970s, the currency tax, has been proposed as a potential source of new funding for health and development.[11] A Rapid Social Response Programme was also set up to protect social safety nets vital to health.

The G20 hit the headlines in a big way in 2009 (panel 1). From London to Pittsburgh, the world waited with bated breath for concerted action to solve the financial crisis. However, it has been around for much longer than you might think. The G20 group of finance ministers first met in 1999. Its core agenda, then as now, has been global market access, investment, and economic stability. The G20 is a members club by invitation only. It has no permanent secretariat and operates more as a network, searching for a working consensus on shared issues and providing political authority through announcements at its summits. Hence its interests and mandate remain fluid.

The G20 does not implement, nor does it convene and raise issues in the same manner as formal UN institutions and their regional offices. However, its reach extends beyond the political networks accessible to the G8 and it also avoids some of the limiting bureaucracy of formal structures. These characteristics allow it to improvise and to act rapidly as a risk manager during perceived crises. They also mean that burdens can be shared on joint endeavours, while allowing for national differences.[12] These factors might mean that the G20 responds more favourably to health issues that have an emerging consensus, for example donor coordination. The G20 can also arrange ad hoc working groups to catalyse debate on health issues that are sometimes framed in security or economic terms, such as intellectual property.

The G20 represents 85% of the world's economy and two-thirds of the world's population.[13] This has underpinned its role in the reform of international institutions such as the Financial Stability board of the International Monetary Fund. Furthermore, the G20 Leaders' Statement at Pittsburgh acknowledges the need to modernise global development architecture, being "essential to our efforts to promote global financial stability, foster sustainable development and lift the lives of the poorest".

Does this mean that the G20 should play a more direct role in global health? A number of issues about interests, governance, and mandate could tease out some answers, but they are not clear-cut. Some members of the G20 are understandably reluctant players on the global stage. With new powers come new responsibilities. However, the growing confidence of emerging economies could mean that they reject such assertions. Countries such as China and Brazil are yet to subject their investments to the scrutiny of ODA. As Copenhagen demonstrated, states such as China and India can take positions that are at odds with both high-income and low-income countries. By contrast, states such as Brazil and Indonesia are increasingly active in areas such as global health diplomacy.[14]

Another area lacking clarity is the role of outsiders: countries, organisations, and civil society. Could the G20 undermine WHO and others in setting the global health agenda? Big private foundations have found an increasing role in recent years as the architecture of funding, managing, and implementing has become more complex. Moreover, civil society might find themselves excluded all together, made all too visible by the freezing masses outside the conference centre in Copenhagen.[15]

The current G8 model of employing working groups to support ministerial and presidential decision making is notable for its ad hoc use of experts.[16] This strategy, however, runs the risk of influence from self-promoters and lobbyists. How do you promote an inclusive, multisectoral approach to health while ensuring that big decisions are timely and effective? One suggestion comes from Jonas Store, the Norwegian Foreign Minister. He has called for a framework of interaction for non-members with regional constituencies represented in addition to the EU.

It matters who is in and who is out. The G20 might make it easier to find political backing for major policy drives, at least compared to the G192—the UN. The G20

could promote more effective regional decision making, whereas fewer like-minded countries might be more likely to achieve a focused consensus within the G8. German Chancellor Angela Merkel seems to agree, indicating that while the G8 still has a role to play in debating solutions to global problems, "the G20 should be the format that takes decisions on the future".[17]

As we move out of recession, there is little indication that the G20 wishes to champion the interests of low-income countries. In the short term, the controversies of climate change negotiations could mean that discussing global health directly in the G20 is viewed as an agenda too far. Recent Council Conclusions on the EU role in Global Health call for "Equity and Health in All Policies". However, whether this issue will be pursued by the extensive European voices at the G20 remains unclear, given that national voices often trump collective action in areas where the Commission is deemed to have no competency. It is possible that the core G8 membership that drove higher ambitions on development and global health in the past decade—most notably the USA and UK—might carry that energy into a G20 context. The World Bank could similarly emerge as a galvaniser of the G20 on these issues. However, a disease-based approach to global health might remain comfortably within the remit of the G8.

In 5 years time the Millennium Development Goals will have come and gone. Basic resources such as water, food, and energy will remain major challenges in many of the G20 states. Almost half of India's children are underweight, more than in most African countries.[18] As a donor, China's notable investment in infrastructure in the African continent has raised questions about tied aid and its economic, social, and environmental effects.[19] However, the emerging economies have lessons for other states and have the academic prowess to share that expertise.[20]

We, a consortium of thinktanks from four of the G8 countries, will be meeting to initiate some much needed discussion on the current and potential role for the G20. We will be inviting parties within and outside the G20 to help us to analyse the opportunities, priorities, and key questions for the future (panel 2). The G20, chaired this year by the Republic of Korea, meets straight after the G8 in June in Canada. It meets again in mid-November in Korea. These meetings are potentially decisive in setting its course. The G20 already recognises the axis between the global economy, security, health, and development, and could be at the centre of a broad historic debate that will stretch out over the next several years. The trillions invested in recovering from recession show that where there is a collective will, the global response can be rapid and powerful. Just a few drops of the G20's distinctive potion could ensure the health and wellbeing of millions.

Contributors

SC was responsible for the scope of the report, the literature search and analysis, and writing of and amendments to the report. JSM, PP, and DLH commented on the report, and contributed amendments and additional writing.

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