The G7 Research Group at the Munk School of Global Affairs at Trinity College in the University of Toronto presents the

2016 Ise-Shima G7 Interim Compliance Report
29 May 2016 to 19 February 2017

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“We have meanwhile set up a process and there are also independent institutions monitoring which objectives of our G7 meetings we actually achieve. When it comes to these goals we have a compliance rate of about 80%, according to the University of Toronto. Germany, with its 87%, comes off pretty well. That means that next year too, under the Japanese G7 presidency, we are going to check where we stand in comparison to what we have discussed with each other now. So a lot of what we have resolved to do here together is something that we are going to have to work very hard at over the next few months. But I think that it has become apparent that we, as the G7, want to assume responsibility far beyond the prosperity in our own countries. That’s why today’s outreach meetings, that is the meetings with our guests, were also of great importance.”

Chancellor Angela Merkel, Schloss Elmau, 8 June 2015
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“[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).”

G7 Ise-Shima Leaders’ Declaration

Note: This commitment has not been reviewed by stakeholders.

Assessment

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<th>Lack of Compliance</th>
<th>Work in Progress</th>
<th>Full Compliance</th>
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Background

The legally binding International Health Regulations (IHR) entered into force in June 2007,1059 and comprise a legal framework geared at enhancing global public health security through the management of “collective defences to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health.”1060 In particular, the IHR “define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.”1061 The consensus includes all WHO member states. Specifically, the framework calls on countries to meet criteria for “national health surveillance and response capacities” and to inform the WHO of evidence for international disease spread risks.1062

Enhanced preparedness for and prevention of public health emergencies is a critical feature of global health security given recent infectious disease outbreaks.1063 Yet, according to the WHO, the Ebola crisis revealed a serious failure by states to properly implement the IHR.1064 For this reason, an IHR Review Committee noted the need “to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of

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domestic and independent experts.” As a result, the WHO called for a move away from state self-assessment of implementation, and introduced the Joint External Evaluation (JEE) tool in 2016. The Global Health Security Agenda (GHSA) helped to develop the JEE.

The Global Health Security Agenda is a partnership of countries, international organizations, and non-governmental stakeholders that was initiated in February 2014 to establish concrete commitments to achieve global health security and combat infectious disease threats. The Global Health Security Agenda recognizes the critical need for multilateral and multi-sectoral collaboration to prevent, detect, respond to, and recover from infectious disease threats to promote global health security. The US notes that the agenda “accelerates action and spurs progress toward implementation of the World Health Organization’s International Health Regulations and other global health security frameworks.” It also emphasizes the need for assessments of national health capacity in prevention of and preparedness for public health threats. Thus, the JEE tool is a comprehensive assessment tool for the WHO’s 2005 IHR and Global Health Security Agenda–related capacities with measurable targets in preventing, detecting, and responding to public health threats.

Global health governance has been on the G7 agenda since the first commitment regarding health research on infectious disease at the 1996 Lyon Summit with increasingly broad efforts in global health security. The G7 Ise-Shima Summit Agenda includes comprehensive approaches to health and public health emergencies, identifying “the pursuit of universal health coverage (UHC) … to ensure that all people have access to the health services they need without suffering financial hardship to pay for them.” The G7 Ise-Shima Summit Vision for Global Health recognizes that health system strengthening and comprehensive multi-sectoral approaches promote better preparedness for public health emergencies.

The G7 Health Ministers’ Meeting on 11-12 September 2016 produced the Kobe Communiqué reaffirming commitments regarding public health emergencies. Given the recent Zika and Ebola outbreaks, the ministers stated that “global health security remains high on the international

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\[1071\] G7 Ise-Shima Leaders’ Declaration: Health. G8 Information Center (Toronto) 27 May 2016. Date of Access: 1 October 2016. [http://www.g8.utoronto.ca/summit/2016shima/health.html](http://www.g8.utoronto.ca/summit/2016shima/health.html).


...agenda. Thus, the G7 Ise-Shima Vision for Global Health states, “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.” This concern has resulted in a focus on the IHR and the Global Health Security Agenda.

**Commitment Features**

The commitment puts forward strategies for the prevention of, response to, and recovery from public health emergencies. The key target of the commitment is the advancement of the WHO’s IHR objectives, including those effected through the Global Health Security Agenda. The commitment thus requires that G7 states take action in two areas to be considered to be in full compliance: (1) advancing the WHO’s IHR objectives in general; and (2) advancing the WHO’s IHR objectives through the Global Health Security Agenda specifically.

The WHO notes that the implementation of the IHR requires states to: (1) “develop and strengthen specific national public health capacities;” (2) “identify priority areas for action;” (3) “develop national IHR implementation plans;” and (4) “maintain these capacities and continue to build and strengthen as needed over time.” In order to help other states achieve these goals, the G7 Vision for Global Health includes a clear commitment to offer concrete assistance to support the development of partners’ national plans in coordination with relevant organizations including the WHO. If G7 members take action to help countries develop such plans, it can be seen as an effort to meet the WHO’s IHR objectives.

In order to achieve compliance with the G7’s commitment to advancing IHR objectives through the Global Health Security Agenda, G7 members must: (1) “assist these partners to achieve the common and measurable targets of the … JEE tool” and (2) undergo their own assessments using the JEE tool, and share these evaluations through projects like the Strategic Partnership Portal.

**Scoring Guidelines**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>-1</td>
<td>Member takes little to no action to advance compliance with the World Health Organization’s (WHO) International Health Regulations (IHR) objectives, including little to no action through the Global Health Security Agenda OR takes no action to advance the WHO’s IHR objectives, including no action through the Global Health Security Agenda.</td>
</tr>
<tr>
<td>0</td>
<td>Member takes action to advance compliance with the WHO’s IHR objectives, but has not done so through the Global Health Security Agenda OR takes action to advance IHR objectives through the Global Health Security Agenda but not through any other means.</td>
</tr>
<tr>
<td>+1</td>
<td>Member takes robust action to advance compliance with the WHO’s IHR objectives, including through the Global Health Security Agenda AND other means.</td>
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**Canada: +1**

Canada has fully complied with its commitment to support the World Health Organization’s (WHO) International Health Regulations (IHR), including through the Global Health Security Agenda.

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Between 15 and 17 May 2016, the Public Health Agency of Canada held a conference in Ottawa in order to develop a federal network on Lyme disease. The aim of this conference was to build a framework that will focus on prevention and reduction of Lyme disease-related health risk to the population.\footnote{Minister Philpott Launches Conference to Develop Federal Framework on Lyme Disease, Public Health Agency of Canada (Ottawa) 16 May 2016. Date of Access: 29 November 2016. http://news.gc.ca/web/article-en.do?nid=1065859.}

On 22 May 2016, Minister of Health Jane Philpott chaired the Commonwealth Health Ministers’ Meeting and led Canada’s delegation to the 69th World Health Assembly (WHA) in Geneva, Switzerland. The meeting focused on two important global health challenges: first, universal health coverage “to improve access to and quality health care globally,” and second, health security that is “the capacity of all countries to preserve and protect the health of the population.”\footnote{Minister Philpott to Chair the Commonwealth Health Ministers Meeting and take part in the World Health Assembly in Geneva, Public Health Agency of Canada (Ottawa) 20 May 2016. Date of Access: 29 November 2016. http://news.gc.ca/web/article-en.do?nid=1069649&tp=1.} At WHA, Health Minister Philpott delivered Canada’s statement in which she brought forward some of Canada’s main priorities in global health.\footnote{Minister Philpott to Chair the Commonwealth Health Ministers Meeting and take part in the World Health Assembly in Geneva, Public Health Agency of Canada (Ottawa) 20 May 2016. Date of Access: 29 November 2016. http://news.gc.ca/web/article-en.do?nid=1069649&tp=1.}

On 11-12 September 2016, Canada participated in the Health Ministers’ Meeting held in Kobe, Japan. Minister of Health Jane Philpott and Chief Public Health Officer Dr. Gregory Taylor shared Canada’s approach with health leaders from G7 countries, the WHO, and other international organizations to take concrete actions to advance global health with a focus on “improving global capacity to respond to public health emergencies, combat antimicrobial resistance, encourage research and development, and build sustainable health systems.”\footnote{Government of Canada Helps Advance G7 Global Health Commitments, Public Health Agency of Canada (Ottawa) 13 September 2016. Date of Access: 29 November 2016. http://news.gc.ca/web/article-en.do?nid=1123909.}

On 23 September 2016, Minister of Foreign Affairs Stéphane Dion announced that Canada will contribute CAD2.3 million to the International Atomic Energy Agency’s (IAEA) Renovation of the Nuclear Applications Laboratories ReNuAL project. Dion stated that “Canada supports the IAEA’s important scientific and technical work and its efforts to promote the peaceful uses of nuclear energy. Our contribution to the IAEA ReNuAL project will help to advance important objectives related to the Global Health Security Agenda and ensure that nuclear technologies are used in a safe and secure manner that does not contribute to the threat of nuclear proliferation.”\footnote{Government of Canada Launches Re-NuAL Project at IAEA, Public Health Agency of Canada (Ottawa) 23 September, 2016. Date of Access: 28 November 2016. http://news.gc.ca/web/article-en.do?nid=1129259&tp=1.}


Canada has also taken steps since the Ise-Shima Summit to advance IHR objectives through the Global Health Security Agenda. Canada is a member of the JEE Alliance,\footnote{Members, JEE Alliance (Helsinki). Date of Access: 18 February 2017. https://www.jeealliance.org/members/.} and, on 29 June 2016, Prime Minister Justin Trudeau announced at the North American Leaders’ Summit that the country
“plans to undertake a JEE in 2018.” By scheduling a time to implement the JEE evaluation, the state has demonstrated its intent to fulfill its commitment.

Thus, Canada has been awarded a score of +1 for taking action to advance the WHO’s IHR objectives, including through the Global Health Security Agenda.

**Analyst: Diva Turial**

**France: 0**

France has partially complied with its commitment to advance compliance with the World Health Organization’s (WHO) International Health Regulations (IHR) objectives, including through the Global Health Security Agenda.

On May 23, 2016, France announced that it would donate EUR10 million to the Muskoka Fund, with the specific purpose to improve, “the sexual and reproductive health of teens and young people,” “nutrition and … healthcare systems.” The Muskoka Fund is a joint program operated by four United Nations agencies (WHO, United Nations Population Fund, UN Women and UNICEF) with the specific purpose of ameliorating women’s health worldwide.

In September 2016, André Vallini, Minister of State in charge of Development and Francophonie, represented France at the Fifth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Vallini reaffirmed France’s strong commitment to the Global Fund and reiterated President Hollande’s pledge to donate EUR1.08 billion over three years (2017-2019). This equates to EUR360 million per year.

In October 2016, France adopted a concerted strategy to cope with “issues of population and sexual and reproductive health and rights.” France’s External Action on the Issues of Population and Sexual and Reproductive Health and Rights 2016-2020 outlines France’s response to the projection that the world population will reach 8.5 billion by 2030. Recognizing the potential health issues associated with a rapidly growing population, France affirms its intention to undertake a “rights-based approach” to sexual and reproductive health, with a particular emphasis on regions “where health and demographic challenges are more significant, namely West and Central Africa.”

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In terms of advancing the WHO’s IHR objectives through the Global Health Security Agenda, France has not used the Strategic Partnership Portal or any other assessment tool to reduce fragmentation.\footnote{Strategic Partnership Portal, World Health Organization. Date of Access: 28 November 2016. \url{https://extranet.who.int/spp/Donor-Profile?DonorID=164}.} According to the portal, France has not contributed any funding to the IHR core capacities since 2014.\footnote{Strategic Partnership Portal, World Health Organization. Date of Access: 28 November 2016. \url{https://extranet.who.int/spp/Donor-Profile?DonorID=164}.} In addition, France has failed to utilize the Joint External Evaluation (JEE), a tool used to evaluate compliance with the Global Health Security Agenda.\footnote{Assessments & JEE, Global Health Security Agenda. Date of Access: 29 November 2016. \url{https://www.ghsagenda.org/assessments}.}

In sum, while France has contributed to advancing the WHO’s IHR objectives, it has not committed to undergoing, sharing, and promoting evaluations through the JEE. Thus, France has received a score of 0 for partially complying to advance the WHO’s IHR objectives.

**Germany: 0**

Germany has partial complied with its commitment to implement the International Health Regulations (IHR) set by the World Health Organization (WHO). It has not taken substantive action through the Global Health Security Agenda.

Since 2013, the German Partnership Programme of Excellence in Biological Health and Security has helped partner countries in Africa, Central Asia, South America, and Eastern Europe strengthen their response to biological security risks, such as infectious diseases.\footnote{German Partnership Program for Excellence in Biological and Health Security, German Federal Foreign Office (Berlin) 13 April 2016. Date of Access: 1 December 2016. \url{http://www.auswaertiges-amt.de/EN/Aussenpolitik/Friedenspolitik/Abruestung/BioChemie/Biosicherheit/Biosicherheit_node.html}.} The program had a budget of EUR25 million between 2013 and 2016, and an extended budget of EUR18 million for 2017-2019.\footnote{German Partnership Program for Excellence in Biological and Health Security, German Federal Foreign Office (Berlin) 13 April 2016. Date of Access: 1 December 2016. \url{http://www.auswaertiges-amt.de/EN/Aussenpolitik/Friedenspolitik/Abruestung/BioChemie/Biosicherheit/Biosicherheit_node.html}.} This main use of this financial aid is to “recognise outbreaks of dangerous and highly contagious diseases, reduce infection and swiftly identify and eliminate the causes.”\footnote{German Partnership Program for Excellence in Biological and Health Security, German Federal Foreign Office (Berlin) 13 April 2016. Date of Access: 1 December 2016. \url{http://www.auswaertiges-amt.de/EN/Aussenpolitik/Friedenspolitik/Abruestung/BioChemie/Biosicherheit/Biosicherheit_node.html}.}

From 1 November to 10 November 2016, laboratory professionals in Mali used equipment donated by the German team for epidemic and biological attacks. Additionally, Germany has extended help to the G5 Sahel states of Burkina Faso, Mauritania, Niger, and Chad to improve “protection from cross-border biological dangers — whether caused by natural outbreaks of disease or by the use of biological pathogens.”\footnote{Germany Extends Cooperation on Biosecurity to Include the Sahel Region, German Federal Foreign Office (Berlin) 16 November 2016. Date of Access: 1 December 2016. \url{http://www.auswaertiges-amt.de/EN/Aussenpolitik/Friedenspolitik/Abruestung/BioChemie/Biosicherheit/Biosicherheit_node.html}.}

On 21 July 2016, German Foreign Minister Frank-Walter Steinmeier announced that German experts from the Bernhard Noch Institute for Tropical Medicine and the Robert Koch Institute,
known as the European Medical Corps, have been deployed to the Democratic Republic of the Congo, where they will take action to “react effectively to future epidemics.”

While Germany has thus evidently been supportive of the general goals of the IHR, no information about Germany’s use or encouragement of the Joint External Evaluation tool appears to have been published.

Germany’s adherence to the IHR commitments has been demonstrated by its crucial role in encouraging biological security in partner countries, though not through the Global Health Security Agenda; thus, Germany has been awarded a score of 0 for taking action to advance the WHO’s IHR objectives.

*Analyst: Jainetri Merchant*

**Italy: 0**

Italy has partially complied with its commitment to advance the World Health Organization’s (WHO) International Health Regulation (IHR) objectives, and to advance the WHO’s IHR objective through the Global Health Security Agenda specifically.

On 19 January 2017 Italian Prime Minster Paola Gentiloni signed the National Prevention Vaccine Plan (Piano Nazionale Prevenzione Vaccinale) into action. The plan strengthened special national health capacities by ensuring access to health services, and increasing the availability of free vaccines with a special focus on groups of the population that are hard to reach and have low vaccination coverage. Lorenzin announced this was a crucial step towards prevention of future health care risks.

Italy has also taken the initiative to report outbreaks of disease within its borders. On 24 January 2017, Italy detected an outbreak of the H5N8 virus on Venetian farms, and subsequently reported it to the European Commission. The reporting of this outbreak meets the IHR objective of reporting public health events.

From a more international perspective, in June 2016, Italy pledged EUR130 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the three-year period beginning in 2017.

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Italian Under-secretary of State for Foreign Affairs and International Cooperation, Benedetto Della Vedova, emphasized that, “these three epidemics are a cause and a consequence of poverty.”

Furthermore, on 26 October 2016 the Italian government provided financial assistance to Ukraine in order to develop a sustainable health care system which provides life-saving health services. The assistance was contributed via the WHO, and totalled up to USD250,000.

While Italy has worked towards the objectives of the IHR and is a member of Global Health Security Agenda, it has not taken any publicized actions to support the Joint External Evaluation tool.

As such, Italy is awarded a score of 0 for its broad commitment to the IHR as set forth by the WHO, but not necessarily through the Global Health Security Agenda.

**Analyst: Sommyyah Awan**

### Japan: 0

Japan has partially complied with its commitment to following the World Health Organization’s (WHO) International Health Regulations (IHR) through the Global Health Security Agenda.

At the United Nations General Assembly on 19 September 2016, the Minister of Health, Labour, and Welfare H.E. Mr. Yasuhiro Shiozaki stated, on behalf of Prime Minister Shinzo Abe, that Japan intends to provide ongoing “support for the ...WHO’S emergency response reform.” In addition, the minister professed his country’s dedication to the promotion of Universal health coverage (UHC) to “prevent and prepare against future emergencies.” Shiozaki finally discussed Japan’s leadership in providing financial support to the World Bank’s Pandemic Emergency Financing Facility during the Ebola crisis, and Japan’s continued commitment to this fund in order to combat global health emergencies.

On 27 August 2016 at the Sixth Tokyo International Conference on African Development (TICAD VI) in Kenya, Prime Minister Abe outlined Japan’s commitment to improving healthcare throughout the African continent. Abe referenced the dire effect of Ebola and the need to take a two-pronged approach to combatting infectious disease in the future, “to have preparedness in the local areas, and for the entire international community to confront it.” Abe also committed to bolstering healthcare infrastructure by fostering “experts and policy professionals that will combat infectious diseases, for a total of 20 thousand people over 3 years” and by contributing USD500 million

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through the World Bank and Global Fund to aid African infectious disease prevention. Finally, Abe emphasized the importance of UHC and asserted Japan’s intention to “select countries to serve as models and provide assistance intensively to those model countries” in order to “increase the population benefiting from fundamental health services by 2 million people over the next 3 years.”

While Japan has been supportive of the general goals of the IHR, no information about Japan’s use or encouragement of the Joint External Evaluation tool appears to have been published. 

Thus, Japan has been awarded a score of 0 for its continued commitment to the IHR as set forth by the WHO, but not necessarily through the Global Health Security Agenda.

**Analyst: Jainetri Merchant**

**United Kingdom: +1**

The United Kingdom has partially complied with the commitment to advance the World Health Organization’s (WHO) International Health Regulations (IHR) objectives, including through the Global Health Security Agenda.

The UK showed concrete commitment to furthering the IHR’s objectives by investing GPB112 million in clinical research facilities on 18 November 2016. Minister for Public Health and Innovation Nicola Blackwood stated “We want to help other nations across the world with our gold standard science and research.” The UK government has also launched a GPB60 million call for research in global health. The money will be awarded to select institutions across the UK in April 2017.

Minister Nicola Blackwood recognized the global effect of epidemics when she asserted, “the sobering reality is that infectious diseases do not respect borders; this was made all too clear during the outbreaks of Ebola and Zika.” On 18 November 2016, the UK launched a new vaccine fund of GBP120 million to aid researchers in finding vaccines for diseases such as Ebola and Zika. Additionally, the government is allowing select researchers to compete for two separate awards of

GBP60 million, making the UK the second largest investor in global health worldwide.\textsuperscript{1119} Moreover, the UK is also supporting four projects with a contribution of GBP2.4 million to create vaccines for diseases that are related to bioterror, such as plague and Q fever.\textsuperscript{1120}

On 1 November 2016, the UK government committed GBP20 million to the UK Public Health Rapid Support Team.\textsuperscript{1121} This newly formed team will respond to countries around the world to control disease outbreaks within 48 hours. The team includes expert epidemiologists, microbiologists, infection prevention and control personnel, clinical researchers, and social scientists.\textsuperscript{1122} The team will also work with foreign counterparts to train local authorities in controlling and preventing infectious disease abroad.\textsuperscript{1123} Chief Executive of Public Health Duncan Selbie said, “Speed is key in tackling infectious disease and with this new capability, we can now deploy specialists anywhere in the world within 48 hours, saving and protecting lives where an outbreak starts and helping to keep the UK safe at home.”\textsuperscript{1124} The new team complies with IHR objectives to develop national IHR implementation plans and to develop specific national public health capacities.

In addition to taking substantive steps to advance the WHO’s IHR objectives, the UK also served as the volunteer to pilot the Global Health Security Agenda’s Joint External Evaluation (JEE) tool in August 2015.\textsuperscript{1125} While the JEE tool has not been subsequently used to assess the success of UK health security initiatives following the Ise-Shima Summit, the United Kingdom, being the first country to subject itself to assessment through the JEE, serves as an example for other countries.

Thus, the United Kingdom has been awarded a score of +1 for taking clear action to advance the WHO’s IHR objectives, including through Global Health Security Agenda.

\textit{Analyst: Ambika Varma}

**United States: +1**

The United States has fully complied with its commitment to advance the World Health Organization’s (WHO) International Health Regulations (IHR) objectives, both through the Global Health Security Agenda as well as through external means.


The US has engaged in multi-sectoral efforts to achieve the WHO’s IHR objectives.\(^{1126}\) This concerted effort to develop and strengthen national public health capacities has involved the Centers for Disease Control and Prevention, the US Department of Agriculture, the Food and Drug Administration, the Environmental Protection Agency, the Nuclear Regulatory Commission, the Federal Emergency Management Agency, the Department of Defense, the Department of Homeland Security and other relevant authorities.\(^{1127}\)

Since the launch of the GHSA in 2014, the United States has stood by its 2015 commitment to provide USD1 billion in funding to 17 at-risk nations.\(^{1128}\) In addition, the United States has partnered with 30 other countries to facilitate partnerships and design roadmaps to achieve the GHSA targets.\(^{1129}\) These 30 countries include: Bangladesh, Burkina Faso, Cambodia, Cameroon, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Georgia, Ghana, Guinea, Haiti, India, Indonesia, Jordan, Kazakhstan, Kenya, Laos, Liberia, Mali, Mozambique, Pakistan, Peru, Rwanda, Senegal, Sierra Leone, Tanzania, Thailand, Uganda, Ukraine, and Vietnam.\(^{1130,1131}\)

The US is also one of the ten countries that constitute the Global Health Security Agenda Steering Group, which invests in the building of healthcare system capacities and the enhancement of coordination and commitment for countries, international organizations, and civil society to work together to achieve specific targets set by the Global Health Security Agenda.\(^{1132}\) Since the Ise-Shima Summit, the US has also maintained a strong working relationship with its nongovernmental sector to aid in implementation.\(^{1133}\)

In order to monitor its commitments to the IHR and GHSA objectives, the US supports the Joint External Evaluation (JEE) and its targets.\(^{1134}\) In 2016, the United States became the sixth country to

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undergo and publish a JEE for IHR implementation on the Strategic Partnership Portal.\textsuperscript{1135} In addition, the United States plays an active role in providing technical and financial resources to implement JEE assessments in countries around the world.\textsuperscript{1136}

Thus, the United States has fully complied with its IHR-related commitments, and receives a score of +1.

\textit{Analyst: Sabrina Lin}

European Union: 0

The European Union has partially fulfilled its commitment to advancing the World Health Organization’s (WHO) International Health Regulations (IHR) objectives, including through the Global Health Security Agenda.

In September 2016, the EU increased its donation to the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the Fifth Replenishment Conference of the Global Fund in Montreal (17-19 September), Neven Mimica, Commissioner for Development and Cooperation, pledged an additional EUR5 million to the fund. This sum, combined with the EU’s previous commitment made in March 2016, brings the European Union’s total financial contribution to EUR475 for 2016.\textsuperscript{1137} The EU and its member states have been the largest contribution to the Global Fund since its creation in 2002.\textsuperscript{1138}

In October 2016, the EU invested EUR45 million through its Horizon 2020 programme to combat the Zika virus and other mosquito-transmitted diseases.\textsuperscript{1139} Horizon 2020 is the EU’s largest and most comprehensive Research and Innovation programme, launched in 2014. The European Commission asserts that, “By coupling research and innovation, Horizon 2020 is helping to achieve this [an investment in our future] with its emphasis on excellent science, industrial leadership and tackling societal challenges.”\textsuperscript{1140} The overarching goal of the programme is to “ensure [that] Europe produces world-class science, removes barriers to innovation and makes it easier for the public and private sectors to work together in delivering innovation.”\textsuperscript{1141} Due to this emphasis on research and


innovation, the EUR45 million will be used to support research on treatments, diagnostics and vaccines, and more conclusive risk assessment for these mosquito-borne diseases. ¹¹⁴²

The European Union is an advisory partner to Global Health Security Agenda, as such it is slightly unclear to what extent the Joint External Evaluation (JEE) tool could be applied to the EU. ¹¹⁴³ At this point, the EU has not completed a Global Health Security Agenda assessment, therefore the JEE tool has not been used to assess the success of EU health security initiatives.

Overall, the EU contributed a significant amount to the increase of global health research and innovation, but did not do so through the Global Health Security Agenda. Thus, the European Union receives a score of 0.

Analyst: Ambika Varma
