The policies of the G8 countries (the G7 industrialized countries plus Russia) matter for population health and the determinants of health worldwide. In the years before the 2005 Summit, relevant G7 commitments were more often broken than kept, representing an inadequate response to the scale of health crises in countries outside the industrialized world. The commitments made in 2005 by some G7 countries to increase development assistance to the longstanding target of 0.7% of Gross National Income, and by the G7 as a whole to additional debt cancellation for some developing countries, were welcome and overdue. However, Canada and the United States did not state timetables for reaching the development assistance target, and new conditionalities attached to debt relief may undermine the benefits for population health. Lack of adequate funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, even after the September 2005 replenishment meeting, is unconscionable; yet even if those funds were provided, additional resources for developing country health systems would be needed. Similarly, widespread agreement on the need to improve market access for developing country exports was not met with any concrete policy response to the “asymmetrical” nature of recent trade liberalization; neither was the need to control the deadly trade in small arms. To respond adequately to global health needs, the G8 will need to adopt an agenda that more fundamentally alters the distribution of economic and political power, within and among nations.

MeSH terms: Capitalism; socioeconomic factors; developing countries; international agencies; international health problems; international relations
ment assistance to Africa by US $25 billion by 2010, driven primarily by the pledge of the European Union (EU) to raise its members’ aid spending to the longstanding United Nations target of 0.7% of each industrialized country’s Gross National Income (GNI).12 The commitment was welcome and overdue. Conversely, Canada, Japan and the United States conspicuously did not specify timetables for reaching the 0.7% target. Doing so would now cost the Canadian treasury about $6 billion a year, a small fraction of the annual value of federal income tax cuts over the past few years3 – a clear indication that higher levels of Canadian financial commitment are readily affordable.

Development assistance is not a panacea. Pre-Summit debate underscored the importance of such longstanding issues as “absorptive capacity,” diversion of funds, failure to target aid on meeting basic needs, and lack of coordination among donor agencies, programs and non-governmental organizations.3,14 The appropriate response is not, however, to reject increased aid but to learn from past experiences and good examples while recognizing that, even under favourable economic and political assumptions, most sub-Saharan countries (for instance) will require substantial inflows of aid through 2015 and beyond if they are to achieve the MDGs.15

Perhaps the most serious constraint on aid’s effectiveness is that in most regions of the world, the value of annual debt service payments consistently exceed the amount of development countries receive in development assistance – a problem that has been recognized for almost 20 years as undermining developing countries’ ability to meet basic needs, with destructive health consequences.16,17 Between 1970 and 2002, African countries borrowed $540 billion, paid back $550 billion and still owe $295 billion18 – creating a situation in which Africa spends 2-4 times as much each year on debt servicing as on health and education, which UNAIDS executive director Peter Piot calls “the building blocks of the AIDS response.”19

The Gleneagles commitment to US $40 billion in multilateral debt cancellation for 18 poor countries, with a chance for 20 more countries to receive another US $16 billion in debt cancellation,12 is therefore welcome. At the same time, the commit-
The G8 claimed at Gleneagles that “it is up to developing countries themselves and their governments … to decide, plan and sequence their economic policies to fit with their own development strategies.” One specific mechanism that could facilitate this process involves strengthening provisions for special and differential treatment (SDT) of developing economies in international trade agreements. Although SDT received strong support from the UK Commission for Africa, it was not specifically addressed at the Summit, and G8 members are reportedly reluctant to support strengthening such provisions in World Trade Organization negotiations.

The arms trade demands special policy attention. Recent research suggests that the consequences of the trade in small arms are even more deadly than was previously thought. In 1999 and 2000, the G8 made vague comments about the need to “exercise restraint” in conventional weapons trade even as two of its members – the US and Russia – saw their small arms exports to developing countries surge dramatically. Although these exports and the overall value of the arms trade with developing countries have since declined, the UK Commission for Africa noted that “many of the largest manufacturers, exporters and brokers of arms to Africa are to be found in the G8 and EU countries” and urged “as a matter of priority … negotiations on an international Arms Trade Treaty” including “more effective and legally-binding agreements on arms brokering.” At Gleneagles, the G8 committed financial and technical assistance to African peacekeeping efforts in conflict zones, and devoted six pages of commitments to peacekeeping efforts in conflict zones, and G8 members are reportedly reluctant to support strengthening such provisions in World Trade Organization negotiations.

The single most disturbing statement from Gleneagles is: “Further progress in Africa depends above all on its own leaders and its own people.” This can be read as a welcome retreat from paternalism, including the paternalism embodied in the celebrity-backed “Make Poverty History” campaign leading up to the Summit. It can also be read as an abdication of responsibility for the damaging legacy of colonialism and for subsequent obstacles to improving population health in the developing world created by market-oriented economic policies and retreats from social provision. The context for those policies was created both by conditions attached to loans from the World Bank and IMF, and by the ‘softer’ conditionality of creating an investor-friendly environment in an era of hypermobile capital.

Consequently, the choices available to African political leaders – even those with good intentions and genuine popular support – have often been limited by constraints entirely outside their control. Gleneagles may set a precedent in terms of the G8’s debt and aid promises, which demand critical evaluation and careful monitoring. Caution is in order, however, about the benefits that can be anticipated from incremental change, so long as the G8’s policy priorities continue to reflect the economic and political interests of the world’s rich minority. Taking global health seriously means replacing the G8 agenda with one that more fundamentally alters the present distribution of economic and political power, within and among nations.

REFERENCES

12. Official statements and communiqués from Gleneagles (and all previous Summits) are available on the web site of the University of Toronto G8 Research Group, http://www.g7.utoronto.ca.
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