



G7 and G20 commitments on health

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Question

What health issues have been identified as priorities at G7 and G20 summits since 2015?

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The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Executive summary

The health issues that have received the most consistent attention in G7 and G20 summit declarations, having been addressed in more than half of the summits since 2015 and appearing in 30 or more commitments over that time, are:

- **Health systems strengthening**
- **Infectious diseases** (including HIV/AIDS, tuberculosis, malaria, polio, neglected tropical diseases, and vaccination)
- **Antimicrobial resistance (AMR)**
- **Public health crises** (including emergency preparedness and response, global health security, global health architecture, International Health Regulations, pandemics, Ebola, and Zika)

Other issues highlighted in at least half of the summits include the importance of the **One Health approach** and multisectoral working (particularly in the context of combating antimicrobial resistance), **research and development** (in the context of work on infectious diseases and antimicrobial resistance), and **universal health coverage**.

G7 and G20 summit declarations have tended to neglect non-communicable diseases, environmental pollution, tobacco control, substance abuse, road traffic morbidity and mortality, access to essential medicines via the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and social issues such as equity and the social determinants of health (Kirton & Bracht, 2015; McBride et al., 2019).

G7 health commitments are closely aligned with Sustainable Development Goal 3, with commitments corresponding to 24 out of the 28 targets and principles in SDG 3. The G20's commitments on health are less well aligned to SDG 3, matching only 14 of the 28 targets and principles (McBride et al., 2019).

Some authors have criticised G7 and G20 health commitments for not being specific or measurable enough to hold member states to account effectively (Kirton & Bracht, 2015; Horton, 2017; McBride et al., 2019).

The G7 and G20 both refer to inclusiveness in the form of supporting work towards universal health coverage, although this is more prevalent for the G7 than for the G20. The G7 included specific references to women's and girls' health among their commitments, while no specific references to gender were noted in G20 health-related commitments. No specific references to disability were observed in the summit documents reviewed for this report.

2. Methodology and scope

This analysis draws heavily on work done by the G7 and G20 Research Groups at the University of Toronto, Canada, which have compiled lists of G7¹ and G20 summit commitments for many years following a consistent methodology (Kirton, Kokotsis, Guebert, & Bracht, 2016). These

¹ The G7 was known as the G8 from 1997 to 2014, when Russia was a member. Russia was suspended in 2014. This report focuses on the period from 2014 through 2019, so it refers to the G7, but draws on sources that may take a longer perspective and so may refer to the G8 when discussing years prior to 2014.

data include the commitments made in the Leaders' Declarations or Communiqués and other core high-level documents agreed at each summit. Each commitment may refer to one or more specific health issue, which have been grouped together using a classification scheme that was designed and adapted to match the range of issues addressed in the documents.

Health ministers' meetings were also convened alongside the G7 summits in 2015, 2016, 2017, and 2019, and the G20 summits in 2017 and 2018. The declarations or communiqués coming from the health ministers' meetings tend to reiterate the high-level priorities agreed at the summit, while providing additional detail about specific initiatives to be supported or actions to be taken. For the purposes of this report, the main summit declarations or communiqués were assumed to be the best representation of high-level agreement on the top priority issues, so the health ministerial meeting communiqués were not analysed.

3. G7 and G20 commitments on health, 2015-2019

The attention placed on health in general at G7 and G20 summits, and the degree of focus on individual health issues more specifically, varies a great deal from year to year. At the G20 meeting in 2015 (Antalya) the leaders' communiqué only addressed health with the general statement that "attention should be given to global health risks, such as antimicrobial resistance, infectious disease threats and weak health systems" (G20, 2015). At the G20 meeting in 2016 (Hangzhou), the only health issue mentioned in the summit declaration was antimicrobial resistance (Warren, 2016). On the other hand, the G7 meeting of 2016 (Ise-Shima) featured health very strongly, so that with the *G7 Ise-Shima Vision for Global Health* supplementing the usual Leaders' Declaration, one-quarter of all the text agreed upon at the summit, by word count, was related to health (Kirton et al., 2019).

The health issues that have received the most consistent attention in G7 and G20 summit declarations, having been addressed in more than half of the summits since 2015 and appearing in 30 or more commitments over that time, are (see Table 1 below for a summary, and Appendices A and B for the text of commitments):

- **Health systems strengthening**
- **Infectious diseases** (including HIV/AIDS, tuberculosis, malaria, and polio, neglected tropical diseases, and vaccination)
- **Antimicrobial resistance (AMR)**
- **Public health crises** (including emergency preparedness and response, global health security, global health architecture, International Health Regulations, pandemics, Ebola, and Zika)

Other issues highlighted in at least half of the summits include support for the **One Health approach**² and multisectoral working (particularly in the context of combating antimicrobial resistance), **research and development** (in the context of work on infectious diseases and antimicrobial resistance), and **universal health coverage**.

² 'One Health is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.' It particularly links food safety, the control of zoonoses, and combating antibiotic resistance. (<https://www.who.int/features/qa/one-health/en/>)

Table 1: G7 and G20 summit commitments on health, 2015-2019

Numbers within the table are the number of times each issue was mentioned in summit documents. Some commitments refer to more than one issue. Highlighted rows indicate the issues with the most consistent support.

	G7					G20				
	2019 (Biarritz)	2018 (Charlevoix)	2017 (Taormina)	2016 (Ise-Shima)	2015 (Schloss Elmau)	2019 (Osaka)	2018 (Buenos Aires)	2017 (Hamburg)	2016 (Hangzhou)	2015 (Antalya)
Antimicrobial resistance (AMR)		1		23	31	2		11	3	1
Disaster risk reduction and disaster response				1						
Health systems strengthening	1	1	1	17	3	2	1	3		1
Healthy and active ageing (including dementia)				5		4				
Infectious diseases (including HIV/AIDS, tuberculosis, malaria, and polio, neglected tropical diseases, and vaccination)	1	3		12	18	3	1	1		1
Mental health		1	1	1		1				
Non-communicable diseases (including malnutrition, overweight, and obesity)				3	2	1	1			
One Health approach / multisectoral working (including One Health approach, agriculture, environment, and food safety)		1		4	4	1		4		
Primary health care (including social determinants of health)	1			1		2				
Public health security/crises (including emergency preparedness and response, global health security, global health architecture, International Health Regulations, pandemics, Ebola, and Zika)		1	3	26	7	4	1	5		

Reproductive, maternal, newborn, child, and adolescent health (RMNCAH)		1		9	3					
Research and development				12	20	2		1	1	
Universal health coverage (including equity, access, and leave no-one behind)	1	1		20	1		1			
Women's and girls' health	2	1		6						
Other non-specific goals (including general expressions of support for health and for the SDGs)			2	5	1					1

Sources: Bracht, 2015; Warren, 2016; Warren, 2017; Warren, 2018; Warren, 2019; G7, 2019; G7 Research Group, 2019.

Other authors' analyses of G7 and G20 summit declarations show similar conclusions about the issues that have emerged as priorities from these summits.

Examining G7 summits from 2015 and 2017, Missoni et al. (2019) summarise the health-related priorities in the first two years as including **Ebola, antimicrobial resistance, neglected tropical diseases**, strengthening response to **public health emergencies**, and attaining **universal health coverage** with strong **health systems** and better preparedness, including the One Health approach (Missoni et al., 2019, 7.2.1.3). The authors report that in 2017, 'the G7 leaders' final communiqué devoted only the last and very generic paragraph to health' and that the health ministers' meeting which followed the summit 'mostly reiterated generic commitments and support for external initiatives' although it did also call for work on some issues beyond the health sector, including conflict and crisis, social inequalities, globalisation, urbanisation, environmental factors, migration and displacement, and gender perspectives on health (Missoni et al., 7.2.1.3).

Looking at health-related priorities in G20 summits from 2014 through 2017, Missoni et al. (2019) summarise the commitments as focused on responding to **Ebola** and other **public health crises, health systems strengthening, universal health coverage**, and **antimicrobial resistance** including the One Health approach. They note that although the range of issues addressed has broadened over time, 'the emphasis remains on the response to epidemics and ability to control the spread of infectious diseases, while a comprehensive approach to health still appears to be lacking' (Missoni et al., 2019, 7.2.2).

Similarly, Kickbusch et al. (2018) summarise the G20's health-related priorities as '**health security**, the prevention of **pandemics**, and **systems strengthening**.'

Some information on members states' compliance with commitments made at the summits has been compiled by the G7 and G20 Research Group at the University of Toronto. Each year, the research groups assess compliance with a small number of the commitments made across all policy areas at the previous year's summit. Some health-related commitments have been included in the assessment process each year, but the commitments selected vary from year to year. Compliance is assessed based on evidence of national government action including budgetary allocations, legislation, regulations, and other indicators (Kirton, Kokotsis, Guebert, & Bracht, 2016). The authors' analysis (summarised in tables 2 and 3 below) shows that commitments related to infectious diseases, public health crises, antimicrobial resistance, health systems strengthening, and universal health coverage have received strong support, with most or all member countries being in full or partial compliance with commitments. Details of the actions taken by each country are available in the reports cited below the tables. Mental health has shown mixed results: in 2017, only one country was found to be complying with the summit commitment, but in 2018, all countries were either in full or partial compliance, which may suggest increasing interest in the issue.

Table 2: Number of countries in compliance with selected G7 commitments

Summit	Commitment assessed	Full compliance	Partial compliance / work in progress
2018 (Charlevoix)	Mental health: To support growth and equal participation that benefits everyone, and ensure our citizens lead healthy and productive lives, we commit to bringing greater attention to mental health."	4	4

2017 (Taormina)	Mental health: [We are committed to pursuing policies that advance] mental health [improvements across the globe.]	1	0
2016 (Ise-Shima)	Infectious diseases: We are committed to ending AIDS, tuberculosis and malaria, working in partnership with the Global Fund (GF) and others.	6	2
2016 (Ise-Shima)	Public health crises: [Recent outbreaks of Ebola and Zika underscore the imperative to improve prevention of, detection of and response to public health emergencies, whether naturally occurring, deliberate or accidental.] In that respect, we remain committed to advancing compliance with the WHO's IHR [International Health Regulations] objectives including through the Global Health Security Agenda (GHSA).	3	4
2015 (Schloss Elmau)	Infectious diseases: We will stimulate... research focused on faster and targeted development of easily usable and affordable... vaccines.	6	1
2015 (Schloss Elmau)	Antimicrobial resistance: [We will] effectively implement our national action plans	7	0
2015 (Schloss Elmau)	Public health crises: [The G7] will set up or strengthen mechanisms for rapid deployment of multidisciplinary teams of experts coordinated through a common platform.	6	2

Sources: Humeniuk et al., 2016; Beard et al., 2017; Bland et al., 2018; Hou et al., 2019

Note: The European Union is a 'non-enumerated' member of the G7, so the total number of entities assessed is eight rather than seven.

Table 3: Number of countries in compliance with selected G20 commitments

Summit	Commitment assessed	Full compliance	Partial compliance / work in progress
2018 (Buenos Aires)	Health systems strengthening / Universal Health Coverage: We reaffirm the need for stronger health systems providing cost effective and evidence-based intervention to achieve better access to health care and to improve its quality and affordability to move towards Universal Health Coverage (UHC), in line with their national contexts and priorities.	17	3
2017 (Hamburg)	Health systems strengthening: We strive for cooperative action to strengthen health systems worldwide, including through developing the health workforce.	19	1

Sources: Barnett et al., 2018; Cicci et al., 2019

4. Issues that may be under-addressed

McBride et al. (2019, p. 10) suggest that issues that may be under-addressed by the G7 and G20 include **non-communicable diseases** (notably diabetes, cardiovascular and respiratory diseases, and cancer), **environmental pollution**, **tobacco control**, **substance abuse** (alcohol

and narcotics), **road traffic morbidity and mortality**, and access to essential medicines via the Agreement on Trade-Related Aspects of Intellectual Property Rights (**TRIPS**). Kirton and Bracht (2015) agree that the G8³ has given ‘very little attention’ to non-communicable diseases.

McBride et al. (2019, p. 11) also argue that **social issues** such as **equity** and the **social determinants of health** have received insufficient attention. The G7 has included some references to environmental health, human rights, and gender equality, which have tended to be neglected by the G20. On the other hand, only the G20 has referred to engaging civil society and private sector actors and to the social determinants of health (McBride et al., 2019, p. 10).

The G7 and G20 both refer to inclusiveness in the form of supporting work towards universal health coverage, although this is more prevalent for the G7 than for the G20. The G7 included specific references to women’s and girls’ health among their commitments, while no specific references to gender were noted in G20 health-related commitments⁴. No specific references to disability were observed in the summit documents reviewed for this report.

5. Alignment of G7/G20 health commitments with SDG 3

The G7’s health commitments are closely aligned with Sustainable Development Goal 3 (“ensure healthy lives and promote well-being for all at all ages”). McBride et al. (2019) show that G7 commitments from 2015-2017 include direct commitments to 17 of the 28 targets and principles of SDG 3, and weak or indirect references to seven more. The elements of SDG 3 that are not addressed by the G7 are substance abuse (narcotics and alcohol), road traffic injuries, access to essential medicines via the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and the social determinants of health (McBride et al., 2019). The G20’s health commitments are less closely aligned with SDG 3, and either fully or partially cover only 14 of the targets and principles of SDG 3, leaving 12 unaddressed (McBride et al., 2019).

³ These authors were writing in 2015, so they refer to the G8, since Russia was a member of the ‘club’ until 2014.

⁴ Kulik (2016), looking at how the G7 and G20 address gender more generally, argues that although the G7 has recognised women and girl’s rights in its outcome documents, ‘gender equality has largely remained a peripheral issue with attention centered on only one particular part of the problem from year to year’ and that ‘the G20 has emphasized the economic side of gender issues... [but] attention seems to be fleeting and there is no guarantee that gender equality as it relates to economic growth will end up in the communiqué in a meaningful way.’

Figure 1: Correspondence between G7 and G20 summit commitments and SDG 3 targets and principles, 2015-2017

SDG 3 Health Targets		G7	G20
1	Maternal health		
2	Child health (neonatal and under-five year olds)		
3	AIDS, TB, malaria		
	Neglected tropical diseases		
	Hepatitis, water-borne & communicable diseases		
4	Non-communicable diseases		
	Mental health		
5	Substance abuse (narcotic drugs and alcohol)		
6	Road traffic injuries		
7	Sexual and reproductive health		
8	Universal health coverage and access to medicines/vaccines		
9	Environmental pollution		
SDG 3 Means-of-Implementation Targets			
a	Tobacco (WHO Framework Convention on Tobacco Control)		
b	Research & development for diseases of the developing world		
	Access to medicines via TRIPS		
c	Increase health financing		
	Human resources for health in low- & middle-income countries		
d	Early warning; risk reduction; management of national & global health risks		

= Direct reference/commitment in 1+ communiqué
 = Weak/indirect reference(s)
 = No reference/commitment

SDG 3 Principles		G7	G20
Explicit commitment to the Sustainable Development Goals			
Reference to the right to health; rights-based approach; human rights			
Leaving no-one behind	Reference to leaving no-one behind		
	Reference to a specific vulnerable group		
Equity/Equality	Equality		
	Gender equality		
SDG 3 Ways of Working			
Inter-sectoral collaboration			
Engagement with non-state actors	Reference to engaging civil society		
	Reference to engaging the private sector		
Addressing the social determinants of health			

= Direct reference/commitment in 1+ communiqué
 = Weak/indirect reference(s)
 = No reference/commitment

Source: McBride et al., 2019, p. 7. Edited from original image published under [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

6. Critiques of summit commitments

Some authors have criticised the G7 and G20 for formulating commitments that are not specific or measurable enough to hold member states to account effectively. McBride et al. (2019, pp. 10-11) describe the commitments made by both the G7 and G20 as 'weak in so far as formulating tangible obligations or actions... many of their commitments are described in language which does not clearly identify the target of the action... nor do the communiqués include concrete measures for reporting or accountability' (McBride et al., 2019, pp. 10-11). Buse (2015, p. 650) criticises the G7 on the grounds that commitments are lacking in 'specificity of targets and means, their future orientation, level of ambition, time-boundedness, the bindingness of the obligation and whether commitments apply to those issuing the communiqué or other parties, among others' Richard Horton, editor-in-chief of *The Lancet*, described the G20's declaration in 2017 as 'full of platitudes' but 'missing one thing – concrete and specific actions' (Horton, 2017, p. 214).

An exception to the above is noted by Missoni et al. (2019, 7.2.2), who single out the G20's 2014 summit declaration as containing 'specific, measurable, politically binding and long-term commitments (concerned with the prevention of future crises rather than just with the containment of the ongoing one) rarely seen previously in the relevant documents of the G7 summits.'

Both the G7 and G20 have been criticised for having tendencies to consider health issues from a point of view that emphasises economic impacts and growth. Summit documents often refer to economic development as one of the justifications for health-related initiatives (Missoni et al., 2019, 7.2.2). Richard Horton, editor-in-chief of *The Lancet*, argues that the G20's 'first and only concern is economic growth' and that when Germany placed global health at the centre of the G20's agenda for the first time, in 2017 at the Hamburg summit, the outcome was a failure (Horton, 2017, p. 214).

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About this report

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Appendix A: G7 commitments related to health

Where commitments below are numbered, the numbers are those assigned in reports produced by the G7 Research Group at the University of Toronto, Canada.

2019 (Biarritz, France)

Source: G7, 2019

Sahel Partnership Action Plan

We commit to pursuing our efforts to strengthen quality primary health care in Sahel countries, with a specific focus on gender equality and women's empowerment. We welcome the G7 Primary Health Care (PHC) Universal Knowledge Initiative adopted by the G7 Health Ministers.

We reaffirm our commitment to end the epidemics of AIDS, tuberculosis and malaria and look forward to the success of the Sixth Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We recall our commitment to moving towards achieving universal health coverage according to national contexts and priorities, building resilient and sustainable health systems, in order to be able to reach the most affected communities.

We encourage the design of a results-based partnership structure in the field of health and human development in pilot countries in sub-Saharan Africa, such as a Development Impact Bond for the management of menstrual hygiene in schools.

2018 (Charlevoix, Canada)

Source: G7 Research Group, 2019

Summit Communiqué

2018-18	To support growth and equal participation that benefits everyone, and ensure our citizens lead healthy and productive lives, we commit to supporting strong, sustainable health systems that promote access to quality and affordable healthcare
2018-19	[To support growth and equal participation that benefits everyone, and ensure our citizens lead healthy and productive lives, we commit to] bringing greater attention to mental health.
2018-20	We support efforts to promote and protect women's health and well-being through evidence-based healthcare and health information.

2018-21	[We support efforts to promote and protect] adolescents' [health and well-being through evidence-based healthcare and health information.]
2018-22	We recommit to support our 76 partners to strengthen their implementation of the International Health Regulations, including through their development of costed national action plans and the use of diverse sources of financing and multi-stakeholder resources.
2018-23	We will prioritize and coordinate our global efforts to fight against antimicrobial resistance, in a "one health" approach.
2018-24	We will accelerate our efforts to end tuberculosis, and its resistant forms.
2018-25	We reconfirm our resolve to work with partners to eradicate polio and effectively manage the post-polio transition.
2018-26	We affirm our support for a successful replenishment of the Global Fund in 2019.

2017 (Taormina, Italy)

Source: G7 Research Group, 2019

Leaders' Communiqué

2017-11	[To achieve this we must improve knowledge and competences across all sectors and regions of our countries,] [by investing in fields such as] health, [with a view to boosting economic growth and to improving people's quality of life.]
2017-67	We are committed to advancing global health security
2017-68	[We are committed to] pursuing policies that advance physical health improvements across the globe
2017-69	[We are committed to pursuing policies that advance] mental health [improvements across the globe.]
2017-70	We remain committed to strengthening health systems
2017-71	[We remain committed to strengthening] preparedness for public health emergencies and long-term challenges.

2017-72	[We remain committed to strengthening] a prompt, effective and coordinated response to public health emergencies and long-term challenges.
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2016 (Ise-Shima, Japan)

Source: G7 Research Group, 2019

Leaders' Declaration

2016-13	We commit to take concrete actions for advancing global health as elaborated in the G7 Ise-Shima Vision for Global Health, highlighting that health is the foundation of economic prosperity and security.
2016-14	We commit to promote Universal Health Coverage (UHC) as well as endeavor to take leadership in reinforcing response to public health emergencies and antimicrobial resistance (AMR) which could have serious impacts on our economies.
2016-67	At the juncture of the first G7 summit after the historic adoption of the 2030 Agenda, we are fully committed to implementing the health-related Sustainable Development Goals (SDGs) therein that ensure well-being at all stages and health security for all individuals, and foster inclusive economic growth for nations.
2016-68	With these in mind, we particularly commit to take concrete actions in the following areas as elaborated in the G7 Ise-Shima Vision for Global Health, as set out in the Annex.
2016-69	We also instruct our Health Ministers to further elaborate necessary actions on these areas at their Meeting in Kobe in September.
2016-70	Reinforcing of the Global Health Architecture to strengthen response to public health emergencies Recognizing the Ebola outbreak turned into a major epidemic partly due to the lack of swift and coordinated actions among relevant stakeholders, we commit to take leadership in reinforcing the Global Health Architecture, relying on strengthening existing organizations.
2016-71	We reaffirm the WHO's central role in that architecture to enable and support more swift, effective and coordinated responses to public health emergencies.
2016-72	In this light, we urge and support the WHO to implement its emergency and wider reforms, including its One WHO approach across the three levels of the Organization, namely its headquarters, regional and country offices, in a timely manner, recognizing its resource needs.

2016-73	[Recent outbreaks of Ebola and Zika underscore the imperative to improve prevention of, detection of and response to public health emergencies, whether naturally occurring, deliberate or accidental.] In that respect, we remain committed to advancing compliance with the WHO's IHR objectives including through the Global Health Security Agenda (GHSA).
2016-74	We renew our support to a coordinated approach to offer concrete assistance to 76 countries and regions and support to these partners to develop national plans in close coordination with the WHO and other relevant organizations.
2016-75	Recognizing the primary responsibility of countries to strengthen their IHR core capacities, we intend to assist these partners to achieve the common and measurable targets of the Joint External Evaluation (JEE) tool published by the WHO and in partnership with other organizations such as the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE).
2016-76	We also commit to support, undergo, and share such evaluations with our partners.
2016-77	Attaining of UHC with strong health systems and better preparedness Recognizing the importance of accelerating achievement of UHC with the principle of no one left behind, we reiterate our commitment to enhance our support and coordination to strengthen health systems, especially in developing countries, to make them more resilient, inclusive, affordable, sustainable, and equitable ones.
2016-78	we support the establishment of UHC 2030 that seeks to ensure the International Health Partnership (IHP+) principles and is supported by initiatives such as the Roadmap Healthy Systems, Healthy Lives.
2016-79	Meanwhile, taking into consideration the pressing need for HSS in Low Income Countries (LICs) and Lower Middle Income Countries (LMICs) where health systems are especially weak, we are also committed to support country-led HSS in collaboration with relevant partners including the WHO.
2016-80	We are committed to ending AIDS, tuberculosis and malaria, working in partnership with the Global Fund (GF) and others.
2016-81	To this end, we fully support a successful 5th replenishment of the GF, taking the opportunity of the GF replenishment conference in Montreal in September, and call on traditional and new donors to support the replenishment.
2016-82	We also commit to promoting active ageing, with due consideration to gender specific aspects, through multi-sectoral approaches including the promotion of

	age-friendly communities and support for communities to become dementia-friendly.
2016-83	Building on the G7's previous commitment, we commit to make collective efforts for strengthening and actively implementing a multi-sectoral One Health Approach, taking into account the sectors including human and animal health, agriculture, food and the environment.
2016-84	We particularly endeavor to preserve effectiveness of antimicrobials, including by preserving existing antibiotics, to strengthen the inter-sectoral surveillance in all sectors, and to improve access to effective antimicrobials through accelerated support in cooperation with other countries and private sector partners.
2016-85	we also commit to consider potential for new incentives to promote R&D on AMR and call on the international community to take further action.
2016-86	Against those backdrops, we are committed to support the 2016 High-Level Meeting on AMR at the UN General Assembly that promotes effective implementation of the Global Action Plan through multi-sectoral global, regional, national, and community collaborative efforts, and recognize existing initiatives, such as those highlighted in the EU Ministerial One Health Conference on AMR, the Tokyo Meeting of Health Ministers on AMR in Asia, and the GHSA AMR Action Package.

G7 Ise-Shima Vision for Global Health Commitments

2016-196	At the G7 Ise-Shima Summit, we, the G7 leaders, commit to take the following concrete actions for advancing global health.
2016-197	In addition to its wider reform agenda, urge and support the WHO to implement its reforms for outbreaks and health emergencies, in a timely manner, recognizing also its resource needs, with the understanding that the WHO should continue to play the central role in global public health crisis preparedness and response.
2016-198	In this relation, (i) renew our support to a coordinated approach to offer concrete assistance to 76 countries and regions and support to these partners to develop national plans in close coordination with the WHO and other relevant organizations;
2016-199	[recognizing the primary responsibility of countries to strengthen their IHR core capacities, intend to assist these partners to achieve the common and measurable targets of the Joint External Evaluation (JEE) tool published by the WHO and in partnership with other organizations such as the Food and Agriculture Organization of the United Nations (FAO) and the World Organization

	for Animal Health (OIE);] also commit to support, undergo, and share such evaluations with our partners,
2016-200	Therefore, support the establishment of UHC 2030, that seeks to ensure the IHP+ principles to accelerate equitable and sustainable progress toward UHC through: (i) consolidating political momentum;
2016-201	[Therefore, support the establishment of UHC 2030, that seeks to ensure the IHP+ principles to accelerate equitable and sustainable progress toward UHC through:] (ii) creating a common understanding of HSS and UHC;
2016-202	[Therefore, support the establishment of UHC 2030, that seeks to ensure the IHP+ principles to accelerate equitable and sustainable progress toward UHC through:] (iii) sharing the common understanding on a minimum set of measurable indicators of HSS and UHC drawing from pre-existing ones; and
2016-203	[Therefore, support the establishment of UHC 2030, that seeks to ensure the IHP+ principles to accelerate equitable and sustainable progress toward UHC through:] (iv) ensuring accountability by tracking progress toward UHC with these indicators, with possible support of initiatives such as the Roadmap Healthy Systems, Healthy Lives.
2016-204	Continue to encourage and support the earliest possible establishment of the partnership in consultation with countries, to promote UHC,
2016-205	[Continue to encourage and support the earliest possible establishment of the partnership in consultation with countries] to leverage support for health system strengthening in the most vulnerable countries.
2016-206	Reaffirm our commitment to the SDGs, to leave no one behind, and to ensure equity by focusing on the needs of vulnerable segments of society, including the poorest and most marginalized populations.
2016-207	With this in mind and recognizing the pressing need for strong, resilient and sustainable health systems in Low Income Countries(LICs) and Lower Middle Income Countries(LMICs) with limited resources and increased vulnerability to public health threats such as epidemic and other severe events, commit to support country-led HSS with greater use of enhanced coordination of country-level actions toward HSS, based on the IHP+ principles, including through the Country Coordination Mechanism of the Global Fund, as well as the GHSA,
2016-208	Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies; (i) helping the development/adjustment of medium-term national health plans;

2016-209	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (ii) strengthening policy making and management capacity for disease prevention and health promotion;
2016-210	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (iii) improving access to affordable, safe, effective, and quality assured, essential medicines, vaccines and technologies to prevent, diagnose and treat medical problems;
2016-211	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (iv) building a sufficient capacity of motivated and adequately trained health workers;
2016-212	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (v) improving and strengthening the quality and use of health statistics and information systems including civil registration and vital statistics;
2016-213	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (vi) promoting access to health services and providing technical support to design health financing strategies to provide financial protection against catastrophic out-of-pocket health expenditures, particularly among the poor;
2016-214	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (vii) assisting LICs/LMICs' mobilization of their domestic resources, through both public and private sectors, and more efficient health spending as a backbone of sustainable national health system; and
2016-215	[Support LICs/LMICs's nationally driven and owned efforts toward HSS which might include the following key contributors for the achievement of UHC with better preparedness for and prevention against emergencies] (viii) monitoring progress towards UHC with measurable indicators and share best practices.
2016-216	Also fully support a successful 5th replenishment of the Global Fund (GF), which plays a major role in reducing the impact of significant infectious diseases as well as promoting HSS, taking the opportunity of the GF replenishment conference in Montreal in September this year, and also call on all traditional and new donors

	to support the GF achieve its goals and on all countries to increase their domestic resources for health.
2016-217	Use and leverage our commitment to offer support to 76 countries in the implementation of the IHR to contribute to resilient and sustainable health systems which are able to respond to public health emergencies.
2016-218	Based on the progress on the G8 Muskoka Initiative, intensify our efforts to improving maternal, newborn, child, adolescent health worldwide as upheld in the SDGs, with an emphasis on HSS, and also urge increased attention to women and adolescent health and to the overall success of the 2030 Agenda.
2016-219	Increase attention to the need for an integrated approach to the rights and health of women and girls, and the importance of closing gaps in universal access to physical and mental, as well as to sexual and reproductive health services, including for family planning, information and education.
2016-220	Recognizing the value of taking needs-based responses to health issues for women of all ages, including newborns, children, adolescents, as well as those in fragile and conflict-affected states and humanitarian settings, commit to: (i) provide access to sexual and reproductive health rights and services with a focus on adolescent-friendly services and participation;
2016-221	[Recognizing the value of taking needs-based responses to health issues for women of all ages, including newborns, children, adolescents, as well as those in fragile and conflict-affected states and humanitarian settings, commit to:] (ii) ensuring adequate nutrition with emphasis on the special needs of infants and children, and pregnant and lactating mothers, with sharing the G7's best practices; and
2016-222	[Recognizing the value of taking needs-based responses to health issues for women of all ages, including newborns, children, adolescents, as well as those in fragile and conflict-affected states and humanitarian settings, commit to:] (iii) strengthening the cooperation among the G7's relevant organizations, making the most of their disaster response experiences and drawing upon the Sendai Framework on Disaster Risk Reduction 2015-2030.
2016-223	Reaffirm the importance of immunization as one of key cost-effective measures to prevent the spread of infectious disease and address emerging pandemics and to this end: (i) continue global efforts to achieve the targets established in the Global Vaccine Action Plan;
2016-224	[Reaffirm the importance of immunization as one of key cost-effective measures to prevent the spread of infectious disease and address emerging pandemics and to this end:] (ii) leverage and use immunization records including information

	sources such as Maternal and Child Health(MCH) handbooks which highlight the importance of immunization and give guidance to families;
2016-225	[Reaffirm the importance of immunization as one of key cost-effective measures to prevent the spread of infectious disease and address emerging pandemics and to this end:] (iii) recognize the tremendous progress achieved towards polio eradication where global eradication is now within reach, and reaffirm our commitment to achieve polio eradication targets laid out in the GPEI Endgame Strategic Plan, and recognize the significant contribution that the polio related assets, resources and infrastructure will have on strengthening health systems and advancing UHC.
2016-226	Galvanize international efforts to combat malnutrition and to hold the rise of obesity and over-weight targeting most vulnerable populations - mothers, children and adolescent girls - and consistent with the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, including: (i) the activities within the Decade of Action on Nutrition 2016-2025 and by various initiatives such as Scaling Up Nutrition (SUN);
2016-227	[Galvanize international efforts to combat malnutrition and to hold the rise of obesity and over-weight targeting most vulnerable populations - mothers, children and adolescent girls - and consistent with the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, including:](ii) the Nutrition for Growth Summit.
2016-228	Work together with WHO and other relevant international actors in the global efforts to prevent the spread and reduce the impact of Zika virus, taking account scientific consensus that Zika is a cause of microcephaly and other severe fetal brain defects in newborns and is associated with an increase in Guillain-Barre syndrome and other neurological disorders.
2016-229	Support the work of global partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi the Vaccine Alliance, the Global Alliance for Chronic Diseases, and UHC 2030 building upon IHP+, as well as global initiatives such as the implementation of the Global Strategy for Women's, Children's and Adolescents' Health and the GFF as appropriate.
2016-230	Therefore call for promoting Active Ageing movement both among the G7 and in other parts of the world.
2016-231	Support the WHO's efforts to develop and implement the Global Strategy and Action Plan on Aging and Health, and encourage developing countries and transitional countries to make their national and/or regional action plans accordingly.

2016-232	Pursue multi-sectoral approach to active ageing to reach the highest attainable level of well-being, from health care and long-term care to health promotion, welfare, employment, pension, housing, and urban/transportation planning, with due consideration to gender specific aspects, through such movements as promotion of age-friendly communities and support for communities to become dementia-friendly, including Age and Dementia-friendly Communities, and promoting Dementia Supporters/Friends.
2016-233	Share knowledge and expertise among and beyond G7 on ways to enhance healthy and active ageing and promote a culture of prevention and health, welcoming the interim report by the WHO and the OECD on their analyses of ways to address challenges related to population ageing.
2016-234	Building on the previous commitment of the G7 Elmau Summit and its subsequent Health Ministers' Meeting as well as the G7 Niigata Agriculture Ministers' Meeting, promote the One Health Approach to tackle cross-cutting issues of AMR in human and animal health, agriculture food and the environment, and take actions involving multiple sectors, such as by integrating collaboration between the responsible ministries, in line with the 2015 WHO Global Action Plan on AMR adopted and relevant resolutions of FAO and OIE.
2016-235	Strengthen collaboration and support other countries in developing surveillance capacity for AMR and antibiotic use in humans, animals, foods and the environment and align and/or develop national surveillance systems on AMR in line with the WHO Global Antimicrobial Resistance Surveillance System (GLASS).
2016-236	Support the 2016 High-Level Meeting on AMR at the UN General Assembly that promotes effective implementation of the Global Action Plan through multi-sectoral global, regional, national, and community collaborative efforts in coordination with WHO, FAO and OIE, including the GHSA AMR Action Package and the regional high level political commitments such as the EU Ministerial One Health Conference on AMR and the Tokyo Meeting of Health Ministers on AMR in Asia, and encourage effective coordination between the multiple initiatives to fight AMR.
2016-237	Support WHO in the implementation of the Global Action Plan on AMR
2016-238	[Support] other countries in the development and implementation of their national action plans on AMR in line with their national health plans.
2016-239	Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to: (i) enhance

	sharing of information produced by surveillance and/or R&D to guide policies to preserve such effectiveness;
2016-240	[Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to:] (ii) promote regulatory cooperation, as appropriate, for effective and appropriate control of antimicrobial production, prescription, distribution and use both in humans and animals through international collaborations;
2016-241	[Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to:] (iii) recognize the importance of social and behavioral sciences for addressing key aspects of AMR, i.e. inappropriate use of antimicrobials, and raise awareness among healthcare providers, patients, veterinarians and animal owners/keepers, and general public;
2016-242	[Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to:] (iv) promote international cooperation for preserving effectiveness including supporting development and implementation of national antimicrobial stewardship program; and
2016-243	[Recognize effectiveness of antimicrobials as a global public good and prioritize efforts to preserving such effectiveness through appropriate and prudent use of antimicrobials both in humans and animals, and make efforts to:] (v) phase out the use of antibiotics for growth promotion in animal husbandry in the absence of risk analysis and preserve the use of antibiotics only for therapeutic reasons in human and veterinary medicine, noting differences in the G7 member definitions of the term antibiotics and referring here to those antibiotics with an impact on human health.
2016-244	While rationalizing use, ensure access to safe, effective and quality-assured antimicrobials for humans and animals, including by encouraging international discussions on incentivizing the pharmaceutical industry to maintain production of essential antibiotics and avoid unavailability or market withdrawals of existing antibiotics.
2016-245	Share with the international community, including the G20, the importance of addressing market failure and incentivizing R&D of new antimicrobials, vaccines, diagnostics, and alternative therapeutics, and other medical countermeasures in human and animal health, building on recent scientific studies and reviews on AMR, including the recommendations of the Independent Review on AMR.

2016-246	Improve access to effective vaccines, diagnostics, antimicrobials, alternate therapeutics.
2016-247	Support Infection Prevention and Control such as good hygiene - in particular but not only in LICs and LMICs to reduce healthcare - associated infections and health burden of AMR through appropriate training and technologies, and bilateral or multilateral arrangement.
2016-248	Promote R&D partnerships, and measure the effectiveness of such interventions of effective vaccines, diagnostics, antimicrobials, alternate therapeutics, and other medical countermeasures as described in 4-1-2.
2016-249	Shedding light on diseases that require further R&D improvements, particularly for conditions not adequately addressed by the market, including Poverty-Related Infectious Diseases (PRDs) and Neglected Tropical Diseases (NTDs): Implement policies to encourage the development of and access to medical products for those diseases.
2016-250	[Shedding light on diseases that require further R&D improvements, particularly for conditions not adequately addressed by the market, including Poverty-Related Infectious Diseases (PRDs) and Neglected Tropical Diseases (NTDs):] Encourage G7 countries to support “push (e.g. support to cover R&D cost)” and “pull (e.g. making advance purchase and support creating markets/demands)” incentives, promote well-coordinated Public-Private Partnership to develop new drugs and alternative therapies as exemplified by the Global Health Innovative Technology Fund (GHIT) and the Innovative Medicines Initiative (IMI).
2016-251	[Shedding light on diseases that require further R&D improvements, particularly for conditions not adequately addressed by the market, including Poverty-Related Infectious Diseases (PRDs) and Neglected Tropical Diseases (NTDs):] Work to strengthen collaboration between research institutions, funding organizations and policy makers across G7 countries, building on the G7-process for mapping of R&D activities on NTDs and PRDs initiated in 2015 and now underway in 2016.
2016-252	[Shedding light on diseases that require further R&D improvements, particularly for conditions not adequately addressed by the market, including Poverty-Related Infectious Diseases (PRDs) and Neglected Tropical Diseases (NTDs):] Encourage regulatory cooperation on pharmaceutical products by participation in bodies that develop harmonized standards such as the International Council on Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and International Council on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH).
2016-253	Promote R&D to combat AMR, such as through “pull” incentives to address specific market failures and funding for basic and applied research and

	development of new vaccines, diagnostics, antimicrobials, alternative therapeutics as well as IPC, other behavioral interventions, and antimicrobial stewardship programs.
2016-254	Leverage existing global research coordination initiatives such as the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR).
2016-255	Examine efforts to promote globally harmonized clinical trials to support development of antimicrobials, diagnostics and other countermeasures, especially those against antimicrobial-resistant pathogens and infections, also by involving large clinical research infrastructure for the design, coordination and conduct of clinical trials and studies.
2016-256	Promote regulatory cooperation on drugs to facilitate for new antimicrobial development.
2016-257	Explore the feasibility of partnerships such as the Vaccine Innovation for Pandemic Preparedness Partnership to conduct a coordinated vaccine research and development.
2016-258	Promote scientifically robust clinical trials on emerging infectious diseases for rapid research responses in cases of outbreak.

2015 (Schloss Elmau, Germany)

Source: G7 Research Group, 2019

Leaders' Declaration

2015-34	[the G7 commits to putting] the promotion of health [at the centre of our growth agenda].
2015-143	We are therefore strongly committed to continuing our engagement in this field with a specific focus on strengthening health systems through bilateral programmes.
2015-144	[We are therefore strongly committed to continuing our engagement in this field with a specific focus on strengthening health systems through] multilateral structures.
2015-145	We commit to preventing future outbreaks from becoming epidemics by assisting countries to implement the World Health Organization's International Health Regulations (IHR), including through Global Health Security Agenda and its common targets and other multilateral initiatives.

2015-146	we will offer to assist at least 60 countries, including the countries of West Africa, over the next five years, building on countries' expertise and existing partnerships.
2015-147	We are strongly committed to getting the Ebola cases down to zero.
2015-148	We support the ongoing process to reform and strengthen the WHO's capacity to prepare for and respond to complex health crises while reaffirming the central role of the WHO for international health security.
2015-149	we will coordinate to fight future epidemics
2015-150	[we] will set up or strengthen mechanisms for rapid deployment of multidisciplinary teams of experts coordinated through a common platform.
2015-151	We will implement those mechanisms in close cooperation with the WHO and national authorities of affected countries.
2015-152	We will develop or review [our national action plans]
2015-153	[We will] effectively implement our national action plans.
2015-154	[We will] support other countries as they develop their own national action plans.
2015-155	We will foster the prudent use of antibiotics
2015-156	[We] will engage in stimulating basic research
2015-157	[We will engage in] research on epidemiology
2015-158	[We will engage in] infection prevention
2015-159	[We will engage in infection] control
2015-160	[We will engage in] the development of new antibiotics
2015-161	[We will engage in the development of] alternative therapies
2015-162	[We will engage in the development of] vaccines

2015-163	[We will engage in the development of] rapid point-of-care diagnostics.
2015-164	We commit to taking into account the annex (Joint Efforts to Combat Antimicrobial Resistance) as we develop or review [our national action plans].
2015-165	[We commit to taking into account the annex (Joint Efforts to Combat Antimicrobial Resistance) as we] share our national action plans.
2015-166	We commit ourselves to the fight against neglected tropical diseases (NTDs).
2015-167	We will work collaboratively with key partners, including the WHO Global Observatory on Health Research and Development.
2015-168	we will contribute to coordinating research and development (R&D) efforts
2015-169	[We will] make our data available.
2015-170	We will build on efforts to map current R&D activities, which will help facilitate improved coordination in R&D and contribute to better addressing the issue of NTDs.
2015-171	We commit to supporting NTD-related research, focusing notably on areas of most urgent need.
2015-172	we will stimulate both basic research on prevention
2015-173	[we will stimulate both basic research on] control
2015-174	[we will stimulate both basic research on] treatment
2015-175	[we will stimulate] research focused on faster and targeted development of easily usable and affordable drugs
2015-176	[we will stimulate research focused on faster and targeted development of easily usable and affordable] vaccines
2015-177	[we will stimulate] research focused on faster and targeted development of easily usable and affordable point-of-care technologies.
2015-178	As part of our health system strengthening efforts we will continue to advocate accessible, affordable, quality and essential health services for all.

2015-179	We will invest in the prevention [of NTDs in order to achieve 2020 elimination goals].
2015-180	[We will invest in the] control of NTDs in order to achieve 2020 elimination goals.
2015-181	We are committed to ending preventable child deaths
2015-182	[We are committed to] improving maternal health worldwide
2015-183	We are committed to] supporting the renewal of the Global Strategy for Women's, Children's and Adolescents' Health

Joint Efforts to Combat Antimicrobial Resistance (AMR)

2015-298	The G7 strongly supports the first Global Action Plan by the World Health Organization (WHO) on Antimicrobial Resistance (AMR).
2015-299	We will develop or review, [our national action plans]
2015-300	[We will] operationalize [our national action plans]
2015-301	[We will] share our national action plans
2015-302	[We will] keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness of existing [antimicrobials]
2015-303	[We will] [keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness of] future antimicrobials
2015-304	[We will] [keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness] by engaging in research and development for new antimicrobials,
2015-305	[We will] [keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness by engaging in research and development for new] vaccines

2015-306	[We will] [keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness by engaging in research and development for new] treatment alternatives
2015-307	[We will] [keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below: Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness by engaging in research and development for new] rapid diagnostic tools.
2015-308	We are strongly committed to the One Health approach, encompassing all areas of human and animal health as well as agriculture and the environment.
2015-309	Our national action plans will be based on this concept.
2015-310	We will specifically foster the prudent use of antibiotics by committing to use them for therapeutic reasons under supervision in compliance with national and or jurisdictional legislation and after individual diagnosis.
2015-311	We will increase knowledge [through the implementation of stewardship programmes for medical and veterinary professionals as well as livestock producers.]
2015-312	[We will increase] responsible use through the implementation of stewardship programmes for medical and veterinary professionals as well as livestock producers.
2015-313	we are committed to intensifying our dialogue with the pharmaceutical [which plays a vital role in our close collaboration with the WHO]
2015-314	[we are committed to intensifying our dialogue with the] biotechnology [the World Organisation for Animal Health (OIE)]

G7 Action Plan to Combat Marine Litter Overarching Principles

2015-325	[We remain strongly committed to the eradication of] malnutrition.
2015-331	[We will continue and build upon our existing wide range of interventions for] nutrition

Appendix B: G20 commitments related to health

The numbers listed next to each commitment in the tables below are those assigned by the G7 Research Group at the University of Toronto.

2019 (Osaka, Japan)

Source: Warren, 2019

Leaders' Declaration

2019-101	We will strengthen health systems with a focus on quality including through enhancing health workforce and human resources for policy development
2019-102	We will strengthen health systems with a focus on quality including through... promoting public and private sector innovation, such as cost-effective and appropriate digital and other innovative technologies.
2019-103	We will promote healthy and active ageing through policy measures to address health promotion
2019-104	We will promote healthy and active ageing through policy measures to address... prevention and control of communicable and non-communicable diseases
2019-105	We will promote healthy and active ageing through... people-centered, multi-sectoral, community-based integrated health and long-term care over the life course in accordance with national context including demographic trends.
2019-106	We will implement comprehensive set of policies to address dementia, including promoting risk reduction and sustainable provision of long-term care as well as inclusive societies aiming to improve quality of lives of people with dementia and caregivers.
2019-107	We are committed to improving public health preparedness and response including strengthening our own core capacities
2019-108	We are committed to improving public health preparedness and response including... supporting capacities of other countries in compliance with the World Health Organization (WHO) International Health Regulations (2005).
2019-109	We will support countries suffering from the current Ebola outbreak in Africa, through both timely financial and technical assistance and in line with the central

	coordination responsibility that WHO has for international responses to health emergencies.
2019-110	We will work for the sustainability and efficiency of global health emergency financing mechanisms.
2019-111	We reaffirm our commitment to eradicate polio
2019-112	We reaffirm our commitment to... end the epidemics of AIDS, tuberculosis and malaria
2019-113	We will accelerate efforts based on the One-Health approach to tackle antimicrobial resistance (AMR).
2019-114	Noting the ongoing work done by Global AMR R&D Hub, we will promote R&D to tackle AMR.

2018 (Buenos Aires, Argentina)

Source: Warren, 2018

Declaration

2018-46	We will tackle malnutrition, with a special focus on childhood overweight and obesity, through national, community-based and collaborative multi-stakeholder approaches.
2018-47	We reaffirm the need for stronger health systems providing cost effective and evidence-based intervention to achieve better access to health care and to improve its quality and affordability to move towards Universal Health Coverage (UHC), in line with their national contexts and priorities.
2018-48	We will continue to strengthen core capacities required by International Health Regulations (IHR, 2005) for prevention, detection and response to public health emergencies, while recognizing the critical role played by WHO in this regard.
2018-49	We are committed to ending HIV/AIDS, tuberculosis and malaria, and look forward to a successful 6 ^o replenishment of the Global Fund in 2019.

2017 (Hamburg, Germany)

Source: Warren, 2017

G20 Leaders' Declaration: Shaping an Interconnected World

2017-62	we strive for cooperative action to strengthen health systems worldwide, including through developing the health workforce.
2017-63	We strive to fully eradicate polio.
2017-64	We advocate for sufficient and sustainable funding to strengthen global health capacities, including for rapid financing mechanisms and the WHO's Health Emergencies Programme.
2017-65	To tackle the spread of AMR in humans, animals and the environment, we aim to have implementation of our National Action Plans, based on a One-Health approach, well under way by the end of 2018.
2017-66	We will promote the prudent use of antibiotics in all sectors
2017-67	[We] strive to restrict their use in veterinary medicine to therapeutic uses alone
2017-68	We will strengthen public awareness [of AMR]
2017-69	[We will strengthen] infection prevention and control [of AMR]
2017-70	[We will] improve the understanding of the issue of antimicrobials in the environment
2017-71	We will promote access to affordable and quality antimicrobials, vaccines and diagnostics, including through efforts to preserve existing therapeutic options.
2017-72	In collaboration with relevant experts including from the OECD and the WHO, we will further examine practical market incentive options
2017-141	Act in line with our obligations under the International Health Regulations

2017-142	support the leadership and coordination of WHO for health crises management. (SDG 3)
2017-143	Continue to contribute to health systems strengthening based on a common understanding at national, regional and international levels with relevant partners and combine these efforts with requirements of the International Health Regulations, with the aim to develop resilient health systems. (SDG 3)
2017-144	Develop and implement National Action Plans against Antimicrobial Resistance applying the One Health approach. (SDG 3)
2017-291	Support national and international efforts to strengthen sustainable health systems.
2017-292	Support international efforts, including those of the WHO Health Emergencies Program, to manage health risks and crises in a comprehensive way, from prevention, preparedness and early identification of disease outbreaks to effective response and recovery efforts.
2017-293	Advance common efforts against anti-microbial resistance by developing evidence-based ways to prevent resistance
2017-294	unlock research and development into new and existing antimicrobial medicines and diagnostic tools.

2016 (Hangzhou, China)

Source: Warren, 2016

G20 Leaders' Communiqué

2016-137	We affirm the need to explore in an inclusive manner to fight antimicrobial resistance by developing evidence-based ways to prevent and mitigate resistance, and unlock research and development into new and existing antimicrobials from a G20 value-added perspective, and call on the WHO, FAO, OIE and OECD to collectively report back in 2017 on options to address this including the economic aspects.
2016-138	In this context, we will promote prudent use of antibiotics and take into consideration huge challenges of affordability and access of antimicrobials and their impact on public health.

2016-139	We strongly support the work of the WHO, FAO and the OIE and look forward to a successful high-level meeting on AMR during the UN General Assembly.
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2015 (Antalya, Turkey)

Source: Bracht, 2015

G20 Leaders' Communiqué

2015-100	We agree that attention should be given to global health risks, such as antimicrobial resistance, infectious disease threats and weak health systems. These can significantly impact growth and stability. Building on the Brisbane Statement, we underscore the importance of a coordinated international response and reiterate our resolve to tackle these issues to fight the adverse impacts on the global economy
2015-101	[we] will discuss the terms of reference to deal with this issue in the G20 next year.