



Conference Summary

What is next for the G20?

Investing in Health and Development

September 2010

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PREFACE

This report summarizes the main themes, ideas and discussion points raised during the course of the conference: 'What is Next for the G20? Investing in Health and Development,' which was hosted by Chatham House on 30 June 2010. The purpose of this conference was to explore options for the future for the G20 in advancing key issues in global health and development, set against a background of a G8 legacy of major contributions to global health aid and the G20's current focus on economic issues. The discussion benefited from the opportunity to hear from representatives of G8 and G20 countries, as well as non-governmental organizations and nations outside the G20.

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Lord Mark Malloch-Brown, Chatham House, June 2010

OVERVIEW

In a context where the G8 group of countries is struggling to maintain momentum and the nascent G20 - thus far focused on global economic problems - is grappling with defining its mandate, this conference debated how the future agendas of the G8 and G20 might develop and the value and prospects for advancing global health and development through these fora. The conference convened representatives from G8 and G20 nations, international organizations and initiatives involved in development and global health, academia, non-governmental organizations and nations outside the G20 group of countries.

There was a sense that although the G8 is not absolved of its commitments and still has a role to play in global health and development, it has created a space, because of its own struggles to maintain momentum, for the G20 to push forward. It was felt that there is an opportunity to integrate health and development issues into the G20 agenda for economic growth, potentially through the newly established G20 Working Group on Development, even though these issues are not currently perceived to be central to its agenda.

However, new ways of working will have to be developed, as the economic and political environment has evolved since the G8 took on global health issues and the nature of the G20 grouping poses different political challenges, with more diverse representation, different countervailing pressures and different experience with health and development—both internally and externally. Several suggestions were made for approaches that reflect economic, health and other development interests.

OPPORTUNITIES FOR G20 ENGAGEMENT IN DEVELOPMENT AND HEALTH ISSUES

G20 Working Group on development

The creation of a G20 Working Group on development was seen as the beginning of the G20's commitment and engagement in development, and there was a sense that although global health is not specifically on the agenda, there are opportunities to integrate it. The Working Group was seen as an opportunity to shape a new approach through a young G20 in the early stages of its evolution - to mature the mindset, shifting it from a narrow Western financial crisis agenda to a more broad global development agenda as a path to more sustainable, equitable growth in developing countries. However, there were concerns that expanding the commitments of the G20 too widely at this time may be divisive for this group, half of which are developed countries and half of which are emerging economies. There were fears that, unlike the global financial plight, where there is a common sense of crisis, development issues, if pushed too far, might have the potential to cause a split within the G20.

Wider representation

The broader representation within the G20 was seen as an advantage for the prospect of tackling development and global health issues. This grouping would have more capability for south-to-south networking and institutional capacity building, which was seen as being potentially transformational. It was also discussed that with the realisation of the need to engage new donors and the private sector in solving some of these problems, the G20 could play a significant catalytic role, because it not only represents 85% of global gross national product, but it is also home to some of the most dynamic business sectors and civil societies in the world.

Health and development as an increasingly global issue

There is increasing recognition that globalisation has made all human issues, including health and development, global issues. The experience of the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS), which spread internationally and had impacts reaching far beyond health, was noted as an illustration of the global nature of health threats and their socio-economic impacts.

CHALLENGES FOR G20 ENGAGEMENT IN DEVELOPMENT AND HEALTH

Political will

Unlike the G8, the G20 is not a small group of donors who believe they have a mandate to help other countries who are recipients of aid. It is a mixed grouping. Most have graduated from being aid recipients themselves, although not completely; but many have continued issues of poverty and development to address in their own countries. It is not clear, therefore, how the grouping will work together in terms of the development debate and it is unclear how important external action on global health and development might be to the foreign policy interests of emerging economies in the G20. The G8 was a restricted grouping of rich countries with strong civil society pressure to help poorer countries through a perceived moral obligation. The G20 may not feel the same pressure to take on international development.

Pressure to limit scope

It remains to be seen whether the group is likely to stick to economics and finance and try to prove its ability to perform in that area (which is still uncertain) or whether there are realistic prospects for a more ambitious agenda. There may be strong pressure for the G20 to stay focused, at least in the near term, on its primary mission, given that the group rose to prominence specifically as a result of recognition that major emerging economies were critically important to addressing the global economic crisis.

Capacity

Several points were raised regarding challenges relating to capacity. Firstly, communiqué drafting becomes difficult when the size of the group increases to 20, with the outcome leaning further towards the lowest common denominator due to the number of players. The lack of a standing secretariat that might allow it to adopt more developed proposals exacerbates this problem, it was argued. The fact that

leaders can only meet annually presents a logistical challenge and limits the scope of what this group can take on.

Representativeness and inclusiveness

Although it has wider representation than the G8, it is not a group representative of the full breadth of development problems because it does not include the countries facing the most severe development challenges. One of its challenges will be to determine to what extent, and how, it should incorporate the voices of the least developed countries and engage with actors working on this issue, such as the United Nations, regional groupings, civil society, southern academic institutions and the business sector — a diversity that reflects the multi-polarity of the world today.

Enforcement/legitimacy

The fact that the G20 is not a treaty-based grouping but a self-association of 20 countries was seen as a potential challenge to its ability to advance development and global health because it could be considered by U.N. purists to lack the legitimacy to act on behalf of the global community. It was argued that forging strong reporting links to the United Nations would be critical for its long-term legitimacy.

Change in the context

Some urged caution against assuming that the unique set of circumstances that allowed health to move to the forefront of the G8 agenda would apply today. It was argued that it wasn't until the World Health Organization had a leader in the late 1990s who herself was a politician experienced in the multi-lateral and international arena that health was embraced by the G8. The rise occurred in a context where HIV/AIDS was recognised as an urgent global problem, and where tackling that issue was understood to be important for economic development; and the resulting model was a simple one with a handful of donors distributing aid to developing countries. Many more actors

are now involved in global health, which is both a welcome advance and a challenge. Furthermore, the world is experiencing a different form of economic pain and uncertainty that is creating tight budgets and deficits, forcing a re-evaluation of efficiencies. There are circumstances today that present opportunities, but it is unclear where the leadership might come from to allow development and global health to be integrated into the G20 agenda and what specific issue or issues the G20 might rally around in this arena.

Continuing Role of the G8

The conference outlined the achievements and failures of the G8 in the area of health and development and recognised the importance and fragility of the gains it has made in this area. A waning of interest and commitment on the part of the G8 was noted, with reference to unfulfilled pledges, erratic shifts in focus from one global health/development issue to another, and the conspicuous absence of reinforcement of the 2005 Gleneagles pledges at this year's Muskoka Summit.

There was a sense that despite its shortcomings, the G8 has certain strengths relative to the G20 as a platform for future pledges. While the narrower representation can be a disadvantage, it was noted that as a small grouping of rich countries, the G8 is especially amenable to a shared vision and to mutual leveraging, when compared with the G20. Some envision the G8 possibly playing a more catalytic role in working within the G20 and with other actors engaged in health and development, while increasing accountability for its own development and global health agenda.

POTENTIAL OUTLOOK FOR THE G20

Participants offered a long list of ideas of what the G20 could take on in the area of development and global health. The discussion illustrated the diversity of issues and disagreement in the global health community over what should be prioritized. Proposals could be grouped along three main lines – a broad determinants approach to health, strengthening health systems and disease-specific projects.

Incremental commitment

Regardless of approach, it was proposed that the G20 might want to consider a step-by-step approach to its adoption of development and global health as issues. It is not clear that the G20 would be any more effective in tackling the divisiveness around issues in global health seen at the World Health Assembly, the annual meeting of the member states of the World Health Organization. The first step in such a scenario would be the recognition by the G20 of health as an important part of a strategy for sustainable growth and poverty reduction. The second level could be that health becomes a consistent consideration in other aspects of foreign and economic policy, which could lead to goal setting, sharing of experiences and research.

Development and health in support of economic growth

Development and health were described as contributors to economic growth. Improvements in combating malaria were given as an example of how education and earning potential in a household can improve. Another proposal was for the G20 to take a lead in reframing the concept of economic development, so that it encompasses indicators beyond growth in GDP. This would include key determinants of health such as education. Benchmarks such as social progress, health outcomes and markers of international competitiveness could be included as indicators of economic development.

Economic growth as a path to development and health

An argument was made that the G20 could advance global health and health outcomes in poor countries through stewardship of the global economy in a way that creates conditions for low-income countries and the poor within those countries to benefit from global growth. Other pillars of economic growth, such as improvements in governance, infrastructure, institutional capacity, human resource development or technology, may also contribute to governance and delivery in the health sector.

Social justice, gender rights and equity

Arguments were also made that the path to advancing health and overall development most meaningfully is to address the social justice aspects of supporting health, rather than to focus on a disease-based approach, emergency aid, or other narrowly focused targets. It was not immediately clear how the vision of improving social justice might be translated into practical and concrete measures that can be debated and discussed within the G20 forum.

Health systems strengthening

Several participants argued that the priority for health development is the strengthening of health systems in countries struggling with fragile health systems. It was argued that countries with the least capacity to provide robust healthcare may become the cause of global health problems. A potential role for the G20 may be the identification of gaps in health status and systems resources among member countries and regional groups that are affiliated with their members. Some participants went further in making the case for universal health care.

Health workforce

One of the biggest systemic challenges for developing countries in this area is the capacity to recruit, train and retain skilled health workers. Migration to richer countries remains a significant problem. Ideas for

G20 involvement included the establishment and upgrading of vocational schools and colleges to supply community level extension workers, rather than the Western model of doctors and nurses. Several participants identified the building of health workforce capacity as a potential task for the G20. It was argued that, because the global burden of disease is heavily concentrated within the G20 countries, addressing this issue within the fairly limited context of the G20 countries themselves could have a significant impact. It was proposed that the problem might best be addressed not with aid transfers but by technical cooperation and mutual development.

Disease-based approaches

Several participants put forward specific health issues that required focused attention. At the forefront was the continuing requirement to meet the Millennium Development Goals, although it was noted the G8 already had a strong role in this area. Another proposal put forward was an increased effort for polio eradication. There were also calls to increase the scope of the Global Fund to fight Aids, Tuberculosis and Malaria to include non-communicable diseases, as these are becoming an increasing burden across all countries.

CONCLUSION

Conference keynote speaker Lord Mark Malloch-Brown, Vice-Chairman of the World Economic Forum, summarized the challenges the G20 faces in this arena and the prospects for overcoming them by saying: 'My view is that the G20 is just settling down. The honeymoon is over. We are reminded that it is no instant solution, it is no silver bullet to global governance; it too has problems. But what I don't detect is any lack of willingness to try and work those problems through.'

The Centre on Global Health Security at Chatham House convened policy makers, representatives of international organizations and a wide variety of actors in London on 30th June 2010 to discuss - What is next for the G20? Investing in Health and Development. This report summarizes the main points raised at the conference, which was co-sponsored by the Center for Strategic and International Studies, USA and the Health Policy Institute, Japan. Further information, including the background document and agenda, can be found at www.chathamhouse.org.uk/events/.

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The Centre on Global Health Security at Chatham House seeks to inform policy by offering evidence-based, politically feasible solutions and related policy options that help policy makers, civil society, the private sector and other leaders reach decisions and take actions that improve global health and enhance the contributions of global health to security, economic wellbeing, development, and human dignity. It stimulates discourse between the international affairs and public health communities by providing a politically neutral forum for debate, and contributes to knowledge through independent, rigorous analysis, and new ideas concerning global health challenges and how they manifest themselves as foreign policy problems.

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