G7 health commitments: greater specificity for greater accountability

The Lancet (June 20, p 2433)[1] is right to praise the G7 for the impressive range of health commitments in its Schloss Elmau Summit declaration.[2] Yet, if statements of intent are to translate into action and improved health outcomes, the strength of its rhetoric must be matched by an ability to be held to account.

Criteria to measure the robustness of declaration commitments include the specificity of targets and means, their future orientation, level of ambition, time-boundedness, the bindingness of the obligation and whether commitments apply to those issuing the communiqué or other parties, among others.[3]

"Welcoming" an initiative proposed by Ghana and Norway does not constitute a robust G7 commitment, nor does being "mindful" of the health needs of migrants and refugees, "acknowledging" the work of WHO, "encouraging" the G20 to advance the Pandemic Emergency Facility agenda—however welcome these statements are. Similarly, it is encouraging to see promises to "invest" in neglected tropical diseases (NTD) and "stimulate" NTD-related research, but over what timeframe and at what level? While weak, these commitments may be better than the failure to acknowledge non-communicable diseases, which arguably constitute the most pressing global health concern.

An accountability review of G8 and African Union commitments to AIDS, tuberculosis, and malaria in Africa was not only positive but possible due to quantitative and time-bound targets set in the past decade.[4] The G7's continued "strong commitment" to global health is timely, yet when the G7 Health Ministers meet in October, the litmus test of their leadership will lie in the specificity of more binding pledges to support the implementation of the health sustainable development goal.[5]

I declare no competing interests.

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2 Leaders' Declaration G7 Summit 7–8 June 2015. http://www.mofa.go.jp/files/000084020.pdf (accessed June 20, 2015).
3 Kirton J, Kokotsis D, Guebert J, Bracht J. Reference Manual for Summit Commitment and Compliance Coding. http://www.g8.utoronto.ca/evaluations/compliancemanual-140722.pdf (accessed July 27, 2015).
4 Africa Union, NEPAD, UNAIDS. Delivering results toward ending AIDS, Tuberculosis and Malaria in Africa. African Union accountability report on Africa–G8 partnership commitments 2013. http://www.unaids.org/sites/default/files/media_asset/20130525_AccountabilityReport_EN_0.pdf (accessed June 20, 2015).
5 Buse K, Hawkes S. Health in the Sustainable Development Goals: ready for a paradigm shift? *Global Health* 2015; **11:** 13.

Gender disparities in water, sanitation, and global health

Celebrating World Water Day, *The Lancet* Editors[1] highlighted the gains made towards Millennium Development Goal (MDG) 7c, "to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation", and noted UN-Water's call for sustainable water management in view of future increases in demand and shortfalls in supply. As the primary water collectors worldwide, women are disproportionately affected by the scarcity of adequate resources; however, global estimates of improvements in water access do not reflect gender-disaggregated benefits and burdens.

While water fetching, women have increased risks of infection from faecally transmitted diseases, such as ascariasis, trichuriasis, diarrhoea, and trachoma.[2] Chronic or persistent infection, in addition to the physical effort of carrying water, causes fatigue that is not only harmful to women's wellbeing, but also affects productivity and reduces energy and time for economic opportunities.[3] Navigation of uneven terrain with substantial water loads can cause injury, especially if women are pregnant, carrying babies, or have recently given birth.[3]

Additionally, water fetching, bathing, and defecation in the open expose women and girls to sexual harassment. Adolescent girls are especially vulnerable—as sadly experienced in May, 2014, by two girls who were raped and hung in rural India.[4] Women might respond to insufficient water resources by limitation of water intake and personal hygiene behaviours, resulting in psychosocial distress.[5] Women's hygiene linked to their menstrual cycle is often ignored in design and delivery of water and sanitation, increasing their susceptibility to urogenital infections.[6] Children accompanying their mothers in these unsafe environments might likewise have increased risks of gastrointestinal infection and injury.[3]

With a 40% water shortfall estimated by 2030, women will face even greater challenges securing water.[5] However, "global commitments made in the areas of water and sanitation (including the MDG goals) do not specifically address equitable division of power, work, access to, and control of, resources between women and men".[7] Imbalance between women's water burden and denied agency in decision making underscore that post-2015 development targets alone will not reduce water access inequalities or enable future sustainability. Tackling women's global infectious disease burden and assaults to their physical, mental, and social wellbeing should go beyond improvement of household water access to address underlying causes of gender inequality.