



## **EDITORIALS**

## Germany, the G7, and global health

Health systems, new tools, and delivery science should top the agenda

Gavin Yamey lead<sup>1</sup>, Sabine Campe associate director<sup>2</sup>, Sara Fewer policy and programme manager<sup>1</sup>

<sup>1</sup>Evidence to Policy Initiative, Global Health Group, University of California, San Francisco, USA; <sup>2</sup>SEEK Development, Berlin, Germany

Remember global health? It had a fantastic 10 years from 2002-12—the "golden decade" of rising health aid¹—but is now slipping down the international agenda. Some development experts argue that other sectors, such as agriculture, should "take centre stage." This is misguided. Health investment is the largest contributor to sustainable development. And a retreat from health would threaten the impressive gains of the past decade in reducing infectious disease, maternal, and child mortality.

Fortunately, there are some promising signs that Germany, this year's chair of the G7 group of large advanced economies, may spend some of its political capital on pushing health back up the global agenda. It got off to a strong start, hosting a conference in Berlin in January at which donors pledged \$7.5bn (£4.9bn; €6.7bn) to Gavi, the vaccine alliance, an amount that exceeded expectations and that could fund immunisations for an additional 300 million children. It has identified three global health priorities for the G7 in 2015: neglected tropical diseases, pandemics, and antimicrobial resistance. What should we make of these priorities, and does the G7 really have the clout to effect global change?

There is always plenty of fanfare—and scepticism—surrounding G7 summits, and the same will surely be the case for Germany's summit on 7-8 June 2015. Sceptics question whether the summit declarations have any impact and whether the G7 remains relevant, given its exclusion of powerful actors such as Brazil, China, and (last year) Russia. Perhaps we are now living in "a G-Zero world, one in which no single country or bloc of countries has the political and economic leverage—or the will—to drive a truly international agenda."

The question of whether G7 summits matter to global health can be empirically answered. The news is surprisingly good. A series of evaluations of whether G7 commitments were acted on suggest that its performance on health has improved since around 2000.<sup>8 9</sup> The G8 resolutions in Okinawa (2000) and Genoa (2001) launched the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which has signed grants worth over \$31bn. <sup>10</sup> The 2007 G8 summit in Heiligendamm, also under Germany's leadership, was particularly impressive, leveraging \$60bn in commitments for infectious diseases. By 2011, four

years ahead of the 2015 commitment deadline, 80% of commitments were fulfilled.9

Though it is hard to be certain why the G7's performance is improving, public scrutiny of its promises has probably been a factor. In 2015, the year in which the millennium development goals will be superseded by the sustainable development goals, we must continue to expose the G7 to scrutiny and hold it accountable to its promises.

There is certainly some value in the G7 focusing on three specific health challenges; indeed, the success of the millennium development goals in mobilising international attention on health was partly due to their narrow focus. It remains unclear, however, what exactly the G7 plans to do about tackling these challenges. If it is to have a meaningful impact, the G7 must address three bottlenecks common to the three challenges through coordinated action backed with financial commitments.

The first bottleneck is a shortage of new tools. For many of the neglected tropical diseases, such as Chagas disease, schistosomiasis, sleeping sickness, and leishmaniasis, control and eventual elimination will require new diagnostic tests, treatments, vaccines, and surveillance techniques. As the current Ebola outbreak shows, new technologies are also needed for pandemic preparedness and control, especially a universal influenza vaccine (the risk of a high mortality pandemic influenza within the next 100 years is substantial<sup>12</sup>). And the "apocalyptic threat" of antimicrobial resistance warrants high priority on the health research and development agenda.<sup>13</sup>

The international community spends about \$3bn annually on research and development in tropical diseases and other infections of poverty, representing just 1-2% of global spending on health research. The *Lancet* Commission on Investing in Health recently called for this sum to be doubled to \$6bn a year by 2020. The G7 must take a prominent role in this mobilisation of resources. Non-profit product development partnerships are a valuable mechanism for coordinating international collective action towards such research and development.

A second bottleneck common to all three G7 priorities is the lack of research on improving the scale-up of health tools. Several tropical diseases, such as lymphatic filariasis and

Subscribe: http://www.bmj.com/subscribe

## EDITORIALS

trachoma, could potentially be close to eliminated by 2020 at a cost of just \$300-\$400m annually if we can find better ways to deliver an integrated package of antimicrobial drugs. <sup>15</sup> The discovery of new health tools is futile unless we can also find innovative ways to deliver them. The G7 could have a catalytic role in advocating for such implementation research.

Third, there are no quick fixes in tackling neglected tropical diseases, pandemics, and antimicrobial resistance: we must build robust healthcare systems, an area where the G7 has been underperforming. These systems will require stronger health infrastructure, more health workers, and better disease surveillance. The price tag for strengthening systems will be about \$30bn annually until 2035, which could easily be financed through a combination of aid and domestic spending. Economic growth in low and middle income countries will allow them to increase their domestic health spending over the next 20 years, but the initial investment to kickstart systems building must have major donor support.

The G7 should send a strong signal that investing in health is the cornerstone of sustainable development by placing health prominently on its agenda. It must make specific, measurable commitments to tackling cross-cutting bottlenecks: inadequate research and development, too little implementation science, and weak delivery systems. We hope Germany and the G7 will seize this opportunity to make further large gains in global health.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare GY and SF have been funded by the Kiel Institute for the World Economy to brief the G7/G20 sherpa team on global health, which included funding to GY to lead an in-person briefing at the German Chancellery. GY is the principal investigator on

a grant from the Bill and Melinda Gates Foundation aimed at leveraging the findings of the Lancet Commission on Investing in Health to help guide health investments; SF is also funded from this grant. SC leads SEEK Development's strategic advocacy work and has in that capacity received funding from Gavi, the Bill and Melinda Gates Foundation, and several product development partnerships.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Von Schoen-Angerer T, Ford N, Arkinstall J. Access to medicines in resource-limited settings: the end of a golden decade? Glob Adv Health Med 2012;1:52-9.
- Global health in 2012: development to sustainability. Lancet 2012;379:193.
- 3 Arrow K, Dasgupta P, Goulder LH, Mumford KJ, Oleson K. Sustainability and the measurement of wealth. Environ Dev Econ 2012;17:317-53.
- 4 Murray CJ, Ortblad KF, Guinovart C, et al. Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2014;384:1005-70.
- 5 Usher AD. GAVI exceeds US\$7.5 billion fundraising target. Lancet 2015;385:493.
- 6 World Health Organization. Joint action with Germany to shape global health. 2014. www. who.int/about/funding/germanybilateral/en/.
- 7 Bremmer I, Roubini N. A G-zero world. Foreign Affairs 2011 Mar/Apr. www.foreignaffairs com/articles/67339/ian-bremmer-and-nouriel-roubini/a-g-zero-world.
- Kirton JJ, Roudev N, Sunderland L. Making G8 leaders deliver: an analysis of compliance and health commitments, 1996-2006. Bull World Health Organ 2007;85:192-9.
- 9 Lough Erne G8 Accountability report. 2013. www.gov.uk/government/publications/lougherne-accountability-report.
- 10 Global Fund. Grant portfolio, 2015. http://portfolio.theglobalfund.org/en/Home/Index
- 11 Yamey G, Shretta R, Binka FN. The 2030 sustainable development goal for health. BMJ 2014;348:g5295.
- 12 OECD. Future global shocks—improving risk governance. www.oecd.org/governance/ 48256382.pdf
- 13 Torjesen I. Antimicrobial resistance presents an "apocalyptic" threat similar to that of climate change, CMO warns. BMJ 2013;346:f1597.
- 14 Moran M, Guzman J, Chapman N, et al. G-Finder 2014. Neglected disease research and development: emerging trends. *Policy Cures* 2014. www.policycures.org/downloads/Y7% 20GFINDER%20highlights%20web.pdf.
- 15 Jamison DT, Summers LH, Alleyne G, et al. Global health 2035: a world converging within a generation. Lancet 2013;382:1898-955.

Cite this as: *BMJ* 2015;350:h1210

© BMJ Publishing Group Ltd 2015