

Civil 7 Communiqué (Whole text is provided [here](#))

Global Health

The G7 Japanese Presidency [has identified](#) health and human security as the forefront of its 2023 agenda focusing on i) global health architecture for public health emergencies, ii) Universal Health Coverage (UHC), and iii) the promotion of health technology innovation, including digital health transformation. Across our global community, the effects of the COVID-19 pandemic continue to impact on health and community systems and services, further exacerbating existing inequalities within and between countries and contributing to pressure on national economies.. Despite this, international attention appears long gone.

Our G7 recommendations underscore the protection and advancement of health equity and global solidarity to guarantee the rights of everyone to the highest attainable standard of physical and mental health. We advocate for gender equality, people-centered health and community systems and responses, localization/decolonization and country ownership, equal access to scientific evidence and innovation, multilateralism, and balancing the One Health concept of people, animals and ecosystems. We firmly commit to ensuring that women and girls in all their diversity, vulnerable groups (children, youth, persons with disabilities, people living with HIV, people living with non-communicable diseases, older persons, Indigenous Peoples, refugees, internally displaced persons, migrants) and key populations (people who use drugs, men who have sex with men, transgender people, sex workers, and people in prisons and other closed settings) are at the centre of global health strategies and responses so as to *Leave No One Behind*. International human rights standards must translate to urgent action with G7 leaders accountable for their commitments to deliver health for all.

G7 Commitments and Plans

The G7 has repeatedly reaffirmed commitment to achieving UHC as a SDG. In 2022, it declared renewed focus on people affected by multiple crises, particularly women and girls. The Japanese G7 Presidency commits to progress by strengthening health and community systems to overcome multiple health challenges, emphasizing the importance of the life-cycle approach. While gender equality and the needs of marginalized groups are widely recognised as key to improved global health outcomes, neither are effectively linked to primary health care or UHC.

In 2022, G7 Germany incorporated “climate-resilient and sustainable, climate-neutral health systems” targeting the impact of climate change on health, and pressed health systems to become more sustainable and carbon neutral.

Japan's commitment to strengthening the global health architecture comes at a crucial time as world leaders discuss how to improve global and regional capacities to prevent, prepare, and respond to public health threats and emergencies.

The Japanese G7 Presidency seeks further political efforts for the “100 Days Mission Initiative”, which was launched at the G7 in 2021. As a donor-driven initiative, civil society is intensely concerned about the lack of involvement of LMICs and civil society, and insufficient mechanisms to ensure universal access to tools for pandemic prevention, preparedness, and response (PPPR). We urge G7 leaders to strengthen global solidarity, collective action

and accountability with global health initiatives and recommit to the SDG agenda, including highest political presence at the 2023 UN HLMs.

G7 2017 (Italy) gave attention to the health impacts of environmental factors, aligning with the planetary health agenda. With the COVID-19 pandemic, healthy people on a healthy planet became a significant focus while acknowledging other health threats caused by climate change, pollution and other environmental factors.

Current Situation, Challenges and Policy Asks

UHC. With nearly two billion people facing catastrophic health spending, living with and dying from preventable and treatable illnesses, UHC is far from reality. Weak health systems, a lack of effective health investments, and insufficient efforts to address social determinants of health remain the culprit. Neither the SDG UHC targets nor the 2019 UHC Political Declaration are on track due to insufficient political leadership and financial commitment, coupled with the impact of COVID-19 and multiple humanitarian crises. Urgent investment is critical to implement equitable, resilient, sustainable health and community-based/led systems with an empowered workforce. Health policies and services must be accountable and target under-served, under-resourced people and communities to reduce inequalities and achieve UHC.

We urge the G7 to:

- Increase resources and investments in LMIC towards UHC, based on primary health care (PHC). Support should be provided to remove out-of-pocket payments.
- Re-commit to ending HIV, TB and malaria as well as non-communicable diseases (NCDs) and neglected tropical diseases (NTDs) as critical pathways to achieving UHC.
- Engage people, in particular vulnerable and marginalized populations and with lived experiences, physical and mental health conditions; aging, dementia, NCDs, NTDs, to ensure the delivery of people-centered, community-led, gender-transformative UHC. Addressing the social determinants of health is crucial to ensuring UHC is achieved in underserved communities. National governments and international organizations must develop inclusive governance to ensure the engagement of civil society organizations and communities. Guarantee sexual and reproductive health and rights (SRHR) under the umbrella of essential PHC services as an integral part of UHC.
- Ensure gender responsive health systems that prioritize investments in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH).
- Invest in and strengthen equitable, rights-based, life-cycle and person-centered approaches by integrating healthy aging and dementia, preventive measures, medicines, and psychosocial services into PHC.
- Ensure equitable access to medical countermeasures, and essential medical devices, and promote and support country utilization of TRIPS flexibilities. Invest in water, sanitation and hygiene (WASH) to ensure safe, dignified health care delivery as well as essential nutrition services within and beyond emergencies.
- G7 efforts must be coordinated with other multilateral policy processes e.g., UN HLMs, and recognize UHC and PPPR as two intertwined goals that must be planned and implemented together through health and community system strengthening and PHC.

Gender and Health. Integrating a gender perspective in health policies at a global level remains a significant challenge. Currently, girls, women, and LGBTQIA+ populations

encounter numerous obstacles that limit their ability to achieve optimal physical, mental, and social well-being, and equitable access to health services. Current challenges are rooted in the continued feminization of pandemics; the lack of capacity building in women's education, empowerment, economic inclusion, agriculture, and leadership; the lack of leadership and political will in commitments to include of SRHR in PHC services; and the lack of gender inclusive medicine and research, despite recent advances in science and medicine.

We urge the G7 to:

- Enact past international agreements on women's health and rights and the [CEDAW](#) by ensuring the participation of women in all decision-making processes, including policymaking, monitoring and evaluation.
- Continue championing of SDG 5 and other gender specific targets and indicators across the SDGs related to gender and health, such as target 3.7 and 5.6, being mindful that SDG 5 is one of the most off tracks.
- Ensure adequate resources for gender mainstreaming and addressing the needs of women as vulnerable and marginalised groups.
- Accelerate women's overall multisectoral empowerment, especially for health practitioners and community health workers.
- Enact health policies through a gender transformative approach.
- Create safe, enabling environments to increase access to health services for women and girls and reduce unpaid care work.
- Address Gender Based Violence and guarantee access to justice.

Planetary Health. Planetary boundaries are thresholds of environmental stability beyond which abrupt and irreversible changes may occur. Crossing them risks catastrophic consequences for humanity's ability to thrive on Earth. Therefore, we highlight current challenges such as climate crisis, food security, and environmental pollution.

We urge the G7 to:

- Strengthen inclusive and accountable climate finance, prioritizing planetary health in health policies, and prioritizing co-beneficial policies of the environment and health to tackle climate change.
- Pursue food security and nutrition and shift to sustainable food systems through intersectoral collaboration across health and agricultural sectors while respectfully incorporating Indigenous perspectives.
- Reduce environmental pollution, reduce reliance on fossil fuels, promote clean and environmentally friendly transportation systems, and regulate pollutants in urban areas.
- Accelerate contributions through global partners and invest in climate and disaster-resilient sustainable quality infrastructure as necessary to achieving climate commitments and the SDGs.

Global Health Architecture. A new approach is vital to avoid further global health fragmentation and to increase focus on the most vulnerable, marginalised and underserved.

We urge the G7 to:

- Recognise the WHO as the coordinating entity for global health. Strengthen it through sustainable financing; foster integration and convergence across different efforts and processes, building on synergies among health initiatives at global and regional levels with ample resourcing to organizations that continue to play crucial roles in responding to COVID-19 and PPPR, such as GAVI, the Global Fund to Fight AIDS,

TB and Malaria, UNAIDS, UNITAID, FINDx, CEPI, the Global Financing Facility, among others. G7 commitments should align with the WHO conventions, agreements or other international instruments on PPPR and not develop separate structures or parallel pathways.

- Accelerate agreements and mechanisms that ensure inclusive and equal representation of LMICs and CSOs in reforming the global health architecture. Ensure meaningful and inclusive participation of communities, civil society and women at all levels of decision-making, implementation and monitoring, and prioritize actions that strengthen health and community systems to achieve UHC.
- Expand ODA and identify new revenue generators e.g., financial transaction tax and other tax policies. Leverage significant new resources through regional and multilateral development banks to unlock financing that enhances country capabilities to respond to public health emergencies.

PPPR. The lessons of COVID-19 have not been acted upon. ACT-A and COVAX failed to answer vaccine nationalism, supply restrictions or to include LMICs and communities in governance structures from the beginning. PPPR is a global task.

We urge the G7 to:

- Ensure the G7 100 Days Mission Initiative and agreements for publicly funded PPPR tools are clear and firmly embedded as preconditions for equitable access, accountability and transparency, and facilitate technology transfers, surmounting IP barriers, and encourage geographically diversified manufacturing capacity.
- Recognise the fundamentality of manufacturing capacity in the Global South, additional and sustainable ODA, innovative non-ODA global financing as well as domestic resources in LMICs as quintessential to ensuring equitable access to lifesaving medical systems and products as global public goods, so that they are accessible for all.
- Accelerate the meaningful inclusion of planetary/One Health, AMR, and secondary pandemic effects such as hunger and supply chain at each stage and level of PPPR.