



## **The First Response of C7 International Health Working Group on the Nagasaki G7 Health Ministers Declaration**

On May 13-14, the G7 Health Ministers Meeting held in Nagasaki, Japan, adopted the "G7 Nagasaki Health Ministers Declaration" and the "G7 Global Plan on UHC Action Agenda". In the morning of May 13, the G7 Finance and Health Ministers adopted the "G7 Shared Understanding on Enhanced Finance-Health Coordination and PPR Financing " during the joint meeting of G7 Finance and Health Ministers. We are pleased that the G7 has been able to compile a set of comprehensive policies on global health despite time constraints as global health issues have become increasingly complex and various initiatives have been launched to transform the global health architecture, particularly with regard to pandemic prevention, preparedness, and response (PPPR). In particular, we welcome the G7 Health Ministers Declaration, which forms the core of these documents, for its comprehensive coverage of global health issues as a whole. However, we as civil society remain gravely concerned with the following:

- (1) Broadly speaking, it is unclear how much the G7 will contribute financially and technologically to the global health crises that we continue to face, or how the G7 intends to "make a difference" through its global health policy transformation. Most of the Declaration, as well as its two supporting documents, have been occupied with the G7's responses, suggestions and advice to the ongoing global negotiations on the Pandemic Accord, International Health Regulations (IHR), formation of the Global Medical Countermeasures (MCMs) Platform, and other G20-centered negotiations. It remains unclear as to what extent (or how) the G7 itself will address global health priorities. Nor is it clear how the G7 will change its policies and "make a difference" from the past. The same is true of the framework on surge financing put forth at the Joint Meeting of G7 Finance and Health Ministers. As a coalition of the world's major economies, we call on the G7 to fulfill its responsibilities by ensuring full transparency, accountability, and participation of civil society and other stakeholders, rather than simply ordering additional initiatives.
- (2) We welcome the G7's comprehensive reference to various health issues in the Declaration and UHC Action Plan, including aging, dementia, mental health, AIDS, TB, malaria, AMR, One Health, and planetary health. It is also commendable that the report clearly states the involvement of stakeholders, including civil society, and sets out policies on UHC, health emergency responses, and health innovation in a way that prioritizes vulnerable populations who are left behind. However, it is unclear what the G7 will do going forward with regard to each of the targets under SDG Goal 3, which the G7 has repeatedly expressed commitment to achieve. In particular, there is a lack of specific action on SDG 3.3, ending AIDS, TB, malaria, and neglected tropical diseases (NTDs). While the COVID-19 pandemic has warranted global attention and rapid response, there has been a significant marked reduction in funding, especially for NTDs (non-communicable diseases) prevalent mainly in low- and middle-income countries. Specific actions, numerical targets, and indicators of success should be set for areas such as, the development of R&D mechanisms for prevention, treatment and diagnostics; as well as the expansion of medical access, based on the WHO Roadmap for NTDs 2021-2030. Similarly, for non-communicable diseases (SDG 3.4, ), the G7 must acknowledge the dangerous "syndemic of NCDs and obesity", which as we learned through the COVID-19 experience, dramatically increases the risk of severe illness and death.. The G7 must work to expand access to treatment for NCDs in low- and middle-income countries and to affect



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structural change in the food systems that contribute to this syndemic. We also call on G7 leaders to express renewed commitment to end HIV, TB and malaria as threats to global public health through explicit reference in the 2023 G7 Leaders' Communique to fully resourcing key multilateral partners, such as the Global Fund to Fight AIDS, TB and Malaria. Moreover, while we commend G7's commitments to ensure maternal and child health, as well as access to comprehensive SRHR, we express our concern over cutbacks already decided by some G7 governments in development aid targeting family planning and SRHR and the negative impact it has and will continue to have on women's health and the overall goal of gender equality.

- (3) We welcome the G7's focus on end-to-end Medical Countermeasures (MCM) ecosystems within the transformation of the global health architecture and within health innovation, especially including global equitable access and delivery. However, we express our continuing concern that the content is insufficient. Specifically, we note the following
- a) As noted in the Declaration, equitable and rapid access to MCM in low- and middle-income countries is necessary in health emergencies such as pandemics. In this regard, the need for rapid technology sharing and technology transfer of developed MCMs and enhancement of production capacity in the Global South has already been expressed in the "G7 Pact for Pandemic Readiness" in Germany last year. However, the Declaration does not provide specific policy guidance on the G7's role in supporting the strengthening of manufacturing capacity of MCMs in the Global South. The lessons learned from COVID-19 indicate that guaranteeing equitable health access in the Global South during health emergencies will be difficult as long as these remain only "voluntary" measures. For MCMs developed with public funds, the G7 must take actions to make them global public goods, including enforceable conditionality on transparency of development and production costs and sharing of intellectual property, technology and know-how. The G7 should also support comprehensive waivers of intellectual property rights particularly in times of global health emergency.
  - b) The Declaration encourages the rapid sharing of genetic sequencing of pathogens, etc.; however, it fails to address benefit sharing with respect to this type of pathogenic information. Access to genetic resources and benefit sharing are inseparable issues. Given this is an issue that also relates to the content of the Pandemic Accord, the G7 must set responsible policies that ensure the participation of Global South countries and civil society in determining policies on the transformation of the global health architecture.

ENDS

For questions and comments; please contact the following;

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