

has produced a study that in every respect rivals those in diseases for which research receives vastly superior funds.

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G8 Summit 2009: what approach will Italy take to health?

In the past decade, the G8 played an important part in the establishment or support of global health initiatives that are at risk today of becoming part of the problem rather than the solution for granting health coverage to disadvantaged populations. The fragmentation of financing for global health and increased transaction costs contrast with the need for efficient and effective health systems, and underline the need for a review of quick-fix and selective approaches. In view of the present economic crisis, a heightened commitment from wealthy countries to sustain global health will be needed. As chair of the G8 Summit 2009, Italy will have a unique opportunity to renew its commitment to global health and orient action towards a more effective approach.

Italy's Official Development Assistance continues to suffer from structural weaknesses, characterised by an absence of clear political direction, weak management, and inadequate and unstable funding.¹ The health sector has been no exception. Nevertheless, two aspects deserve to be noted. First, as the result of contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, launched at the Genoa G8 Summit in 2001, the donations of Italian Official Development Assistance for Health tripled between 2001 and 2007² (Italy is the

fourth largest contributor to the Global Fund along with Japan, after France, the USA, and the UK).³ Italy also engaged in new financing mechanisms, including the International Financial Facility for Immunisation and the Advance Market Commitment for vaccines initiatives, by pledging substantial funds. Arguably, this shift towards vertical initiatives has not been accompanied by attempts to address concerns about potential consequences for global health governance and the negative system-wide effects at a country level. The shift also contrasts with the longstanding guiding principles of the Italian Development Cooperation in the health sector—characterised by a comprehensive rather than a selective approach to health—and also with the domestic experience of the Italian National Health Service that provides universal and comprehensive care.

Second, Italy's contribution to global health already goes beyond traditional Official Development Assistance. The Italian National Health Service and the decentralised public institutions (regions and municipalities) are increasingly engaged in development cooperation. Civil society is very active (in Italy, 1433 not-for-profit organisations are associated with international cooperation and solidarity activities,

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including in health).⁴ Private foundations and academic institutions show growth in commitment to global health. Additionally, the privileged connection with the health and social care network of the Catholic Church in developing countries is another component of the underestimated and barely promoted potential of Italian society. Furthermore, health as a fundamental right of the individual and an interest of the community is a deeply rooted sentiment that is recognised in the national constitution.

Some of these factors might have inspired the health agenda proposed by the Italian Government for the upcoming G8 summit. On the occasion of the Global Health Forum held in Rome in February this year—in a handover of the G8-linked multistakeholder process that was initiated last year at Toyako's Summit—Italian officials announced their intention to include in the health agenda issues such as the integrated approach to

achieving health-related Millennium Development Goals, advancement of universal health coverage through strengthened health systems, promotion of health as an outcome of all policies, and increased effectiveness and quantity of international aid.

Notwithstanding the need to regain credibility by honouring its international commitments, chairing the G8 offers Italy an excellent opportunity to mobilise energies and orient action towards harmonisation of global, public, and socially responsible private efforts, their national alignment, and adoption of a comprehensive approach to health. Together with a substantial increase and more efficient use of public funding, this will need enhanced accountability and a genuine desire of all G8 partners for long-term results, rather than a pursuit of maximum visibility. Unfortunately, the reduction in Italian Official Development Assistance funds anticipated by the 2009 Finance Law⁵ is not a promising sign.

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For the Maximising Positive Synergies report see *Health Policy Lancet* 2009; 373: 2137–69

On June 20, *The Lancet* published the first results of the Maximising Positive Synergies Collaborative Group, which assessed the interactions between Global Health Initiatives and country health systems.

Immediately following the release of this evaluation, WHO convened a meeting in Venice (June 22–23) between countries, represented by ministries of health, Global Health Initiatives (the Global Fund to fight Aids,

Tuberculosis, and Malaria, Global Alliance for Vaccines and Immunisation, World Bank Multi-country AIDS Program, and the US President's Emergency Plan for AIDS Relief), UN agencies, academia, and civil society. The purpose of this gathering was to present the results of Positive Synergies; to promote debate about its findings; and to define policy options to implement its recommendations.