

Civil Society Recommendation on Health Agenda Items to be discussed at the G7 Ise-Shima Summit 2016

In the preamble of the final document adopted by the General Assembly at its sixty-ninth session in September 2015, which includes the Sustainable Development Goals (SDGs), titled "Transforming our world: the 2030 Agenda for Sustainable Development", it is clearly stated as follows:

"We are determined to end poverty and hunger, in all their forms and dimensions, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment".

These words, backed with strong belief in protecting human security, tell us that health is the most basic element of such stability.

Themes with strong focus at the G7 Ise-Shima Summit 2016 include "Universal Health Coverage", which aims to provide access to quality health services to all people without facing economic or social barriers, and the establishment of a world-wide health governance scheme to act upon outbreaks of emerging infections and other health emergency situations.

The basic spirit underlying SDGs is: "Leave No One Behind". To make the conclusions from health agendas discussed at the G7 Ise-Shima Summit in line with this spirit, and to provide "Health for All", we, the civil society organizations from Japan focusing on global health, herein state our basic position and recommendations:

1. Recommendation regarding Universal Health Coverage (UHC) to states and civil society participating in the G7 Ise-Shima Summit

Based on its "Basic Design for Peace and Health (Global Health Cooperation)", the Japanese government is striving to structure a sustainable and robust health system under normal circumstances, and advocating to realize Universal Health Coverage (UHC). The government is promoting both agendas as items to be featured at the G7 summit in 2016.

This G7 summit, being the first G7 after the adoption of SDGs, is an important international opportunity, and the Japanese civil society working in the international health field regard highly of the Japanese government's position in showing strong leadership among the international society to realize UHC, which itself reflects the SDGs core spirit, "Leave No One Behind". In addition, we propose the following as our statement in realizing UHC.

We understand that UHC is, as WHO advocates, a concept that has its base in Primary Health Care *1. Thus, access to appropriate health services must be recognized as a basic human right for everybody. The responsibility lies primarily in the government and the administration of each country for ensuring "the right of access to health care". Civil society demands such government and administrative institutions to fulfill this responsibility.

On the implementation side, system design and service delivery based on the needs of services providers is not sufficient in realizing UHC. The needs, efficacy, and efficiency of health care services must be verified from the client side. Especially, ensuring access to health care services to the most vulnerable population, such as those who have been marginalized from the society through exclusion and alienation, must be considered as an issue of high priority. Also, in order to complement the insufficiencies of the public health service system, improve access to health care services with understanding of local customs and other social elements, and to establish an accountable health service system, UHC must be realized through a sound relationship based on trust between the public and the civil society/community, while ensuring the participation of the civil society/community through development, training, recruitment, and retention of personnel taking part of local health activities.

Moreover, UHC must be realized with due consideration to the issues carried over from the MDGs, in the aspect of "Leaving No One Behind", namely, reducing the infant and children mortality rate as well as the maternal mortality rate, and other related target goals that could not met. All means necessary, including vaccinations and nutrition improvement, should be implemented to eliminate preventable loss of lives, along with stable plans to secure universal access to health care services, including those of sexual and reproductive health.

2. Recommendation regarding the “Development of a system to act upon threats and disasters against public health”

We have come to know that the World Bank is considering the establishment of a “Pandemic Emergency Financing Facility (PEF)”, which is a funding mechanism in case a global health emergency is declared. There is a possibility that it would be formally launched at the G7 Ise-Shima Summit.

In the current situation, where many voices have pointed out the lack of funding for emergency actions, the civil society is also aware of the need of a structure to quickly provided financial resources necessary to cope with public health emergencies. The detailed structure of PEF (including the criteria in which a situation would be declared as a public health emergency, scale of funding and how much of the funds would be covered by insurance, conditions for funding, selection of recipients, risks factors of the bond market, etc.) have not been fixed or officially announced yet. However, the civil society would like to take this opportunity to request, in principle, impartiality between countries and within domestic regions, civil society participation in every process of PEF, and establishing accountability, all after due consideration to integrity with existing policies,

Also, based on our experience with leprosy, HIV/AIDS, and the Ebola virus, various elements must be duly considered during public health emergency operations including: the guarantee of human rights of those infected, their family, and others strongly affected by the disease, maintenance of appropriate legal proceedings for enforcement, processes to eliminate systematic and social discrimination and prejudice, in addition to securing impartiality. We request the G7 members to clearly state that all actors, including the G7 countries, must join hands to work on the above issues.

The Ebola virus has taught us a lesson, which are: the need of an impartial, resilient, and fully functional health care system, sufficient human resources working in health care, and trust of the people and community in the public health care/medical system. These must be established and ready in normal situations in order to effectively function under public health emergencies. Efforts in building a global health security structure in response to public health emergencies must be based on primary steps in

ensuring health security to “Leave No One Behind”, and realizing UHC. We request the G7 leaders to strongly send out this message to the international society, as well as expressing their commitment to support and promote the realization of UHC in every country, including funding and other mechanisms.

3. Statement regarding the acceleration of health care related innovations

Among areas such as knowledge, utilization of technology, and especially innovation (of new technology) in Japan, it is necessary to promote assistance for research and development conducted at pharmaceutical companies and other private corporations. In addition, systems to provide such products or technologies to the market (clients) in a faster, more secure and affordable manner, are crucial. Utilizing and supporting various institutions and systems established after 2000, such as the Medicines Patent Pool, is very important.

We, the civil society, strongly request the government of Japan to strive in forging an innovative public private partnership scheme for innovation in the health care industry, which provokes incentives for all related parties, such as governmental organizations, private companies, and civil society. Also we request the Japanese government to advocate the outcomes of their efforts to the international society.

*1“ I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.” (Dr. Margaret Chan, WHO Director-General) http://www.who.int/universal_health_coverage/en/

Participating organizations of G7 Network of Health-related NGOs in Japan



Africa Japan Forum



Japanese Organization for International
Cooperation in Family Planning (JOICFP)



Stop TB Partnership Japan



Save the Children Japan (SCJ)



RESULTS Japan



Malaria No More Japan



Health and Development Service (HANDS)



World Vision Japan

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