

G8 Conclusions on Health, 1975–2015

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Summary of Conclusions on Health in G8 Summit Documents

Year	# of Words	% of Total Words	# of Paragraphs	% of Totals Paragraphs	# of Documents	% of Total Documents	# of Dedicated Documents
1975	0	0	0	0	0	0	0
1976	0	0	0	0	0	0	0
1977	0	0	0	0	0	0	0
1978	0	0	0	0	0	0	0
1979	15	0.7	1	2.6	1	50	0
1980	116	2.9	2	4.1	1	20	0
1981	59	1.8	1	1.9	1	33.3	0
1982	0	0	0	0	0	0	0
1983	21	.97	1	2.7	1	50	0
1984	12	.36	1	2	1	20	0
1985	59	1.8	2	4.7	2	100	0
1986	74	2	2	6.2	1	25	0
1987	719	14	7	9.5	3	42.8	0
1988	195	4	3	4.6	2	66.6	0
1989	272	3.8	7	5.8	1	9	0
1990	146	1.9	10	8.1	1	25	0
1991	300	3.7	6	10.7	1	20	0
1992	34	.45	1	.59	1	25	0
1993	62	1.8	1	2.3	1	50	0
1994	0	0	0	0	0	0	0
1995	0	0	0	0	0	0	0
1996	825	5.3	16	7	2	50	0
1997	1400	10.7	16	11.4	2	40	0
1998	404	6.6	3	4.6	1	25	0
1999	589	5.8	8	9.3	2	66.6	0
2000	1996	14.6	26	17.9	2	40	0
2001	1520	24.4	15	20.5	2	28.5	0
2002	1482	12.3	19	13.1	2	25	0
2003	3753	22.2	58	34.7	3	23	2
2004	1507	3.9	22	6.5	3	14.2	2
2005	2197	9.8	31	14.6	4	20	0
2006	7072	23	94	38.3	7	41.1	1
2007	4263	16.4	36	12.9	4	33.3	0
2008	2008	11.9	16	9.1	3	27.2	1
2009	2338	14	20	6	6	46.1	0
2010	2772	26.1	29	29.5	1	33.3	0
2011	756	4.1	12	5.6	2	40	0
2012	450	12.3	4	10.0	1	50	0
2013	934	6.92	10	4.27	2	50	0
2014-1	0	0	0	0	0	0	0
2014-2	446	8.7	3	4.2	1	100	0
2015	2190	17.3	30	12.1	2	100	0
Average	975.9	7.1	12.2	8.0	1.7	33.1	0.1

Notes:

Data are drawn from all official English-language documents released by the G8 leaders as a group. Charts are excluded.

“# of Words” is the number of health-related subjects for the year specified, excluding document titles and references. Words are calculated by paragraph because the paragraph is the unit of analysis.

“% of Total Words” refers to the total number of words in all documents for the year specified.

“# of Paragraphs” is the number of paragraphs containing references to health for the year specified. Each point is recorded as a separate paragraph.

“% of Total Paragraphs” refers to the total number of paragraphs in all documents for the year specified.

“# of Documents” is the number of documents that contain health-related subjects and excludes dedicated documents.

“% of Total Documents” refers to the total number of documents for the year specified.

“# of Dedicated Documents” is the number of documents for the year that contain a health-related subject in the title.

Introduction and Definition

This report catalogues all conclusions related to the issue area of health. It refers to all official statements and annexes released by the leaders, as a group, at each annual G8 summit from 1975 to 2012.

Health is defined as the human condition of being sound in mind, body and spirit, and being free from physical disease or pain. This definition becomes more complex when health is considered in terms of its economic effect, as is the case with the heavy burden of HIV/AIDS in sub-Saharan Africa. The complexities of human health can also be seen in its influence on the politics of cross-border relations.

Health on the G8 agenda can be divided into two main categories: core health issues and health-related issues. Core health encompasses official collective statements made by the G8 pertaining to the human condition of health; the presence or absence of life, disease or pain; and the efforts made toward maintaining a health human condition. As such, core health considers a range of the health issue areas tackled by the G8, including infectious diseases (HIV/AIDS, malaria, tuberculosis, polio, etc.), medical research, healthcare systems, improved health as a function of development, health promotion, medicine and treatment, global collaboration and resource mobilization for health, the current global health organizations (World Health Organization [WHO], Joint United Nations Programme on HIV and AIDS [UNAIDS], multilateral development banks, etc.), as well as more recent issues such as bioterrorism. The definition of health here also covers those issues other than health that have a related effect on human health or health policies such as: debt relief for the benefit of health systems in developing countries, information and communications technologies (ICT) to improve healthcare facilities or environmental issues that affect human health.

At the 2010 G8 Muskoka Summit, leaders announced the Muskoka Initiative (related to the Millennium Development Goals #1, 4, 5 and 6) on Maternal, Newborn, and Under-Five Child Health whereby they committed to mobilize US\$5 billion in funding over a five-year period towards this effort.

Search Terms

Inclusions

The following keywords were used in this search:

Aging, antiretroviral treatment, avian influenza (flu), behavioural research, bioethics, biological function, biological pathogen, biological product, biomedical, biometrics, biotechnology, bird influenza (flu), birth rate, children microbes, cholera, clinical studies, communicable diseases, cure, death rate, deficiencies, diagnostics and other material, disability rate, disease, disease surveillance, DNA, drugs (medical), Ebola, environmental hazards, epidemic, family care-giving, family planning, famine, food safety, food security, gene-based inventions, global crises-reaction-mechanism, global surveillance network, guinea worm, health, health care, health partnership, health research, health services, health standard, healthier environment, health-related Millennium Development Goals (MDGs), HIV/AIDS, human frontier, human genome, human influenza (flu), human suffering, human welfare, hunger, immunization, infection, infectious disease, intellectual property rights, life expectancy, life science, malaria, malnutrition, measles, medical care, medical frontier, medical service, medicinal product, microbicide, micro-nutrient,

nutrition, onchocerciasis, orphan(ed), outbreak, pandemic, pediatric treatment, pharmaceutical industry, pharmaceutical product, pneumonia, polio, population growth, population problem, poverty, prevention, regional surveillance system, reproductive health, river basin organization, river blindness, sanitation, seniors, severe acute respiratory syndrome (SARS), somatic cell nuclear transfer, therapeutic, toxin, treatment, tuberculosis, vaccine, virus, vulnerable, water nutrition, water quality, water safety, World Health Assembly (WHA), World Health Organization (WHO)

Exclusions

Bioterrorism

Coding Rules

The unit of analysis is the paragraph/sentence.

A direct reference to health or a cognate term is required.

Cognate or extended terms can be used without a direct reference to health if they have previously been directly associated together in summit communiqué history.

Conclusions on Health in G8 Summit Documents

1975 Rambouillet, France

No references.

1976 San Juan, Puerto Rico, United States

No references.

1977 London, United Kingdom

No references.

1978 Bonn, Germany

No references.

1979 Tokyo, Japan

Communiqué

We will place more emphasis on cooperation with developing countries in overcoming **hunger and malnutrition**.

1980 Venice, Italy

Communiqué

Energy

13. We underline the vital contribution of nuclear power to a more secure energy supply. The role of nuclear energy has to be increased if world energy needs are to be met. We shall therefore have to expand our nuclear generating capacity. We will continue to give the highest priority to ensuring the **health and safety** of the public and to perfecting methods for dealing with spent fuels and disposal of nuclear waste. We reaffirm the importance of ensuring the reliable supply of nuclear fuel and minimizing the risk of nuclear proliferation.

Relations with Developing Countries

22. We are deeply conscious that extreme poverty and **chronic malnutrition** afflict hundreds of millions of people of developing countries.

1981 Montebello, Canada

Communiqué

Energy

32. In most of our countries progress in constructing new nuclear facilities is slow. We intend in each of our countries to encourage greater public acceptance of nuclear energy, and respond to

public concerns about safety, **health**, nuclear waste management and non- proliferation. We will further our efforts in the development of advanced technologies, particularly in spent fuel management.

1982 Versailles, France

No references.

1983 Williamsburg, United States

Communiqué

10. We have agreed to strengthen cooperation in protection of the environment, in better use of natural resources, and in **health research**.

1984 London II, United Kingdom

Political Declaration on Democratic Values

5. We reaffirm our determination to **fight hunger** and poverty throughout the world.

1985 Bonn II, Germany

Communiqué

Relations with Developing Countries

9. We are deeply concerned about the plight of African peoples who are suffering from **famine** and drought.

Political Declaration

We shall continue to seek to work with the developing countries, so as to help them to fight **hunger** and **disease**, to build free and prosperous societies, and to take their part in the community of nations committed to peace and freedom.

1986 Tokyo II, Japan

Tokyo Declaration: Looking Forward to a Better Future

2. More than ever we have all to join our energies in the search for a safer and **healthier**, more civilized and prosperous, free and peaceful world. We believe that close partnership of Japan, North America and Europe will make a significant contribution toward this end.

4. We pledge ourselves afresh to fight against **hunger**, **disease** and poverty, so that developing nations can also play a full part in building a common, bright future.

1987 Venice II, Italy

Communiqué

32. We welcome the initiative of the **Human Frontier Science Program (HFSP)** presented by Japan, which is aimed at promoting, through international cooperation, basic research on **biological functions**. We are grateful for the informal opportunities our scientists have had to take part in some of the discussions of the feasibility study undertaken by Japan. We note that this study will be continued, and we would be pleased to be kept informed about its progress.

34. We shall continue to review the **ethical implications of developments in the life sciences**. Following the conferences sponsored by Summit governments by Japan in 1984, by France in 1985, by the Federal Republic of Germany in 1986 and by Canada in 1987 we welcome the Italian Government's offer to host the next **bioethics** conference in Italy in April 1988.

Chairman's Statement on AIDS

On the basis of the concern already shown in the past for **health problems** (London Chairman's oral statement on **cancer** and Bonn Chairman's oral statement on **drugs**), the Heads of State or Government and the representatives of the European Community affirm that **AIDS [acquired immune deficiency syndrome]** is one of the biggest potential **health problems** in the world. National efforts need to be intensified and made more effective by international cooperation and concerted campaigns to prevent **AIDS** from spreading further, and will have to ensure that the measures taken are in accordance with the principles of human rights. In this connection, they agree that:

— International cooperation will not be improved by duplication of effort. Priority will have to be given to strengthening existing organizations by giving them full political support and by providing them with the necessary financial, personnel and administrative resources. The **World Health Organization (WHO)** is the best forum for drawing together international efforts on a worldwide level to combat **AIDS**, and all countries should be encouraged fully to cooperate with the **WHO** and support its special program of **AIDS related** activities;

— In the absence of a **vaccine or cure**, the best hope for the combat and prevention of **AIDS** rests on a strategy based on educating the public about the seriousness of the **AIDS epidemic**, the ways the **AIDS** virus is transmitted and the practical steps each person can take to avoid acquiring or spreading it. Appropriate opportunities should be used for exchanging information about national education campaigns and domestic policies. The Heads of State or Government and the representatives of the European Community welcome the proposal by the United Kingdom government to cosponsor, with the **WHO**, an international conference at ministerial level on public education about **AIDS**; and

— Further cooperation should be promoted for basic and **clinical studies on prevention, treatment and the exchange of information** (as in the case of the EC program). The Heads of State or Government and the representatives of the European Community welcome and support joint action by researchers in the seven countries (as in the case of the joint program of French and American researchers, which is being enlarged, and similar programs) and all over the world for the **cure of the disease, clinical testing** on components of the **virus** and the development of a successful **vaccine**. The Heads of State or Government and the representatives of the European

Community welcome the proposal by the president of the French Republic aiming at the creation of an **international committee on the ethical issues raised by AIDS**.

Statement on Drugs

The Heads of State or Government have examined the **drug abuse problem**, which causes a **tragic loss of human life** and now affects people all over the world, especially the young and their families. They emphasize the importance of undertaking a strategy in support of national, regional and multilateral campaigns in order to overcome this problem. They intend to continue their fight against illegal production and distribution of drugs and to create all necessary conditions for more effective international cooperation. They will also work for the eradication of illegal cultivation of natural drugs and for its replacement with other types of production which will further the aims of social and economic development. The leaders welcome the agreements already reached on bilateral and multilateral bases, and look forward with confidence to a successful International Conference on Drug Abuse and Illicit Trafficking, which the United Nations is convening next week in Vienna.

1988 Toronto, Canada

Communiqué

Human Frontier Science Program

1. We note the successful conclusion of Japan's feasibility study on the **Human Frontier Science Program** and are grateful for the opportunities our scientists were given to contribute to the study. We look forward to the Japanese Government's proposal for the implementation of the program in the near future.

Bioethics

2. We note that, as part of the continuing review of the ethical implications of developments in the **life sciences**, the Italian Government hosted the fifth conference on **bioethics** in April 1988, and we welcome the intention of the European Communities to host the sixth conference in the spring of 1989.

Political Declaration

Narcotics

16. The illegal **use of drugs** and the illicit trafficking in them poses grave risks to the peoples of Summit countries as well as the peoples of source and transit countries. There is an urgent need for improved international cooperation in all appropriate fora on programs to counter all facets of the illicit drug problem, in particular production, trafficking, and financing of the drug trade. The complexity of the problem requires additional international cooperation, in particular to trace, freeze, and confiscate the proceeds of drug traffickers, and to curb money laundering.

1989 Paris, France

Communiqué

Drug Issues

52. The **drug problem** has reached devastating proportions. We stress the urgent need for decisive action, both on a national and an international basis. We urge all countries, especially those where drug production, trading and consumption are large, to join our efforts to counter drug production, to reduce demand, and to carry forward the fight against drug trafficking itself and the laundering of its proceeds.

53. Accordingly, we resolve to take the following measures within relevant fora:

-Give greater emphasis on [sic] bilateral and United Nations programs for the conversion of illicit cultivation in the producer countries. The United Nations Fund for Drug Abuse Control (UNFDAC), and other United Nations and multilateral organizations should be supported, strengthened and made more effective. These efforts could include particular support for the implementation of effective programs to stop drug cultivation and trading as well as developmental and technical assistance. -Support the efforts of producing countries who ask for assistance to counter illegal production or trafficking.

-Intensify the exchange of information on the **prevention of addiction, and rehabilitation of drug addicts**.

-Support the international conference planned for 1990 on **cocaine and drug demand reduction**.

International Cooperation against AIDS

54. We take note of the creation of an **International Ethics Committee on AIDS** which met in Paris in May 1989, as decided at the Summit of Venice (June 1987). It assembled the Summit participants and the other members of the EC, together with the active participation of the **World Health Organization**.

55. We take note of the **representations** that we received from various Heads of State or Government and organizations and we will study them with interest.

1990 Houston, United States

Communiqué

The Environment

74. We note with satisfaction the successful launching of the **Human Frontier Science Program** and express our hope that it will make positive contributions to the advancement of basic **research in life science** for the benefit of all mankind.

Narcotics

77. We support the declaration adopted at the ministerial meeting on drugs convened by the United Kingdom that **drug demand reduction** should be accorded the same importance in policy and action as the reduction of illicit supply. Developed countries should adopt stronger prevention efforts and assist demand reduction initiatives in other countries.

82. We should support an informal narcotics consultative arrangement with developed countries active in international **narcotics control**. Such a group could strengthen efforts to reduce supply and demand, and improve international cooperation.

83. We welcome the current review of **UN drug abuse control agencies** and urge that it result in a more efficient structure.

1991 London III, United Kingdom

Communiqué

Developing Countries

38. Additional aid efforts are required, to enhance both the quantity and the quality of our support for priority development issues. These include alleviating poverty, **improving health**, education and training and enhancing the environmental quality of our aid.

39. We will provide humanitarian assistance to those parts of Africa facing severe **famine** and encourage the reform of United Nations structures in order to make this assistance more effective. We will also work to help the countries concerned remove the underlying causes of **famine** and other emergencies, whether these are natural or provoked by civil strife.

Environment

53. We support the negotiation, under the auspices of UNEP, of an acceptable framework convention on biodiversity, if possible to be concluded next year. It should concentrate on protecting ecosystems, particularly in species-rich areas, without impeding positive developments in **biotechnology**.

Narcotics

82. We should support an informal narcotics consultative arrangement with developed countries active in international narcotics control. Such a group could strengthen efforts to reduce supply and **demand**, and improve international cooperation.

Political Declaration

4. We note that the urgent and overwhelming nature of the humanitarian problem in Iraq caused by violent oppression by the Government required exceptional action by the international community, following UNSCR [UN Security Council Resolution] 688. We urge the UN and its affiliated agencies to be ready to consider similar action in the future if the circumstances require

it. The international community cannot stand idly by in cases where widespread **human suffering** from **famine**, war, oppression, refugee flows, **disease** or flood reaches urgent and overwhelming proportions.

14. In addition to its own domestic efforts, South Africa also needs the help of the international community, especially in those areas where the majority have long suffered deprivation: education, **health**, housing and social welfare. We will direct our aid for these purposes.

1992 Munich, Germany

Communiqué

Developing Countries

21. We are deeply concerned about the unprecedented **drought** in southern Africa. Two thirds of the **Drought Appeal** target has been met. But much remains to be done. We call on all countries to assist.

1993 Tokyo III, Japan

Communiqué

World Economy

5. To enhance opportunities for employment and growth, it is essential to address structural issues which constitute obstacles to strong economic recovery and to longerterm growth potential. In this context, we endorse the report of our Finance Ministers focusing on a broad range of structural reforms, inter alia:

- addressing the economic impact of **aging populations**;
- controlling overall outlays on **health care**;

1994 Naples, Italy

No references.

1995 Halifax, Canada

No references.

1996 Lyon, France

Communiqué

Strengthening Economic and Monetary Cooperation

17. In order to face the challenges of economic and fiscal impact of **aging populations**, we remain committed to ensuring sustainability of our social security system.

IV. Implementing a New Global Partnership for Development: An Ambition for the 21st Century

34. This new partnership should set its sights on enabling all developing countries, whatever their stage of development, to share and participate in the benefits of globalization. To that end, it should take the achievement of sustainable development as its fundamental objective. Goals should include the reduction of poverty and social inequities, the respect of internationally recognized labour standards, protection of children, a strengthened civil society, protection of the environment, improved **health** and education.

35. We want the partnership to achieve concrete results. We emphasize the usefulness of indicators capable of measuring progress toward development objectives in specific countries in areas such as extreme poverty, **infant, child and maternal mortality**, and primary education. Other essential aspects of development must also be considered, including a number of non-measurable qualitative factors. We welcome the ongoing work of the OECD on this subject.

37. Within the framework of this new partnership, the priority must be to implement more effectively-targeted policies, with four complementary objectives :

- giving more explicit priority to sustainable development and the alleviation of poverty. This should mean adequate ODA funding of essential sectors such as **health** and education, basic infrastructures, clean water schemes, environmental conservation, micro-enterprises, agricultural research and small-scale agriculture, with for example the help of IFAD ;

V. Enhancing the effectiveness of Multilateral Institutions for the Benefit of Development

41. The UN's priority areas are, notably: reduction of poverty, employment, housing, the provision of essential services, and especially those relating to **health** and education, the advancement of women and protection of children, and humanitarian assistance in general.

Chairman's Statement

I. Global issues

Protection of environment, nuclear safety and new types of **epidemics** are common challenges that must be properly handled.

5. Environment

People should be the focus of our policies. **Human health** is sometimes being jeopardized by the deterioration of the environment. Where there are threats of serious or irreversible damage, we endorse measures based on sound science and the precautionary principle.

7. The "Human Frontier Science Program"

We applaud the results of the "**Human Frontier Science Program**" since its launch in Venice in 1987, and we await with interest the outcome of the intergovernmental Conference on further progress on this subject in Autumn 1996.

8. Infectious Diseases

Infectious diseases such as **HIV/AIDS, malaria, cholera, ebola, and antibiotic resistant strains of tuberculosis and pneumonia** pose an unacceptable **threat to people** of all nations, disproportionately affecting the populations of the poorest nations. We endorse the creation and implementation of mechanisms to aid in the **prevention, detection, surveillance and response to the emergence and re-emergence of communicable diseases**. We reiterate our call for the extension of all forms of cooperation in the realms of **research, prevention, accessible and affordable health care services and diagnostics in the treatment and control of these diseases**.

We draw attention to the measures already undertaken in each of our countries to encourage the scientific community in its search for **remedies to these diseases**. We pledge to **pursue this effort** at the **national level**, while at the same time promoting **international cooperation** among **research teams** in this field.

Moreover, we will continue to extend various kinds of **assistance programs**, in particular for the benefit of the countries hardest hit by **HIV/AIDS** and other **infectious diseases**. We also encourage cooperation among those of us who jointly conduct cooperative projects with Africa, Southeast Asia, Latin America and the Caribbean by transferring our expertise in regard to **surveillance, prevention, research, diagnosis, and treatment of these diseases**. We will continue to work to ensure the **availability of safe and effective treatments** for these **all-too-often fatal diseases**.

We strongly support the efforts of the **World Health Organization (WHO)** to combat **emerging and re-emerging infectious diseases**, as well as the **joint United-Nations Program on AIDS (UNAIDS)** to coordinate international efforts to stem the global **HIV/AIDS epidemic**.

9. Drugs

Drugs represent a serious threat for our younger generations' future, **our citizens' health** and the integrity of our societies.

Achievements: System Wide

At the initiative of the Secretary-General and under the direction of the Coordinator of Development Activities, three inter-agency task forces were set up, to work in the framework of the Administrative Coordinating Committee (ACC). These task forces will deal with the following themes: 1) creation of an environment suited to sustainable development (steered by the World Bank); 2) growth of job creation (steered by the ILO); 3) **provision of basic social services** (steered by the UNFPA).

Budgeting

- **WHO**: its budget increase is modest (2,5 %), well below the demands of its Secretariat (14%).

Specialized Agencies

- **WHO**: the Executive Board decided to review the WHO mandate; related reforms (e.g. revision of the organizational chart, efficient human resources management) are planned.

1997 Denver, United States

Communiqué

The Opportunities and Challenges of Aging Populations

6. Increased **life expectancy** and **improved health among our elderly** are two major achievements of this century. In the next century, these successes will present us with both opportunities and challenges, as **longer life expectancies** and **lower birth rates** significantly raise the proportion of seniors in our countries' populations. Prime Minister Hashimoto's "Initiative for a Caring World" has provided us the opportunity to focus on the implications of these developments.

7. We discussed the idea of "**active aging**" — the desire and ability of many older people to continue work or other socially productive activities well into their later years, and agreed that old **stereotypes of seniors as dependent** should be abandoned. We considered new evidence suggesting that **disability rates** among seniors have declined in some countries while recognizing the wide variation in the **health** of older people. We discussed how our nations can promote **active aging** of our older citizens with due regard to their individual choices and circumstances, including removing disincentives to labor force participation and lowering barriers to flexible and part-time employment that exist in some countries. In addition, we discussed the transition from work to retirement, life-long learning and ways to encourage volunteerism and to support **family care-giving**.

8. We examined the differing implications of **population aging** for our nations' pension, **health and long-term care systems** in the next century. **Active aging** strategies can be a useful way to advance structural reforms in the areas of **health and social welfare**. Some of our countries face major challenges in sustaining their public pension systems and would benefit from early action to restore balance. Different ways were suggested to address this issue, including increasing the labor force participation of seniors and raising national savings rates. Investing in human capital, including maximizing opportunities for life-long learning, were mentioned as ways to facilitate the continued work preparedness of mature adults. Some countries will be more affected by the demands of **health care** financing for seniors. We concluded that efficient and effective management of this challenge should help us to meet the needs of an **aging society** without overburdening younger generations.

9. We agreed that it is important to learn from one another how our policies and programs can promote **active aging** and advance structural reforms to preserve and strengthen our pension, **health and long-term care systems**. Our governments will work together, within the OECD and with other international organizations, to promote **active aging** through **information exchanges and cross-national research**. We encourage collaborative **biomedical and behavioral research** to improve **active life expectancy** and **reduce disability**, and have directed our officials to identify gaps in our knowledge and explore developing comparable data in our nations to improve our capacity to address the challenges of **population aging** into the 21st Century.

Freshwater

21. Many people throughout the world do not have access to safe water. Increased human, industrial and agricultural wastes can diminish water quality, with adverse effects for ecosystems and **human health** and safety, particularly for children. The Special Session of the UN General Assembly should encourage the CSD to develop a practical plan of action to address freshwater-related issues, including promotion of efficient water use, improvement of **water quality and sanitation**, technological development and capacity building, public awareness and institutional improvements. To achieve these objectives, we have also agreed to promote bilateral and regional cooperation on freshwater concerns, and to enhance coordination of our efforts in this area.

Children's Environmental Health

25. Protecting the **health** of our children is a shared fundamental value. Children throughout the world face significant threats to their **health** from an array of **environmental hazards**, and we recognize particular vulnerabilities of children to **environmental threats**. Our governments will explicitly incorporate children into **environmental risk assessments** and standard setting and together will work to strengthen information exchange, provide for **microbiologically safe drinking water**, and **reduce children's exposure to lead, environmental tobacco smoke and other air pollutants**.

Infectious Diseases

31. **Infectious diseases**, including **drug-resistant tuberculosis, malaria, and HIV/AIDS** are responsible for a third of all deaths in the world. They pose significant challenges to the **health**, security and financial resources of the global community. In many parts of the world, **infectious diseases** and **deaths from infectious disease** have 'risen sharply in the last decade for a variety of reasons, including the **emergence of drug-resistant microbes** and the increased movement of people and products.

32. In the coming year, our governments will promote more effective coordination of international responses to **outbreaks**; promote development of a **global surveillance network**, building upon existing national and **regional surveillance systems**; and help to **build public health capacity to prevent, detect and control infectious diseases** globally including efforts to explore the use of **regional stocks of essential vaccines, therapeutics, diagnostics and other materials**. Central to this work will be strengthening and linking existing activities in and among each of our countries, with developing countries, and in other fora, especially the **World Health Organization**. We support the efforts of the **WHO** and the recent **World Health Assembly resolutions regarding the quality of biological and pharmaceutical products**.

33. Preventing the **transmission of HIV infection** and the development of **AIDS** is an urgent **global public health** imperative. While other **prevention and treatment methods** must be pursued, in the long term the **development of safe, accessible, and effective vaccines against AIDS** holds the best chance of limiting, and eventually eliminating, the threat of this **disease**. We will work to provide the resources necessary to accelerate **AIDS vaccine research**, and together will enhance international scientific cooperation and collaboration. Cooperation among scientists and governments in the developed and developing world and international agencies will be critical. We call on other states to join us in this endeavor.

34. The **Joint United Nations Program on HIV/AIDS (UNAIDS)** must help expand the scale and quality of the response to **HIV/AIDS**. As a group and with others, we will work to assure that it has resources adequate to fulfill its mandate.

Illicit Drugs

42. We are determined to intensify our efforts to combat the production, trafficking and **use of illicit drugs**, which represent a global threat to the safety of our citizens, and the well-being of our societies and institutions. Reaffirming the common responsibility of all concerned States, we recognize that a successful strategy to combat illicit drugs requires effective action against both the supply and the **demand** for such drugs. We stress the importance of **demand reduction**. Together with strict enforcement of drug-related laws, programs aimed at **treatment and rehabilitation, education and prevention** are of *major importance in our fight against drugs*.

Human Cloning

47. We agree on the need for appropriate domestic measures and close international cooperation to **prohibit the use of somatic cell nuclear transfer to create a child**.

Africa: Partnership for Development

59. We will work with African countries to ensure adequate and well-targeted assistance for those countries which have the greatest need and carry out the necessary broad-based reforms. This assistance will include support for democratic governance, respect for human rights, sound public administration, efficient legal and judicial systems, infrastructure development, rural development, food security, environmental protection and human resource development, including **health** and education of their people. In this regard, we will work to strengthen cooperation among concerned institutes to facilitate and coordinate capacity building efforts.

Confronting Global Economic and Financial Challenges: Denver Summit Statement by Seven

2. We remain committed to sustaining non-inflationary growth and contributing to world prosperity. The increasing globalization of markets is an important engine of world growth that provides opportunities to all countries. Our goal is to realize the full benefits of globalization for all while meeting the challenges it presents.

3. To achieve this goal, we must:

- Implement policies to promote sustainable, non- inflationary growth; create jobs; restore sound public finances; and meet the **challenge of the aging of our populations**.

6. One of the most important challenges we face is responding to the economic, financial and social implications of the changing demographics in our **aging societies**. It could significantly affect our pension and **health care costs** and influence our public budgets; reduce public and private savings, and affect global flows of capital. We therefore pledge to undertake structural reforms that will address these issues. We have asked our Finance and Economic Ministers to examine, in coordination with other competent national authorities, the **economic and fiscal implications of aging**, including within the OECD and other relevant international organizations.

1998 Birmingham, United Kingdom

Communiqué

6. The last point highlights one of the most difficult challenges the world faces: to enable the **poorer developing countries**, especially in **Africa**, develop their capacities, integrate better into the global economy and thereby benefit from the opportunities offered by globalization. We are encouraged by the new spirit of hope and progress in Africa. The challenges are acute, but confidence that they can be overcome is growing. We commit ourselves to a real and effective partnership in support of these countries' efforts to reform, to develop, and to reach the internationally agreed goals for economic and **social development**, as set out in the OECD's 21st Century Strategy. We shall therefore work with them to achieve at least primary education for children everywhere, and to reduce drastically **child and maternal mortality** and the proportion of the **world's population living in extreme poverty**.

7. To help achieve these goals, we intend to implement fully the vision we set out at Lyon and Denver. We therefore pledge ourselves to a shared international effort:

- to enhance mutual cooperation on **infectious and parasitic diseases** and support the **World Health Organisation's** efforts in those areas. We support the new initiative to 'Roll Back Malaria' to relieve the suffering experienced by hundreds of millions of people, and significantly reduce the **death rate** from **malaria** by 2010. We will also continue our efforts to reduce the global scourge of **AIDS** through **vaccine development, preventive programmes** and appropriate **therapy**, and by our continued support for **UNAIDS**. We welcome the French proposal for a '**Therapeutic Solidarity Initiative**' and other proposals for the prevention and treatment of **AIDS**, and request our experts to examine speedily the feasibility of their implementation.

Drugs and International Crime

6. There is a strong link between drugs and wider international and domestic crime. We welcome the forthcoming UNGASS on drugs. This should signal the international community's determination in favour of a comprehensive strategy to tackle all aspects of the **drugs problem**. For its part, the G8 is committed to partnership and shared responsibility in the international community to combat illicit drugs. This should include reinforced cooperation to curb illicit trafficking in drugs and chemical precursors, action to reduce demand in our countries, including through policies to **reduce drug dependency**, and support for a global approach to eradicating illicit crops. We welcome the UNDCP's global approach to eliminating or significantly reducing illicit drug production, where appropriate through effective alternative development programmes.

1999 Köln, Germany

Communiqué

23. We call on the International Financial Institutions (IFIs) to support and monitor the development of sound social policy and infrastructure in developing countries. We commend actions already being taken in this regard. We urge the International Monetary Fund (IMF) to give more attention to this issue in designing its economic programs and to give particular

priority to core budgets such as **basic health**, education and training to the extent possible, even during periods of fiscal consolidation.

X. Tackling Global Challenges

39. In many countries, violent conflicts and civil wars continue to be an obstacle to making good use of the opportunities of globalization. Effective crisis prevention and management must address the root causes of these conflicts. These causes include the political manipulation of ethnic tensions, economic and social inequality, and extreme poverty as well as the absence of democracy, the rule of law and good political and economic governance. They are often exacerbated by human rights violations, environmental degradation, scarcity of resources, rapid population growth and the rapid **spread of diseases**.

41. We are concerned at the continuing global spread of **AIDS**. We reaffirm the need to continue efforts to combat **AIDS** at the national and international level through a combined strategy of **prevention, vaccine development and appropriate therapy**. We welcome and support the coordinating and catalytic role of **UNAIDS** in the fight against **AIDS**. We call on co-sponsors and other partners to cooperate in the formulation of clear goals, strategies and initiatives at both the global and regional level.

42. We also pledge to continue our national and international efforts in the fight against **infectious and parasitic diseases, such as malaria, polio and tuberculosis**, and their **drug-resistant forms**. In particular we will continue to support the endeavors of the **World Health Organization** and its initiatives “**Roll Back Malaria**” and “**Stop TB**”. We call on governments to adopt these recommended strategies.

43. In light of the increasing importance of issues concerning **food safety** we invite the **OECD Working Group on Harmonization of Regulatory Oversight of Biotechnology and the OECD Task Force for the Safety of Novel Foods and Feeds** to undertake a study of the implications of **biotechnology** and other aspects of **food safety**. We invite OECD experts to discuss their findings with our personal representatives. We ask the latter to report to us by the next Summit on possible ways to improve our approach to these issues through international and other institutions, taking into account the reflections underway in other fora.

48. There has been real progress since the Birmingham Summit in tackling the “Millennium Bug”. But there is still much to do. We will maintain vigorous programs of action to ensure our own Year 2000 readiness and to minimize the potential impact on our countries and on the world as a whole. We urge all other governments to do the same. In these efforts, high priority should be given to the key infrastructure sectors energy, telecommunications, financial services, transport and **health** as well as to defense, the environment and public safety.

G7 Statement

The international community must work with governments and national authorities to foster investment in people through education, **health** and other basic social needs, which are the foundations for long-term development.

10. The Köln Debt Initiative should be built on an enhanced framework for poverty reduction, developed by the IFIs in consultation with other institutions and with civil society. This is critical

to ensure that more resources are invested in **health**, including **AIDS prevention**, education and other social needs, which are essential for sustainable development.

2000 Okinawa, Japan

Communiqué

Development

13. In particular, many developing countries, notably in Africa, are growing too slowly. The **HIV/AIDS** pandemic aggravates the situation.

19. We are committed to mobilising the instruments and resources of the international community to support and reinforce the efforts of these countries to combat and overcome these challenges, with particular priority on promoting equitable distribution of the benefits of growth through sound social policies, including regarding **health** and education. To this end, as we set out in detail below, we have agreed to:

Implement an ambitious plan on **infectious diseases**, notably **HIV/AIDS**, **malaria** and **tuberculosis (TB)**;

21. We also agree to give special attention to three issues — debt, **health**, and education, as a spur to growth.

Health

26. **Health** is key to prosperity. Good **health** contributes directly to economic growth whilst poor **health** drives poverty. **Infectious and parasitic diseases**, most notably **HIV/AIDS**, **TB and malaria**, as well as **childhood diseases and common infections**, threaten to reverse decades of development and to rob an entire generation of hope for a better future. Only through sustained action and coherent international co-operation to fully mobilise new and existing **medical**, technical and financial resources, can we strengthen **health** delivery systems and reach beyond traditional approaches to break the **vicious cycle of disease and poverty**.

27. We have committed substantial resources to fighting **infectious and parasitic diseases**. As a result, together with the international community, we have successfully arrived at the final stage of **polio and guinea worm eradication**, and have begun to control **onchocerciasis**.

28. But we must go much further and we believe that the conditions are right for a step change in international **health** outcomes. We have widespread agreement on what the priority **diseases** are and basic technologies to tackle much of the **health** burden are in place. In addition there is growing political leadership and recognition in the most afflicted countries that **health** is central to economic development. We particularly welcome the success of the recent **HIV/AIDS conference held in Durban** and the importance attached to tackling **HIV/AIDS** by African leaders, donors, international financial institutions and the private sector.

29. We therefore commit ourselves to working in strengthened partnership with governments, the **World Health Organisation (WHO)** and other international organisations, industry (notably

pharmaceutical companies), academic institutions, NGOs and other relevant actors in civil society to deliver three critical UN targets:

- Reduce the number of **HIV/AIDS**-infected young people by 25% by 2010 (UN Secretary-General Report to the General Assembly on 27/3/2000);
- Reduce **TB deaths and prevalence of the disease** by 50% by 2010 (WHO Stop **TB** Initiative);
- Reduce the **burden of disease associated with malaria** by 50% by 2010 (WHO Roll Back Malaria).

30. In order to achieve this ambitious agenda our partnership must aim to cover:

- Mobilising additional resources ourselves, and calling on the MDBs to expand their own assistance to the maximum extent possible;
- Giving priority to the development of **equitable and effective health systems, expanded immunisation, nutrition and micro-nutrients and the prevention and treatment of infectious diseases**;
- Promoting political leadership through enhanced high-level dialogue designed to raise public awareness in the affected countries;
- Committing to support innovative partnerships, including with the NGOs, the private sector and multilateral organisations;
- Working to make existing cost-effective interventions, including **key drugs, vaccines, treatments and preventive measures** more universally available and affordable in developing countries;
- Addressing the complex issue of access to medicines in developing countries, and assessing obstacles being faced by developing countries in that regard;
- Strengthening co-operation in the area of **basic research and development on new drugs, vaccines and other international public health goods**.

31. We note with encouragement new commitments in these areas. We strongly welcome the World Bank's commitment to triple International Development Association (IDA) financing for **HIV/AIDS, malaria, and TB**. We also welcome the announcements to expand assistance in this area made by bilateral donors.

32. In addition, we will convene a conference in the autumn this year in Japan to deliver agreement on a new strategy to harness our commitments. The conference should look to define the operations of this new partnership, the areas of priority and the timetable for action. Participation of developing country partners and other stakeholders will be essential. We will take stock of progress at the Genoa Summit next year and will also work with the UN to organise a conference in 2001 focusing on strategies to facilitate access to **AIDS treatment and care**.

Crime and Drugs

43. We reaffirm our concern at the increasing global threat posed by the trafficking and **use of illegal drugs**. We remain committed to **reducing demand** in our own countries, and to countering the threat from the production and trafficking of illicit drugs globally. We will work with other countries, the UN system and other groups to reduce both supply and **demand**. We will support regional initiatives to end narcotics production and trafficking. We urge universal

implementation of the conclusions of the 1998 UN Special Session on countering the world drugs problem. We are also committed to strengthening international co-operation to:

Ageing

51. The progressive **ageing of our populations** compels us to rethink the conventional concept of a three-stage life cycle of education, employment and retirement. As the vitality of our societies increasingly depends on active participation by older people, we must foster economic and social conditions, including IT-related developments, that allow people of all ages to remain fully integrated into society, to enjoy freedom in deciding how to relate and contribute to society, and to find fulfilment in doing so. The concept of “**active ageing**”, as articulated at the Denver Summit, remains our guiding principle in this endeavour.

52. The central challenge is to promote a culture that values the experience and knowledge that come with age. To this end, we will:

- Make further efforts to remove inappropriate disincentives for people below retirement age to stay in the labour market;
- Counter age prejudice in employment;
- Encourage life-long learning so that people can remain active through the accelerating transition toward an information society;
- Pursue **healthy ageing policies** that permit a continued high quality of life;
- Seek to increase relevant cross-national research, including comparable longitudinal surveys;
- Engage with the private sector and civil society in promoting older people’s participation in community and volunteer activities.

51. In pursuing these objectives we attach continued importance to international co-operation and policy dialogue, and encourage the OECD to continue its work in this area.

52. We look forward to the upcoming meeting of G8 Labour and Social Affairs Ministers in Italy in November.

Life Science: Biotechnology/Food Safety

Maintenance of effective national **food safety systems** and public confidence in them assumes critical importance in public policy. We are committed to continued efforts to make systems responsive to the growing public awareness of **food safety** issues, the potential **risks associated with food**, the accelerating pace of developments in **biotechnology**, and the increasing cross-border movement of food and agricultural products.

The commitment to a science-based, rule-based approach remains a key principle underlying these endeavours. The on-going work in international fora to develop and refine such an approach needs to be accelerated. In particular, we attach strong importance to the work of the **CODEX Alimentarius Commission (CAC)**, the **principal standard-setting body in food safety**, and encourage its **Ad Hoc Intergovernmental Task Force on Foods Derived from Biotechnology** to produce a substantial interim report before completion of its mandate in 2003. We also support the efforts of the CAC’s Committee on General Principles to achieve greater global consensus on how precaution should be applied to **food safety** in circumstances where available scientific information is incomplete or contradictory.

Policy dialogue, engaging all stakeholders and including both developed and developing countries, must be intensified to advance **health protection**, facilitate trade, ensure the sound development of **biotechnology**, and foster consumer confidence and public acceptance. The report by the **OECD Ad Hoc Group on Food Safety** and the work of the **Task Force for the Safety of Novel Foods and Feeds** and the **Working Group on Harmonisation of Regulatory Oversight of Biotechnology** represent a useful step in this direction. We welcome the further work agreed by OECD ministers. We note with approval that the OECD will continue to undertake analytical work and to play an effective role in international policy dialogue on **food safety**, maintaining its engagement with civil society and seeking to share its work in this area with countries outside the organisation's membership. Drawing on its comparative advantages, the work of the OECD will effectively complement the activities of other international organisations, in particular the Food and Agriculture Organisation (FAO) and **WHO**. We also encourage the **FAO and WHO** to organise periodic international meetings of **food safety regulators** to advance the process of science-based public consultations.

In pursuing this dialogue we will pay particular attention to the needs, opportunities and constraints in developing countries. We will work to strengthen our support for their capacity building to harness the potentials of **biotechnology**, and encourage research and development as well as data and information sharing in technologies, including those that address global food security, **health, nutritional** and environmental challenges and are adapted to specific conditions in these countries.

Open and transparent consultation with and involvement of all stakeholders, including representatives of civil society, supported by shared scientific understanding, is a key component of a **credible food and crop safety system**. We note the proposal to establish an independent international panel put forward at the recent OECD Edinburgh Conference. Building on the success of that Conference, we will explore, in consultation with international organisations and interested bodies including scientific academies, the way to integrate the best scientific knowledge available into the global process of consensus building on **biotechnology** and other aspects of **food and crop safety**.

Human Genome:

Advances in **life science** continuously improve our quality of life. Opening new **medical frontiers** points to unprecedented opportunities for the benefit of humankind and will have to be achieved taking account of principles of **bioethics**.

The announcement of the nearly complete **mapping of the human genome**, a momentous discovery in itself, constitutes a further dramatic and welcome step in this development.

We consider this mapping to be critically important for all humanity and call for the further rapid release of all raw fundamental data on **human DNA sequences** as such. We also emphasise the importance of pursuing the **post genome-sequence research** on the basis of multilateral collaboration.

We recognise the need for a balanced and equitable intellectual property protection for **gene-based inventions**, based wherever possible on common practices and policies. We encourage further efforts in relevant international fora to achieve broad harmonisation of patenting policies of biotechnological inventions.

Disarmament, Non-proliferation and Arms Control

We commit ourselves to work with others to conclude the negotiations on the Verification Protocol to strengthen the **Biological Weapons Convention** as early as possible in 2001.

Okinawa Charter on Global Information Society

In pursuit of these objectives, the dot force will look for ways to take concrete steps on the priorities identified below:

- encouraging more effective and greater utilisation of *IT* in development efforts encompassing such broad areas as poverty reduction, education, **public health**, and culture;

G7 Statement

Reform of the Multilateral Development Banks (MDBs)

The core role of the MDBs should be accelerating poverty reduction in developing countries while improving the efficiency of assistance and avoiding competition with private financial flows. The MDBs should increase their resources devoted to core social investments such as **basic health** and education, **clean water and sanitation**. The Comprehensive Development Framework (CDF) and the Poverty Reduction Strategy Papers (PRSPs) should become the basis for programmes that have strong ownership by the recipient countries.

We look to the MDBs to play a leadership role in increasing the provision of global public goods, particularly for urgently needed measures against **infectious and parasitic diseases including HIV/AIDS**, as well as environmental degradation.

2001 Genoa, Italy

Communiqué

9. Beyond debt relief, we focussed our discussion on three mutually reinforcing elements:

- greater participation by developing countries in the global trading system
- increased private investment
- initiatives to promote **health**, education and food security.

15. At Okinawa last year, we pledged to make a quantum leap in the fight against **infectious diseases** and to break the **vicious cycle between disease and poverty**. To meet that commitment and to respond to the appeal of the UN General Assembly, we have launched with the UN Secretary-General a new **Global Fund to fight HIV/AIDS, malaria and tuberculosis**. We are determined to make the **Fund** operational before the end of the year. We have committed \$1.3 billion. The **Fund** will be a public-private partnership and we call on other countries, the private sector, foundations, and academic institutions to join with their own contributions — financially, in kind and through shared expertise. We welcome the further commitments already made amounting to some \$500 million.

16. The **Fund** will promote an integrated approach emphasising prevention in a continuum of **treatment and care**. It will operate according to principles of proven **scientific and medical effectiveness**, rapid resource transfer, low transaction costs, and light governance with a strong focus on outcomes. We hope that the existence of the Fund will promote improved co-ordination among donors and provide further incentives for **private sector research and development**. It will offer additional financing consistent with existing programmes, to be integrated into the **national health plans** of partner countries. The engagement of developing countries in the purpose and operation of the **Fund** will be crucial to ensure ownership and commitment to results. Local partners, including NGOs, and international agencies, will be instrumental in the successful operation of the **Fund**.

17. Strong national **health** systems will continue to play a key role in the delivery of effective prevention, treatment and care and in improving access to essential **health** services and commodities without discrimination. An effective response to **HIV/AIDS** and other **diseases** will require society-wide action beyond the **health** sector. We welcome the steps taken by the pharmaceutical industry to make drugs more affordable. In the context of the new **Global Fund**, we will work with the pharmaceutical industry and with affected countries to facilitate the broadest possible provision of drugs in an affordable and medically effective manner. We welcome ongoing discussion in the WTO on the use of relevant provisions in the Trade-Related Intellectual Property Rights (TRIPs) agreement. We recognise the appropriateness of affected countries using the flexibility afforded by that agreement to ensure that drugs are available to their citizens who need them, particularly those who are unable to afford basic medical care. At the same time, we reaffirm our commitment to strong and effective intellectual property rights protection as a necessary incentive for research and development of life-saving drugs.

20. As the November 2001 “World Food Summit: Five Years Later” approaches, food security remains elusive. Over 800 million people remain seriously **malnourished**, including at least 250 million children. So a central objective of our poverty reduction strategy remains access to adequate food supplies and rural development. Support to agriculture is a crucial instrument of ODA. We shall endeavour to develop capacity in poor countries, integrating programmes into national strategies and increasing training in agricultural science. Every effort should be undertaken to enhance agricultural productivity. Among other things, the introduction of tried and tested new technology, including **biotechnology**, in a safe manner and adapted to local conditions has significant potential to substantially increase crop yields in developing countries, while using fewer pesticides and less water than conventional methods. We are committed to study, share and facilitate the responsible use of **biotechnology** in addressing development needs.

21. We shall target the most food-insecure regions, particularly Sub-Saharan Africa and South Asia, and continue to encourage South-South co-operation. We will support the crucial role international organisations and NGOs play in relief operations. We believe national poverty reduction and sectoral strategies should take due account of the **nutritional needs** of vulnerable groups, including new-borns and their mothers.

Food Safety

30. Fully aware of the paramount importance of **food safety** to our peoples, we will continue to support a transparent, scientific and rules-based approach and will intensify our efforts to achieve greater global consensus on how precaution should be applied to **food safety** in circumstances where available scientific information is incomplete or contradictory. We value the ongoing dialogue between governments, scientists, consumers, regulators, and relevant stakeholders in

civil society. This must be based on the principle of openness and transparency. We recognise our responsibility to promote a clear understanding by the public of **food safety** benefits and risks. We shall strive to provide consumers with relevant information on the **safety of food products**, based on independent scientific advice, sound risk analysis and the latest research developments. We believe an effective framework for risk management, consistent with the science, is a key component in maintaining consumer confidence and in fostering public acceptance.

31. We welcome the outcome of the recent **Bangkok conference on new biotechnology food and crops** and the ad hoc meeting of regulators from OECD countries and Russia. We encourage the relevant international organisations to follow up the conference, as appropriate, within their own respective mandates. Furthermore, we welcome the establishment of the joint **FAO / WHO Global Forum of Food Safety Regulators**. We also appreciate the work of the Inter-Academy Council in publicising balanced professional views on the science of **food safety**. All these meetings demonstrate our commitment to a process of dialogue aimed at strengthening public confidence in **food safety**.

Employment

32. In the firm belief that economic performance and social inclusion are mutually dependent, we commit to implement policies in line with the recommendations of the G8 Labour Ministers Conference held in Torino last year. We welcome the increased activity of older persons who represent, as stated in the G8 Turin Charter “Towards **Active Ageing**”, a great reservoir of resources for our economies and our societies.

Combating Transnational Organised Crime and Drugs

34. Following up on the G8 ad hoc Meeting of Drug Experts held in Miyazaki last year and the recent London Conference on the global economy of illegal drugs, we will strengthen efforts to curb the trafficking and **use of illegal drugs**.

Genoa Plan for Africa

We continue to support the consolidation of democracy, pluralism and electoral fairness in an increasing number of African countries. We encourage similar progress towards political openness where democratic principles and the rule of law are weak. We also stress the importance of working in partnership with African governments to improve access of African products to world markets, attract foreign direct investment and promote investment in key social sectors, in particular **health** and education. Implementing the HIPC Initiative will release resources for such expenditure.

We have decided today to forge a new partnership to address issues crucial to African development. We are committed to promoting this objective with our African partners and in multilateral fora — in the UN, the World Bank and the IMF, and in a new Round of WTO negotiations. Our partnership will support the key themes of the New African Initiative, including:

- Democracy and political governance
- Prevention and reduction of conflict

- Human development, by investing in **health** and education, and tackling **HIV/AIDS, TB and malaria, including through the Global AIDS and Health Fund**
- Information and communications technologies
- Economic and corporate governance
- Action against corruption
- Stimulating private investment in Africa
- Increasing trade within Africa and between Africa and the world
- Combating **hunger** and increasing food security

G7 Statement

The Multilateral Development Banks (MDBs) have a central role to play in combating poverty by promoting productivity growth and supporting equitable and sustainable economic development, thus contributing to the achievement of the 2015 International Development Goals. To this end, we welcome and endorse our Finance Ministers' recommendations for reforming the MDBs and sharpening their focus on core social and human investments, in particular **health** and education.

We call on MDBs to provide support for global public goods, such as **fighting infectious diseases**, facilitating trade, fostering financial stability and protecting the environment. We support a meaningful replenishment of IDA and, in that context, we will explore the increased use of grants for priority social investments, such as education and **health**.

HIPC

The Enhanced HIPC Initiative we launched in Cologne aims to increase growth, reduce poverty and provide a lasting exit from unsustainable debt, by reducing debt on the basis of strengthened policy reforms. We welcome the important progress that has been achieved in implementing the Initiative. At Okinawa nine countries had qualified for debt relief. Now, twenty-three countries (Benin, Bolivia, Burkina Faso, Cameroon, Chad, The Gambia, Guinea, Guinea Bissau, Guyana, Honduras, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nicaragua, Niger, Rwanda, Sao Tomé and Príncipe, Senegal, Tanzania, Uganda and Zambia) are benefiting from the Initiative, with an overall amount of debt relief of over \$53 billion, out of an initial stock of debt of \$74 billion. This will significantly reduce their debt service, thus freeing resources for social sector expenditure, in particular education and **health**.

2002 Kananaskis, Canada

Chair's Summary

We agreed on a set of six non-proliferation Principles aimed at preventing terrorists — or those who harbour them — from acquiring or developing nuclear, chemical, radiological and **biological weapons**; missiles; and related materials, equipment or technologies. We called on other countries to join us in implementing these Principles.

We underlined the devastating consequences for Africa's development of **diseases** such as **malaria, tuberculosis and HIV/AIDS**. In addition to our ongoing commitments to combat these **diseases**, we committed to provide sufficient resources to **eradicate polio** by 2005.

G8 Africa Action Plan

3.4 Increasing the funding and improving the quality of support for trade-related technical assistance and capacity-building in Africa — including by:

- Supporting the establishment and expansion of trade-related technical assistance programmes in Africa;
- Assisting African producers in meeting product and **health standards in export markets**; and,

IV. Implementing Debt Relief

4.1 Our aim is to assist countries through the Heavily Indebted Poor Countries (HIPC) Initiative to reduce poverty by enabling them to exit the HIPC process with a sustainable level of debt. The HIPC Initiative will reduce, by US\$19 billion (net present value terms), the debt of some 22 African countries that are following sound economic policies and good governance. Combined with traditional debt relief and additional bilateral debt forgiveness, this represents a reduction of some US\$30 billion — about two-thirds of their total debt burden — that will allow an important shift of resources towards education, **health** and other social and productive uses.

VI. Improving **Health** and Confronting **HIV/AIDS**

The persistence of **diseases such as malaria and tuberculosis** has remained a severe obstacle to Africa's development. To this burden has been added the devastating personal and societal costs resulting from **AIDS**, the consequences of which stand to undermine all efforts to promote development in Africa. The result has been a dramatic **decrease in life expectancy** in Africa and a significant new burden on African **health systems** and economies. Substantial efforts are needed to confront the **health challenges** that Africa faces, including the need to enhance **immunization** efforts directed at **polio** and other **preventable diseases**. Therefore, recognizing that **HIV/AIDS** affects all aspects of Africa's future development and should therefore be a factor in all aspects of our support for Africa, we commit to:

6.1 Helping Africa combat the effects of **HIV/AIDS** — including by:

- Supporting programmes that help mothers and children infected or affected by **HIV/AIDS**, including **children orphaned by AIDS**;
- Supporting the strengthening of training facilities for the recruiting and training of **health professionals**;
- Supporting the development, adoption and implementation of gender-sensitive, multi-sectoral **HIV/AIDS programs for prevention, care, and treatment**;
- Supporting high level political engagement to **increase awareness and reduce the stigma associated with HIV/AIDS**;
- Supporting initiatives to improve technical capacity, including **disease surveillance**;
- Supporting efforts to develop strong partnerships with employers in increasing **HIV/AIDS awareness** and in providing support to victims and their families;
- Supporting efforts that integrate approaches that address both **HIV/AIDS and tuberculosis**; and,
- Helping to enhance the capacity of Africa to address the challenges that **HIV/AIDS** poses to peace and security in Africa.

6.2 Supporting African efforts to build **sustainable health systems** in order to deliver effective **disease interventions** — including by:

- Pressing ahead with current work with the international **pharmaceutical industry**, affected African countries and civil society to promote the availability of an **adequate supply of life-saving medicines** in an affordable and medically effective manner;
- Supporting African countries in helping to promote more effective, and cost-effective, **health interventions** to the most vulnerable sectors of society — including reducing **maternal and infant mortality and morbidity**;
- Continuing support for the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, and working to ensure that the **Fund** continues to increase the effectiveness of its operations and learns from its experience;
- Supporting African efforts to increase Africa's access to the **Global Fund** and helping to enhance Africa's capacity to participate in and benefit from the **Fund**;
- Providing assistance to strengthen the capacity of the public sector to monitor the quality of **health services** offered by both public and private providers; and,
- Supporting and encouraging **the twinning of hospitals and other health organizations** between G8 and African countries.

6.3 Accelerating the elimination and mitigation in Africa of **polio, river blindness and other diseases or health deficiencies** — including by:

- Providing, on a fair and equitable basis, sufficient resources to eliminate **polio** by 2005; and,
- Supporting relevant public-private partnerships for the immunization of children and the elimination of **micro-nutrient deficiencies** in Africa.

6.4 Supporting **health research on diseases prevalent in Africa**, with a view to narrowing the **health research gap**, including by expanding **health research networks** to focus on **African health issues**, and by making more extensive use of researchers based in Africa.

7.3 Working to improve **food security** in Africa — including by:

- Working with African countries to integrate **food security** in poverty reduction efforts and promote a policy and institutional environment that enables poor people to derive better livelihoods from agriculture and rural development;
- Working with appropriate international organizations in responding to the dire **food shortages** in Southern Africa this year;
- Working with African countries to expand efforts to improve the quality and diversity of diets with **micro-nutrients** and by improving fortification technologies;
- Supporting African efforts to establish **food safety** and quality control systems, including helping countries develop legislation, enforcement procedures and appropriate institutional frameworks; and,

VIII. Improving Water Resource Management

Water is essential to life. Its importance spans a wide range of critical uses — from human drinking water, to **sanitation**, to food security and agriculture, to economic activity, to protecting the natural environment. We have noted the importance of proper water resource management. We note also that water management is sometimes at the centre of threats to regional peace and

security. We also appreciate the importance of good water management for achieving sustainable economic growth and development, and therefore we commit to:

8. Supporting African efforts to improve water resource development and management — including by:

- Supporting African efforts to promote the productive and environmentally sustainable development of water resources;
- Supporting efforts to **improve sanitation and access to potable water**;
- Mobilizing technical assistance to facilitate and accelerate the preparation of **potable water and sanitation projects** in both rural and urban areas, and to generate greater efficiency in these sectors; and,
- Supporting reforms in the water sector aimed at decentralization, cost-recovery and enhanced user participation.

A New Focus for Education for All

More than 100 million children worldwide are out of school, and 60 percent of these are girls. One in four children does not complete five years of basic education. Nearly one billion adults are illiterate. Almost all of these people live in developing countries. **HIV/AIDS** and violent conflicts compound the problem.

Measures for disadvantaged children should be included in national education plans:

- **AIDS-affected children:** There are now more than 13 million **AIDS orphans**; this number is projected to reach 35 million by 2010. The unique circumstances of **AIDS orphans** will require creative-often unique-solutions. Community groups can play an important role.

The impact of **HIV/AIDS on education systems** must be addressed.

The impact of **HIV/AIDS** on the teaching profession and the operations of schools must be acknowledged and addressed in national educational plans. In some of the most affected countries, the extra recruitment of teachers due to **HIV/AIDS** ranges from 20 to 60 percent. Technical assistance to help countries address the impacts of **HIV/AIDS** on the supply, demand, and quality of education, including the effect on teachers, can make an important contribution to these strategies.

A country's education system can perform a constructive role in equipping people to address-and ultimately reverse-the devastating **spread of this disease**. Teachers can play an important role in reinforcing the importance of **prevention**. In these circumstances, the proper training of teachers is essential.

Cooperative G8 Action on Transport Security

Work towards developing recommendations on minimum standards for the application of **biometrics** in procedures and documents by the spring of 2003, with a view to forwarding them to standards organizations.

2003 Evian, France

Chair's Summary

1. Strengthening Growth World-Wide

As this contribution should rely more strongly on structural reforms and flexibility, we therefore reaffirm our commitment to:

- implement pension and **health care reforms**, as we face a common challenge of **ageing populations**;

2. Enhancing Sustainable Development

We focused on the implementation of the internationally agreed **Millennium and Johannesburg Development Goals** in the following areas:

Famine. To alleviate the threat facing millions of people, especially in Africa, we committed to responding to the emergency food aid needs and agreed on ways to improve **famine prevention** mechanisms and long term food security.

Water. Following on from the Kyoto World Water Forum, we adopted an Action Plan to help meet the Millennium and Johannesburg goals of halving the number of people without access to **clean water and sanitation** by 2015.

Health. We agreed on measures to:

- strengthen the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, and other bilateral and multilateral efforts, notably through our active participation in the donors' and supporters' conference to be hosted in Paris this July;
- improve access to **health care**, including to **drugs and treatments** at affordable prices, in poor countries;
- encourage **research on diseases** mostly affecting developing countries;
- mobilise the extra funding needed to eradicate **polio** by 2005;
- improve international co-operation against new epidemics such as **SARS**

Water: A G8 Action Plan

As water is essential to life, lack of water can undermine human security. The international community should now redouble its efforts in this sector. Good governance needs to be promoted and capacity must be built for recipient countries to pursue an appropriate water policy, and financial resources should be properly directed to the water sector in a more efficient and effective way, in order to achieve the goals of the **Millennium Declaration** and the Plan of Implementation of the World Summit on Sustainable Development (WSSD) in the **water and sanitation** sector, and to reverse the current trend of environmental degradation through the protection and balanced management of natural resources.

We are committed to playing a more active role in the international efforts towards achieving these goals, on the basis of the Monterrey consensus and building upon the outcomes of the Third

World Water Forum and the Ministerial Conference held in Japan in March 2003. With this solid foundation and in response to the needs and priorities of partner countries we will take the following measures individually and/or collectively, particularly taking into account the importance of proper water management in Africa, in support of the New Partnership for Africa's Development, as stated in the G8 Africa Action Plan.

1 Promoting good governance:

1.1 We are committed to assisting, as a priority, countries that make a political commitment to prioritise **safe drinking water and basic sanitation** as part of their strategy to promote sustainable development, including poverty eradication, in their efforts to:

- develop comprehensive plans for the integrated management and efficient use of water resources;
- develop an institutional framework that is stable, transparent and based on the rule of law, respecting fundamental human needs and ecosystems conservation, and promoting local empowerment and appropriate cost recovery approaches;
- establish clear objectives and, where appropriate, develop and evaluate performance indicators.

1.2 We will support these countries' capacity building efforts to develop the skills necessary to provide efficient **public services**, seeking to help partner countries to:

- develop appropriate legal, regulatory, institutional and technical frameworks;
- strengthen basic and further professional training institutions in water management, or create them, where necessary.

1.3 In view of the importance of **river basin management**, we will reinforce our efforts to:

- provide assistance for the development of integrated water resources management and water efficiency plans;
- support better management and development of shared river basins;
- promote river basin co-operation throughout the world, with a particular attention to African river basins.

1.4 We offer to share best practice in the delivery of **water and sanitation services** including the role of stakeholders and the establishment and operation of partnerships, whether public-public or public-private, where appropriate.

2 Utilising all financial resources:

In line with the Monterrey Consensus and the WSSD Plan of Implementation, bearing in mind the different needs of rural and urban populations, we are committed to:

2.1 Give high priority in Official Development Aid allocation to sound **water and sanitation** proposals of developing country partners. This can be a catalyst to mobilise other financial flows;

2.2 Help mobilise domestic **resources for water infrastructure** financing through the development and strengthening of local capital markets and financial institutions, particularly by:

- establishing, where appropriate, at the national and local levels, revolving funds that offer local currency;

- appropriate risk mitigation mechanisms;
- providing technical assistance for the development of efficient local financial markets and building municipal government capacity to design and implement financially viable projects;
- providing, as appropriate, targeted subsidies for the poorest communities that cannot fully service market rate debt;

2.3 Encourage international financial institutions (IFIs) to give the necessary **priority to water**;

2.4 Promote cost recovery with “**output based aid**” approaches to ensure access to services for those least able to afford them;

2.5 Promote public-private partnerships (PPPs), where appropriate and suitable, particularly by:

- inducing private-sector investments and encouraging use of local currency;
- facilitating international commercial investment and lending through use of risk guarantee schemes;
- encouraging the harmonisation of operational procedures;
- facilitating the issue of national and international tenders;

2.6 Apply, on a voluntary basis, tools for development assistance for **water and sanitation** projects that may include such financing mechanisms as: concessional financing consistent with international rules on financial aid, project financing, micro and meso-financing and debt for investment swaps;

2.7 Encourage financing of sound irrigation practices;

2.8 Improve co-operation and co-ordination between donors, seeking better synergy among our various initiatives.

3 Building infrastructure by empowering local authorities and communities

We will do our utmost to support partner countries to develop and improve **water and sanitation** related infrastructure, tailored to different needs, by such means as:

3.1 Helping build, among other things, local **water management systems** in rural areas, and **water and sewage facilities** in urban areas, through efficient use of public resources and promotion of PPPs, where appropriate;

3.2 Promoting community-based approaches, including the involvement of civil society in **provision of water supply, sanitation and hygiene**;

3.3 Encouraging the use of adapted technologies at the household level on a self sustaining basis for the provision of **basic sanitation and safe drinking water**, including point of use water treatment which has been found to be cost effective in meeting the needs of the poor;

3.4 Reinforcing the skills and knowledge of different actors in the water sector, particularly local governments and relevant actors of civil society, acknowledging the vital role women play in local communities;

3.5 Promoting the incorporation of capacity building elements for each co-operation project, specifically in the form of “learning by doing”;

3.6 Strengthening South-South co-operation.

4 Strengthening monitoring, assessment and research:

4.1 In collaboration with all stakeholders, we will promote co-ordination of mechanisms for information sharing and monitoring by utilising existing UN and other systems and the network of websites established at the Third World Water Forum Ministerial Conference, and will encourage relevant international organisations to operate them.

4.2 We will support strengthening water monitoring capacity in partner countries to complement existing monitoring efforts.

4.3 We will support the development of mechanisms for collaboration in water-cycle related research, and enhance research efforts in this area.

5 Reinforcing engagement of international organisations:

5.1 We underline the need for the United Nations to take a key role in the water sector. We stress the importance of reinforcing co-ordination within the UN system, and between the UN system and the Bretton Woods institutions, the regional development banks and various stakeholders.

5.2 We request the World Bank, in consultation with other IFIs, to study and recommend necessary measures to implement the following proposals: made by the World Panel on Financing Water Infrastructure:

- using their financing instruments in a more flexible manner to allow loans directly to sub-sovereign bodies, where appropriate;
- developing guarantee and insurance schemes for risk mitigation;
- addressing the issue of sovereign and foreign exchange risk coverage.

Health: A G8 Action Plan

Global health crises call for close international co-operation on policies and methods. We reaffirm our commitment to achieving the development goals set out in the **Millennium Summit** and at the World Summit on Sustainable Development. We will work in partnership with developing countries, the private sector, multilateral organisations and non-governmental organisations (NGOs) to help achieve these **health goals**. Multilateral and bilateral Official Development Aid as well as private efforts from companies and NGOs should match and complement existing efforts to improve **health outcomes**.

1. Fighting **HIV/AIDS**, **Tuberculosis** and Malaria:

1.1 We express our continued concern at the increase in the global **HIV/AIDS** pandemic. We welcome the increased bilateral commitments for **HIV/AIDS**, whilst recognising that significant additional funds are required. We commit, with recipient countries, to fulfil our shared obligations as contained in the **Declaration of Commitment on HIV/AIDS for the 2001 United Nations General Assembly Special Session**.

1.2 We reiterate our commitment to fight against **AIDS as well as Tuberculosis and Malaria** as agreed in Okinawa, through further actions in such areas as institutional building, public-private partnerships, human resource development, research activities and promotion of **public health** at the community level. We will strengthen our efforts in this fight, both bilaterally and multilaterally.

1.3 We reaffirm our support for the **Global Fund to fight AIDS, Tuberculosis, and Malaria**.

1.4 We welcome and support the proposal to host, in collaboration with the **Global Fund**, an international donors' and supporters' conference bringing together governments, international organisations, NGOs and members of the private sector active in this field in Paris this July. The purpose will be to develop strategies for mobilising resources in order to secure sustainable long term financing for the **Fund** and other complementary efforts, and to achieve cost effective results-targeted management of the **Global Fund**.

1.5 We call upon those that have not yet done so to consider increasing their support to the **Global Fund** as well as to other multilateral and bilateral efforts to combat these **infectious diseases**.

2. Strengthening **health** systems:

2.1 We emphasise the importance of strengthening **health systems** as a framework for increasing access of the neediest populations of developing countries to **health care, drugs and treatments**. We call upon these countries to develop and prioritise their own **health strategies and policies**. Multilateral and bilateral development assistance, as well as private sector efforts from companies and NGOs, are essential to improving these **health systems**. Adequate support and financing of **health care** are needed to increase the number and retention of **health care personnel**, advance the rational use of **medicine**, and strengthen **drug distribution** systems. These efforts are essential to improving access and quality of **health care** in poor countries.

2.2 We will encourage and support where appropriate the use of information and communication technologies for **medical treatment**.

3. Access to medicines:

3.1 Building on strengthened **health systems**, in partnership with others, including public-private partnerships, we will work to develop an integrated approach that will facilitate the availability and take-up of discounted **medicines** for the poorest in a manner that is fair, efficient and sustainable. We recognise the complexity of increasing access to **medicines** in developing countries which, among other factors, depends on affordable prices. We welcome pharmaceutical companies' voluntary long-term commitments to providing **essential medicines** at substantially discounted prices to developing countries and strongly encourage further efforts, including through supply competition. We will also work with developing countries to encourage greater uptake of such offers of **free and discounted drugs**, as are now being made. We support and encourage developing countries to contribute to the goal of **affordable medicines** by reducing their tariffs and fees on discounted and donated products.

3.2 We will take the steps necessary to prevent the diversion of those **medicines** away from the countries or regions for which they were intended. We call on recipient governments to do the same and we undertake to provide technical support to assist them to do so. We will not use the

preferential prices offered to the developing world as benchmarks for pharmaceutical products on our own markets.

3.3 To address the practical problems faced by developing countries with no or insufficient manufacturing capacities, we note that, pending a WTO solution, many of us have instituted moratoria on challenging any Member of the WTO that, according to the scope and modalities defined in their respective moratoria, would want to export to a country in need **medicines** produced under compulsory license for addressing public **health** crises, including those relating to **HIV/AIDS, tuberculosis and malaria and other epidemics**. We direct our ministers and officials, working urgently with WTO partners, to establish a multilateral solution in the WTO to address the problems faced by these countries, rebuilding the confidence of all parties, before the Cancun Ministerial.

4. Fighting **Diseases** Mostly Affecting Developing Countries

We will encourage **research into diseases** affecting mostly developing countries.

4.1 In order to expand the development of effective, safe and affordable **drugs for diseases** affecting mostly developing countries (“neglected **diseases**”), we are committed to seeking ways to support world-wide the development of research on **health technologies for prevention (including vaccines), control, treatment and cure for these diseases**. In particular we will:

- work with developing countries to increase their own ability to contribute to research and development on these **diseases**, including to create incentives and the necessary regulatory systems to support ethical and safe **clinical trials**;
- encourage research into these **diseases**, in our countries too, including by providing appropriate incentives;
- continue to support work already underway in the non-governmental sector.

4.2 We will encourage relevant international organisations to keep the situation under active review.

5. Eradicating **polio**:

We will work to fully eradicate this **disease**:

5.1 Efforts to **eradicate polio** have made good progress. But a limited number of countries still register cases.

5.2 In keeping with our pledge at Kananaskis to provide, on a fair and equitable basis, sufficient resources to eradicate **polio** by 2005, we have pledged an additional US\$ 500 million and remain committed to playing our full part to ensure that the remaining funding gap is closed.

6. Confronting the threat of SARS:

We will work together and with others to contain this **disease**.

6.1 The spread of **SARS** demonstrates the importance of global collaboration, including **global disease surveillance, laboratory, diagnostic and research efforts, and prevention, care, and treatment**.

6.2 Strengthening international co-operation is key to containing, treating and eventually eradicating this **disease**. The measures that we take at national levels to effectively handle **SARS** will benefit from us working together.

6.3 We will continue to work closely with the **World Health Organisation**, to undertake research and investigation at a high level and to develop appropriate means of international co-operation.

Action Against Famine Especially in Africa: A G8 Action Plan

We recognise that food security is a global concern. Millions of people world-wide are at risk of starvation, of which over 40 million are in Africa. This situation derives not only from climatic conditions and natural disasters but from more structural causes, such as chronic poverty, lack of an enabling environment and appropriate support for agriculture, **HIV/AIDS** prevalence, an increasing number of conflicts, poor governance and economic management and trade related issues. These factors are likely to cause recurrent food crises and increase long-term food insecurity, notably in Africa. While taking immediate action to avert the present peril of humanitarian crises, we recognise the strong need for longer term solutions to **food insecurity**, and are committed to working in partnership with developing countries to address these problems. To address these issues, we are working with the Secretary-General of the United Nations and relevant international bodies to prevent and mitigate **famine**. G8 action to address **famine** in Africa will take place within the framework of the G8 Africa Action Plan, in support of the *New Partnership for Africa's Development*:

Famine is a preventable tragedy that requires the right policy tools to respond to short-term **emergency food aid** needs flexibly and quickly, and mitigate the effects of foreseen crises. It can be prevented in the long-term by vulnerable countries adopting economic and governance policies and institutional reforms that help to prevent the conditions that lead to famine including a special focus on investment in agriculture. We are committed to contributing actively to solutions in each of these areas.

In order to improve significantly the capacity both of the countries affected and of the international community to **anticipate and prevent famine**, we will:

1. Meet emergency food assistance needs:

1.1 We are determined to tackle **urgent food shortages**, through immediate measures. Remaining shortfalls in Africa are currently estimated by the World Food Programme in the range of 1.2 million metric tonnes. We will improve the efficiency, timeliness and responsiveness of our own contributions of **food aid**, cash and items other than food, and encourage and facilitate contributions by other traditional and non-traditional donors to meet emergency needs. We will work with governments, UN agencies, non-governmental organisations, civil society and other parts of the international community to provide the specific mix of assistance and types of programs best suited to actual needs.

1.2 Since Kananaskis, we have delivered US\$ 3.3 billion of emergency assistance to address these humanitarian needs world-wide, including US\$ 1.7 billion for Sub-Saharan Africa. We will address new needs when they are confirmed with appropriate aid commitments.

2. Improve assessment capacities, warning systems and prevention mechanisms:

2.1 We will support the strengthening of national, regional and international capacity for developing accurate needs assessments as well as better shared analysis and understanding of vulnerability and its links to **food insecurity**. This should include appropriate use of common benchmarks and **pre-famine indicators** that combine production with food access and utilisation/nutrition indicators.

2.2 We will support the review and improvement of early warning and crop forecast systems as well as contingency planning at the national and regional level, in order to increase emergency preparedness and response. National decision makers will need to act on information provided in a timely manner and commit sufficient resources to fund and staff such systems.

3. Increase aid effectiveness:

3.1 We commit ourselves to more flexible and efficient approaches to the use of aid in specific food crisis situations. Aid must be more responsive to the needs of recipients, avoid distortions to local production and not undermine local markets. We will utilise both food assistance and cash to avoid or mitigate the impact of **famine**, taking into account the availability of food locally, ability of vulnerable populations to pay for food, and other relevant local market conditions.

3.2 Contributions should include as necessary non-food items (such as seeds, tools, vaccines, medicines, school supplies, tents) and help ensure that emergency non-food needs (such as water and sanitation) are adequately addressed.

3.3 Alternative tools may be used when food is available, such as cash assistance to specially vulnerable populations and “cash for work” programmes.

3.4 We will actively participate in discussions in relevant fora and institutions that address food aid modalities, and promote flexible, sustainable, efficient and responsive aid approaches while avoiding distortions to local markets. This includes working to bring new donors and new approaches to bear on addressing **famine**.

4. Longer term initiatives to address food insecurity:

4.1 We will support integrated approaches and programmes to identify and tackle the root causes of **hunger and malnutrition**.

4.2 **Food security**, rural and agricultural development must be adequately addressed in the context of national development and poverty planning as well as in multilateral and bilateral donor response strategies. To this end, we deem it necessary to increase productive investment in rural and agricultural development to achieve lasting food security. We undertake to work towards reversing the decline of official development assistance to agriculture and increasing trade opportunities for developing countries.

4.3 We are ready to support efforts by developing country governments to pursue these aims, including through support of sound agricultural policies at the national and regional levels, of development of farmers’ organisations, of productive investment in agricultural infrastructure and inputs, promotion of food crops and of competitiveness of export crops. We will encourage improved scientific resources and adaptation of new and improved agricultural technologies including tried and tested biotechnology for use in developing countries.

4.4 Since Kananaskis, we have committed US\$ 3.2 billion to long term **agricultural and food security** assistance, including US\$ 1.4 billion for Sub-Saharan Africa.

4.5 We are particularly determined to intensify the fight against **HIV/AIDS**, given the immense impact of this **disease** particularly in African countries, especially on food production and other aspects of food security. Food and related emergency aid distribution should also prioritise the nutritional needs of those infected and the needs of vulnerable groups most affected by the **pandemic**. Preserving familial and social structures, or compensating for their disruption, is key to ensuring food security.

4.6 Good governance is vital for lasting progress on **poverty reduction and food security** as well as economic growth. We will support efforts by developing countries to establish sound political and economic governance frameworks.

Building on the work of the **G8 Contact Group on famine**, we will work actively to take this Action Plan forward in all relevant international fora.

Science and Technology for Sustainable Development: A G8 Action Plan

We recognise the need, as acknowledged in the World Summit on Sustainable Development (WSSD) Plan of Implementation, to support the development of cleaner, sustainable and more efficient technologies. Co-operative scientific research on transformational technologies offers potential to improve **public health** by cutting pollution and reduce greenhouse emissions to address the challenge of global climate change.

3. Agriculture and biodiversity:

We will:

3.1 Promote the conservation and sustainable use of **genetic resources for food and agriculture**:
- support the **International Treaty of Plant Genetic Resources for Food and Agriculture** by concluding negotiations over a standard material transfer agreement that facilitates access to plant genetic resources for agricultural research and development and equitable sharing of benefits arising from their use;
- support efforts to ensure funding for **genetic resources** conservation in the framework of the priorities set up by the **Food and Agriculture Organisation Commission on Genetic Resources**;

3.3 Promote sustainable agricultural technologies and practices, including the safe use of **biotechnologies** among interested countries, that contribute to preventing famine, enhancing **nutrition**, improving productivity, conserving water and other natural resources, reducing the application of chemicals, improving **human health** and preserving biodiversity;

2004 Sea Island, United States

Chair's Summary

At Evian, we recognized the proliferation of weapons of mass destruction and their delivery systems, together with international terrorism, as the pre-eminent threat to international peace and

security. Determined to prevent, contain, and roll back proliferation, we adopted a G-8 Action Plan on Nonproliferation to reinforce the global nonproliferation regime. This Action Plan enhances and expands ongoing efforts, such as the Proliferation Security Initiative, which now includes all G-8 members, and the G-8 Global Partnership Against the Spread of Weapons and Materials of Mass Destruction. The Action Plan addresses transfers of enrichment and reprocessing equipment and technologies, and takes steps to strengthen the International Atomic Energy Agency and to counter bioterrorism. The Action Plan calls on all states to implement the recently passed U.N. Security Council Resolution 1540, and addresses the proliferation challenges in North Korea, Iran, and Libya.

The challenges faced by Africa, including armed conflict, **HIV/AIDS**, **famine**, and poverty, represent a compelling call for international cooperation to support the continent's efforts to achieve lasting progress. We met with the Presidents of Algeria, Ghana, Nigeria, Senegal, South Africa, and Uganda, and we committed to:

- * Endorse and establish a **Global HIV Vaccine Enterprise** to accelerate **HIV vaccine development**. The United States will host later this year a meeting of all interested stakeholders in the **Enterprise**;
- * Take all necessary steps to **eradicate polio** by 2005 and close the funding gap by our next Summit. We have already closed the funding gap for 2004;
- * Launch a new initiative on **Ending the Cycle of Famine** in the Horn of Africa, Raising Agricultural Productivity, and Promoting Rural Development in **Food Insecure** Countries;

*G8 Commitment to Help Stop **Polio** Forever*

1. In 1988, the **world's health ministers** unanimously committed to eradicating **polio**. The G8 countries took up this challenge and together with partners from public and private sectors have raised over \$3.3 billion to fund **polio immunization** campaigns around the world. Already, millions of children have been spared the crippling effects of **polio**, and if the **World Health Organization**-led global **Polio Eradication Initiative** (PEI) succeeds, **polio** will be eradicated globally by 2005. Only one other major **disease** — **smallpox** — has been eliminated.

2. But there are risks ahead. **Polio** is still present, in varying degrees, in six countries: India, Pakistan, Egypt, Afghanistan, Niger, and Nigeria. **Polio** has now reemerged in nine countries in Africa. The **Polio Eradication Initiative** is facing a funding shortfall for 2004-2005. We are within striking distance of closing this gap, and sustaining the efforts will allow immunization campaigns to continue and will bring us closer to our goal of a **polio-free world**. The gains we have made against this **disease** will disappear if we do not act now. Key to our success will be an increased engagement and commitment of the **polio-endemic** countries.

Our Commitment:

3. We will take all necessary steps to **eradicate polio** by 2005.
4. To ensure that **polio** does not reemerge, we will work to ensure the full integration of necessary measures in national **health** strategies and structures in the **post-eradication** period through 2008.

5. We are pleased that the financing gap for 2004 has now been closed through our efforts and those of others. We are determined to close the 2005 financing gap by the 2005 G8 Summit through contributions from the G8 and other public and private donors.
6. We urge governments that have pledged money for **polio eradication** to turn their pledges into real contributions. We will work to ensure that contributions are made in a timely manner so as to enable budgeting and planning for effective **immunization campaigns** from now through 2005.
7. We will also remain engaged with the governments of the six **polio-endemic** countries and the nine countries in which **polio** is now spreading to urge them to take stronger steps to contain and destroy the **polio virus**. We will also engage other donors and organizations to help support and encourage these countries.
8. The G8 welcomes the resolution on **polio eradication** passed by the Organization of the Islamic Conference Summit held in Malaysia, from 16-17 October 2003, as another example of partnership in the effort to eradicate **polio**.
9. The G8 recognizes the excellent work of the **Polio Eradication Initiative** and the special contribution made by Rotary International, through direct financial contributions and the engagement of thousands of volunteers throughout the world.

G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise

We reaffirm our commitment to combating the global **HIV/AIDS pandemic**. Both individually and collectively, we have increased our efforts aimed at **HIV treatment, care, and prevention**. We acknowledge the important role of the **Global Fund to Fight AIDS, Tuberculosis, and Malaria, UNAIDS, and WHO in fighting this pandemic**. But the human and economic toll of the **AIDS pandemic** demands that these activities be complemented by accelerated efforts to develop an **HIV vaccine**. In 2001 and 2002, only seven **vaccine** candidates entered **clinical trials**, and only one entered advanced human testing, but proved to be ineffective. **Vaccine** development efforts have proceeded slowly, due largely to the enormous scientific challenges. The best way to meet these challenges is for scientists around the world to work together in a complementary manner.

2. We believe the time is right for the major scientific and other stakeholders — both public and private sector, in developed and developing countries — to come together in a more organized fashion. This concept has been proposed by an international group of scientists. Published as a “Policy Forum” in *Science* magazine. Klausner, RD, Fauci AS, et al: “The need for a **global HIV vaccine enterprise**.” *Science* 300:2036, 2003. We endorse this concept and call for the **establishment of a Global HIV Vaccine Enterprise**.

3. The **Enterprise** should establish a strategic plan that would prioritize the scientific challenges to be addressed, coordinate research and product development efforts, and encourage greater use of information sharing networks and technologies. This plan should serve as a blueprint for helping to align better existing resources and to channel more efficiently to the needs at hand new resources as they become available. Specifically, the strategic plan should seek to:

3.1. Encourage the development of a number of coordinated global HIV Vaccine Development Centers: Each center should have the critical mass and scientific expertise to advance the development of a particular **HIV vaccine** approach. These centers could be self-contained, as is

the **National Institute of Allergy and Infectious Diseases (NIAID) Vaccine Research Center at the U.S. National Institutes of Health**, the European Research Institutes or could be virtual centers, such as those funded by the public-private partnerships of the International AIDS Vaccine Initiative (IAVI), the European Developing Countries Clinical Trials Program (EDCTP), the Gates Foundation, and others.

3.2. Stimulate the development of increased dedicated HIV vaccine manufacturing capacity: There is inadequate existing capacity to produce **HIV vaccines** for advanced **clinical testing**. Therefore, the resources and facilities involved in manufacturing potential **HIV vaccines** must be increased, particularly for testing of **vaccine** candidates that are currently in or will soon be in the developmental pipeline, like in the EDCTP.

3.3. Establish standardized preclinical and clinical laboratory assessment: Data gathered from clinical trials on a given **vaccine** candidate should be available and applicable to trials being conducted on other **vaccine** candidates. Therefore, standardized protocols and measures of effectiveness need to be adopted at the **preclinical and clinical stages of vaccine development**. In turn, laboratories need to be better linked to clinical trials, which will require wider use of novel confidentiality agreements and information-sharing technologies.

3.4. Expand an integrated international clinical trials system: Large, clinical programs capable of conducting phase I, II, and III trials of potential **HIV vaccines** have been established by the **U.S. NIAID, France's Agence Nationale de Recherches sur le SIDA, Italy's National AIDS Program, IAVI**, and the EU. This global clinical trials system should be expanded and coordinated. It should facilitate a multidisciplinary approach which draws in inputs from social and behavioral scientists, alongside **biomedical** teams.

3.5. Optimize interactions among regulatory authorities: Increased cooperation, communication and sharing of information among regulatory authorities in various countries and regions involved in licensing **HIV** vaccines are essential. This can be accomplished without reducing safety or manufacturing standards.

3.6. Encourage greater engagement by scientists from developing countries: Since most phase III trials will need to be conducted in the developing countries hardest hit by the **disease**, the international **clinical trials** system must involve local scientists, ethical review committees comprised of local and international representatives, and regulatory bodies.

4. We call on all stakeholders in the **Global HIV Vaccine Enterprise** to complete the development of this strategic plan by our next Summit.

5. The United States, in its role as president of the G8, will convene later this year a meeting of all interested stakeholders in the Enterprise to encourage their collaborative efforts in **HIV vaccine development**. This meeting should clarify how the strategic plan is to be implemented. We support this conference becoming an annual event and we look forward to a report on the follow-up of the Initiative at the next G8 Summit.

2005 Gleneagles, United Kingdom

Chair's Summary

The G8 in return agreed a comprehensive plan to support Africa's progress. This is set out in our separate statement today. We agreed:

- to boost investment in **health** and education, and to take action to combat **HIV/AIDS, malaria, TB and other killer diseases**

The G8 and African leaders agreed that if implemented these measures and the others set out in our comprehensive plan could:

- deliver free **basic health care** and primary education for all
- provide as close as possible to universal access to treatment for **AIDS** by 2010

Communiqué

Climate Change, Energy and Sustainable Development

Reducing pollution protects **public health** and ecosystems. This is particularly true in the developing world. There is a need to **improve air and water quality** in order to alleviate suffering from **respiratory disease**, reduce **public health costs and prolong lives**.

Transforming the Way We Use Energy

2. Improvements to energy efficiency have benefits for economic growth and the environment, as well as co-benefits such as reducing greenhouse gas emissions, preventing pollution, alleviating poverty, improving security of energy supply, competitiveness and improving **health** and employment.

Africa

2. There are now just ten years in which to take the action needed for all developing countries to meet the **Goals** agreed at the **Millennium Summit** in 2000. We should continue the G8 focus on Africa, which is the only continent not on track to meet any of the **Goals of the Millennium Declaration** by 2015...

6. We have therefore agreed a set of further measures designed to help Africa build the successful future all of us want to see, many of which will be applicable to other poor countries. These actions must be undertaken in a co-ordinated and coherent manner. Better governance, stability and peace are necessary for the private sector to grow and create jobs; a growing private sector creates more revenue for **investment in health** and education; increased numbers of **healthy, well-skilled people** will improve capacity for governance. These mutually-reinforcing actions should accelerate the self-sustaining growth of Africa and end aid dependency in the long term.

Better governance, stability and peace are necessary for the private sector to grow and create jobs; a growing private sector creates more revenue for investment in **health** and education; increased numbers of **healthy, well-skilled people** will improve capacity for governance.

Investing in People

15. Life expectancy is increasing in every continent except Africa, where it has been falling for the last 20 years. We will continue to support African strategies to **improve health, education and food security**.

16. To unlock the vast human potential of Africa, we will work with Africa to create an environment where its most capable citizens, including teachers and **healthcare workers**, see a long-term future on the continent. We will work with committed national governments to assist in creating that environment.

17. The core aims for education and **health** are stated in the **UN Millennium Declaration**. We support our African partners' commitment to ensure that by 2015 all children have access to and complete free and compulsory primary education of good quality, and have **access to basic health care** (free wherever countries choose to provide this) to reduce mortality among those most at risk from dying from preventable causes, particularly women and children; and so that the spread of **HIV, malaria and other killer diseases** is halted and reversed and people have access to **safe water and sanitation**.

18. We will work to achieve these aims by:

(a) Working with African governments, respecting their ownership, to invest more in better education, extra teachers and new schools. This is made more crucial by the number of teachers dying from **AIDS**. As part of this effort, we will work to support the Education for All agenda in Africa, including continuing our support for the Fast Track Initiative (FTI) and our efforts to help FTI-endorsed countries to develop sustainable capacity and identify the resources necessary to pursue their sustainable educational strategies. Our aim is that every FTI-elected country will develop the capacity and have the resources necessary to implement their sustainable education strategies.

(b) Helping develop skilled professionals for Africa's private and public sectors, through supporting networks of excellence between African's and other countries' institutions of higher education and centres of excellence in science and technology institutions. In this respect, we look forward to the outcome of the second phase of the World Summit on the Information Society taking place in November in Tunis.

(c) Investing in improved **health systems** in partnership with African governments, by helping Africa **train and retain doctors**, nurses and community **health workers**. We will ensure our actions strengthen **health systems** at national and local level and across all sectors since this is vital for long-term improvements in overall **health**, and we will encourage donors to help build **health capacity**.

(d) With the aim of an **AIDS-free** generation in Africa, significantly reducing **HIV infections** and working with **WHO, UNAIDS** and other international bodies to develop and implement a package for **HIV prevention, treatment and care**, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. Limited **health systems capacity** is a major constraint to achieving this and we will work with our partners in Africa to address this, including supporting the establishment of reliable and accountable supply chain management and reporting systems. We will also work with them to ensure that all children left orphaned or vulnerable by **AIDS** or other pandemics are given proper support. We will work to meet the financing needs for **HIV/AIDS**, including through the replenishment this year of the **Global Fund to fight AIDS, TB and Malaria**; and actively working with local stakeholders to implement the '**3 Ones**' principles in all countries.

(e) Building on the valuable G8 Global **HIV/AIDS vaccine enterprise**, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the **development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases**. We note continuing work to explore establishing an International Centre for Genetic Engineering & Biotechnology centre in Africa to help research into **vaccines for the diseases** that are afflicting the continent.

(f) Supporting the **Polio Eradication Initiative** for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the \$829 million target and mobilising the support of others. We are pleased that the funding gap for 2005 has been met.

(g) Working with African countries to scale up action against **malaria** to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies from this **preventable and treatable disease**. By contributing to the additional \$1.5bn a year needed annually to help ensure access to anti-malaria **insecticide-treated mosquito nets**, adequate and sustainable supplies of **Combination Therapies including Artemisin, presumptive treatment** for pregnant women and babies, household residual spraying and the capacity in African **health services** to effectively use them, we can reduce the burden of **malaria** as a major killer of children in sub-Saharan Africa.

(h) Helping to meet the needs identified by the **Stop TB Partnership**. We also support the call for a high-level conference of **Health Ministers for TB** in 2006.

(i) Implementing the G8 water action plan agreed at Evian, in partnership with the AfDB initiative on **rural water and sanitation**, including through increasing aid in this sector; maintaining political momentum and commitment on the water issue; and reinforcing co-ordination and monitoring mechanisms.

(j) Reconfirming our Sea Island commitment to help countries that are willing to make a political commitment to develop comprehensive **food security and famine prevention** programmes.

Promoting Growth

(b) To provide resources and training to help African producers meet current and new **health** and safety standards for food exports and other products.

Financing for Development

24. Successful development requires sustained and consistent progress across the range of areas we have identified: strengthened peace and security, better governance, improved **healthcare** and education, enhanced growth, access to markets, and capacity to trade.

Annex I

The G8 and international response

- Birmingham in 1998 agreed that there was a need to enhance the heavily indebted poor countries (HIPC) initiative, launched at the Lyon summit in 1996, to provide more relief to more poor countries.
- Cologne in 1999 launched the enhanced HIPC initiative. This has helped to increase social expenditure in 27, mostly African, countries by around \$4bn per year.
- Okinawa in 2000 was the first G8 Summit to invite African leaders to outreach dialogue. It also began the process that led to the establishment of the **Global Fund for AIDS, TB and Malaria** in Genoa in 2001.
- At Genoa, in 2001, the G8 recognised the need to respond to NEPAD through the Genoa Plan for Action and appointed Africa Personal Representatives to recommend specific actions.
- At Kananaskis in 2002, the G8 launched the Africa Action Plan inaugurating the new partnership between the G8 and Africa. We said then that this would help to ensure that no country committed to poverty reduction, good governance and economic reform would be denied the chance to achieve the **Millennium Goals** through lack of finance.
- At Evian in 2003, the G8 announced specific measures to take these forward, a Water action plan and a new G8/Africa plan to enhance African capabilities to undertake peace support operations; and created the Africa Partnership Forum for dialogue between Africans and development partners beyond the G8.
- At Sea Island in 2004, the G8 agreed further measures to tackle **HIV and polio**, to enhance the role of the private sector in development, to promote transparency and fight corruption, to take additional steps to enhance productivity and to expand global peace support operations capabilities.
- And in addition to this, each G8 government has made its own specific commitments in support of Africa. We have collectively doubled our aid to Africa since 2001.

Annex II

Financing commitments (as submitted by individual G8 members)

- The EU has pledged to reach 0.7 per cent ODA/GNI by 2015 with a new interim collective target of 0.56 per cent ODA/GNI by 2010. The EU will nearly double its ODA between 2004 and 2010 from 34.5 billion to 67 billion. At least 50% of this increase should go to sub-Saharan Africa.
- Germany (supported by innovative instruments) has undertaken to reach 0.51 per cent ODA/GNI in 2010 and 0.7 per cent ODA/GNI in 2015.
- Italy has undertaken to reach 0.51 per cent ODA/GNI in 2010 and 0.7% ODA/GNI in 2015
- France has announced a timetable to reach 0.5 per cent ODA/GNI in 2007, of which 2/3 for Africa, — representing at least a doubling of ODA since 2000 — and 0.7 per cent ODA/GNI in 2012.

- The UK has announced a timetable to reach 0.7 per cent ODA/GNI by 2013 and will double its bilateral spending in Africa between 2003/04 and 2007/08.

- A group of the countries above firmly believe that innovative financing mechanisms can help deliver and bring forward the financing needed to achieve the **Millennium Development Goals**. They will continue to consider the International Financing Facility (IFF), a pilot IFF for Immunisation and a solidarity contribution on plane tickets to finance development projects, in particular in the **health sector**, and to finance the IFF. A working group will consider the implementation of these mechanisms.

- The US proposes to double aid to Sub-Saharan Africa between 2004 and 2010. It has launched the Millennium Challenge Account, with the aim of providing up to \$5 billion a year, the \$15 billion Emergency Plan for AIDS Relief, an initiative to address Humanitarian Emergencies in Africa of more than \$2 billion in 2005, and a new \$1.2 billion malaria initiative. The US will continue to work to prevent and mitigate conflict, including through the 5-year, \$660 million Global Peace Operations Initiative.

- Japan intends to increase its ODA volume by \$10 billion in aggregate over the next five years. Japan has committed to double its ODA to Africa over the next three years and launched the \$5 billion **'Health and Development Initiative'** over the next five years. For the "Enhanced Private Sector Assistance (EPSA) for Africa" facility, Japan will provide more than \$1 billion over 5 years in partnership with the AfDB.

- Canada will double its international assistance from 2001 to 2010, with assistance to Africa doubling from 2003/4 to 2008/9. As well, the 2005 Budget provided an additional C\$342 million to fight **diseases** that mainly afflict Africa. The C\$200 million Canada Investment Fund for Africa, will provide public-private risk capital for private investments and Canada will provide C\$190 million to support the AU's efforts in Darfur, as well as C\$90 million for humanitarian needs.

- Russia has cancelled and committed to cancel \$11.3 billion worth of debts owed by African countries, including \$2.2 billion of debt relief to the HIPC Initiative. On top of this, Russia is considering writing off the entire stock of HIPC countries' debts on non-ODA loans. This will add \$750m to those countries debt relief.

2006 St. Petersburg, Russia

Fight Against Infectious Disease

A vigorous response to the threat of **infectious diseases**, the leading cause of death worldwide, is essential to global development and to the well-being of the world's population. **Major diseases such as HIV/AIDS, tuberculosis, malaria, and measles** continue to exact a heavy toll on economies and societies around the world, particularly in developing countries, impeding achievement of **Millennium Development Goals (MDGs)**. For a large number of these **diseases** there are still no effective **drugs, vaccines or other treatment** available for the majority of the population in less developed countries. The situation is especially acute in least developed countries, particularly in Africa where governments and their people face limited access to prevention and essential **healthcare** information, inadequate capacity of **healthcare systems**, the shortage and significant outflow of qualified **health workers**, resource constraints, and often inadequate **nutrition, clean water, and sanitation**. Compounding these challenges, the recent

emergence of highly **pathogenic avian influenza**, with the accompanying possibility of a **human pandemic**, demands our immediate attention. Effective, coordinated and comprehensive action is necessary to combat all **infectious diseases**.

2. To address these challenges, we, the G8 Leaders, are determined to achieve tangible progress in the following areas:

- improved international cooperation on the surveillance and monitoring of **infectious diseases**, including better coordination between the animal and **human health** communities, building laboratory capacities, and full transparency by all nations in sharing, on a timely basis, **virus** samples in accordance with national and international regulations and conventions, and other relevant information about the **outbreaks of diseases**;
- intensification of scientific research and exchanges in the area of **infectious diseases**, with a special attention given to involving scientists from developing countries in international scientific research programs;
- support for efforts by the relevant international organizations to respond effectively to **outbreaks of avian influenza** and to help the global community prepare for a possible **human influenza pandemic**, including timely implementation of the commitments made at the January 2006 Beijing **International Pledging Conference on Avian and Pandemic Influenza**;
- fulfillment of prior G8 commitments on the major **infectious diseases**, in particular by mobilizing support for the **Global Fund to Fight AIDS, Tuberculosis, and Malaria**; continuing to pursue as close as possible to **universal access to HIV/AIDS treatment** for all who need it by 2010; supporting the **Global Plan to Stop TB**; providing resources in cooperation with African countries to scale up action against malaria; continuing to expand the **Global HIV Vaccine Enterprise**; and continuing our support for the **Global Polio Eradication Initiative** so that the planet can be declared **polio-free** within the next few years;
- improved access to **prevention and treatment of diseases** for those in need, through assistance programs focused on strengthening the **capacity of health systems** and the training, deployment, and retention of qualified **health workers**; and through innovative clinical research programs, private-public partnerships, and other innovative mechanisms;
- support for efforts by work with relevant international organizations to mitigate the **health consequences of emergencies**, including natural and man-made disasters, including through better coordination and capacity building.

Strengthening the Global Network for Surveillance and Monitoring of Infectious **Diseases**

3. Effective monitoring of **infectious diseases**, which includes timely reporting, sharing of samples in accordance with national and international regulations, conventions and the exchange of reliable data on **outbreaks** with the aim of leaving no populated area uncovered, are an essential part of preventing and fighting **epidemics**. New **infectious diseases**, along with new strains of already known **pathogens**, can be expected to emerge periodically. Recent **outbreaks of highly pathogenic avian influenza (H5N1)** highlight the need for improved international cooperation in detecting such **diseases** and mounting an effective response. In this regard, we support immediate implementation of the provisions of the revised **International Health Regulations** considered relevant to the risk posed by **avian and pandemic influenza**. We will comply with the provisions, including those related to rapid and transparent notification, and to provision of essential information.

4. We will continue to support existing global networks working under **World Health Organization** (WHO) auspices, such as the **Global Outbreak Alert and Response Network**

(GOARN). We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by:

- enhancing information exchange and encouraging national governments to provide timely and reliable information in an open and transparent manner;
- helping developing countries improve the capacity of their national systems for the surveillance and monitoring of **infectious diseases**, by providing technical assistance and training experts;
- building preparedness for future emerging **infectious diseases**, including through future-oriented scientific and clinical research projects.

5. Improved cooperation between relevant organizations and experts working in the area of **human and animal health** at both the national and international levels will aid detection, identification and timely responses to zoonotic infections. In particular, we urge the **WHO**, the World Organization for Animal **Health** (OIE) and the United Nations Food and Agriculture Organization (FAO) to continue to work together on a strategic and sustainable basis, on initiatives such as the Global Early Warning System (GLEWS). We will also seek to improve global and regional cooperation among experts to combat illegal wildlife trafficking, which is contributing to the spread of **zoonotic diseases**.

6. An accelerated and more broad-based program of scientific and clinical research will be of central importance in our battle against **infectious diseases**. In this effort, we will aim to increase scientific cooperation with developing countries, encourage partnerships between experts and laboratories of developing and developed countries, and increase the scientific potential in countries of all income levels. We encourage organizations that fund scientific research to expand the participation of experts from developing countries wherever possible, and to overcome barriers that may inappropriately limit such participation. By expanding ties with developing countries institutions for the application of research findings in those countries, we can help prepare the current and future generations of scientists in developing countries to function and excel in a global environment. Such programs should include training in designing and managing ethical clinical trials.

Fighting Highly Pathogenic Avian Influenza and Increasing Global Preparedness for a Human Pandemic

7. The threat of an **influenza pandemic** has already affected economies and raised concerns globally. Serious **outbreaks of highly pathogenic avian influenza** have been registered in many regions and continue to spread rapidly. It is possible that the **H5N1 virus**, or another one like it, could transmit from human-to-human. This underscores the need to be adequately prepared and equipped, including to ensure societal and business continuity.

8. We also recognize the importance of strong coordination between **human and animal health** services. Improved readiness to fight **animal outbreaks** is important. We recognize a need to strengthen animal **health** services and laboratories, encourage better monitoring of the wild animal population, enhance **virus** detection and research, improve inspection and support **ouTBreak containment** plans through the teaching of good farming practices.

9. We recognize the need to employ the quickest possible initial response from the outset of any **human pandemic influenza**. In this regard, we encourage rapid progress by the **WHO** to prepare a Protocol for Rapid Response and Containment.

10. We recognize and appreciate the leading roles of the **WHO**, **FAO**, and **OIE** in the global response to highly **pathogenic avian influenza**, and in helping countries prepare for a potential **human pandemic**. We will continue to provide full support for their efforts, and for those of the international financial institutions such as the World Bank, the Asian Development Bank, and the International Monetary Fund. In this regard, we welcome the initiative launched by the **FAO** and **OIE** to develop a more effective platform for the global emergency response to **animal outbreaks of the avian influenza virus, including through the establishment of a Global Crisis Management Center for Highly Pathogenic Avian Influenza**, and the use of international rapid response and assessment teams under **OIE/FAO** auspices. We call upon potential donors to support this initiative.

11. A robust and comprehensive program of assistance to vulnerable affected countries, particularly those in the developing world, is an essential part of our global response to **avian and pandemic influenza**. At the **International Pledging Conference on Avian and Human Influenza**, held in Beijing in January 2006, the international donor community rose to the occasion with generous commitments. We call upon all donors to honor their commitments, and to do so in a timely fashion.

12. At the Beijing Conference, we also emphasized the need for effective coordination of efforts to combat **avian influenza** and the risk of **human influenza pandemics** at the national, regional and international levels. In this regard, we encourage and support the continued work of the **UN**, the **World Bank**, and the **International Partnership for Avian and Pandemic Influenza**. We pledge to coordinate our international investments to fight the spread and impact of the **disease**. We welcome the progress achieved by the June 6-7, 2006 Partnership meeting in Vienna.

13. In addition to ongoing initiatives, we will support such efforts through the following actions:

- working with the **WHO**, **FAO**, and other **UN** agencies to update **global avian influenza and pandemic influenza** control strategies and preparedness plans; establish standard operating procedures and logistical arrangements, using existing technical networks; and to encourage robust arrangements for the quickest possible reporting;
- supporting efforts to increase worldwide production capacity for, and stockpiling of, **antivirals**;
- working with pharmaceutical companies to examine options for increasing production capacities for **vaccines**, and encouraging development of next generation **influenza vaccines**;
- supporting capacity building in the most vulnerable countries in **disease-surveillance** and early warning systems, including enhancement of diagnostic capacity and **virus research**, by helping them to develop their national plans, build relevant infrastructure, train experts, strengthen veterinary services and laboratories and mitigate the socio-economic impact of control measures;
- raising awareness among populations, and enhancing public education programs in all countries at risk;
- exchanging timely information and samples, in accordance with national and international regulations and conventions, related to the occurrence of **avian influenza** in our countries on a timely basis with the international community, and developing and using best practices for **influenza** preparedness, surveillance and control;
- using reference and national laboratories for the timely detection of **avian influenza**, and encouraging the establishment of additional laboratories in epidemic-prone regions. In this regard, we welcome the Russian proposal to establish the **WHO Collaborating Centre on Influenza for Eurasia and Central Asia**, subject to meeting all applicable **WHO** and other international standards, to enhance international capacity to counter the spread of the **viruses** in the region.

Recognizing the need for increased consultation and coordination in a quick response to an **outbreak**, we agree to increased coordination of preparedness, prevention, response, and containment activities among nations.

Combating **HIV/AIDS**, **Tuberculosis** and **Malaria**

14. **HIV/AIDS, tuberculosis (TB) and malaria** cause millions of preventable deaths each year and undermine socio-economic development in many parts of the world, especially in Africa. We pledge our continued support to the **Joint United Nations Programme on HIV/AIDS (UNAIDS)**, the **WHO**, the **Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund)**, the World Bank and other organizations, initiatives and partnerships actively working to fight these **diseases**.

15. Confronting the **HIV/AIDS epidemic** has been one of our top priorities for many years. We addressed this issue at the Kyushu-Okinawa Summit in 2000 and at the 2001 Genoa Summit, when we endorsed the establishment of the **Global Fund**, and with the adoption of the **Declaration of Commitment to Fight HIV/AIDS** by the United Nations General Assembly later in 2001. We have made progress since then, but combating this **disease** will continue to be one of our top priorities. We remain committed to halting and reversing the spread of **HIV/AIDS**, as called for in the **United Nations Millennium Development Goals (MDGs)**, and to the objectives outlined in the Gleneagles Summit Communiqué, and the call in the United Nations General Assembly Political Declaration on **HIV/AIDS** of June 2006 for scaling up significantly towards the goal of **universal access** to comprehensive prevention programs, treatment, care and support by 2010.

16. We welcome the focus by the Africa Partnership Forum on **HIV/AIDS** this year, as well as the first Conference on **HIV/AIDS** in Eastern Europe and Central Asia in May 2006 in Moscow and we look forward to the XVI International AIDS Conference in Toronto in August 2006, where the world community will address the theme ‘Time to Deliver.’

17. In our response to **HIV/AIDS**, we will adhere to the following principles:

- further promotion of a comprehensive and well-balanced approach to tackling **HIV/AIDS**, which includes prevention, treatment and care;
- continued involvement of all relevant partners, including civil society, the private sector and people living with **HIV/AIDS**, in the activities to tackle the **HIV/AIDS pandemic** and to reduce stigma and discrimination against people with this **disease**;
- scale up support to address the rising rates of **HIV infection** among young people, particularly young girls and women;
- supporting the continued implementation of comprehensive, evidence-based strategies of prevention, and the development of new and innovative methods of prevention, such as **microbicides, and vaccines** against the **diseases** that increase the risk of **HIV transmission**;
- facilitating access to prevention, treatment and care for the most vulnerable segments of the population;
- building the capacity of **health care systems** in poor countries through recruitment, training and deployment of public and private **health workers**; and raising public awareness of the existing threat in all countries affected.

18. The **Global Fund** is an important instrument in the battle against **HIV/AIDS**. We will work with other donors and stakeholders in the effort to secure funds needed for the 2006-2007

replenishment period and call upon all concerned to participate actively in the development of a four-year strategy, aimed at building a solid foundation for the activities of the Fund in the years ahead.

The G8 members will work with governments and technical agencies to support the preparation of high quality, timely proposals for **Global Fund** AIDS, **Tuberculosis** and Malaria grants.

19. The impact of **HIV/AIDS**, **TB**, and malaria has been particularly severe in Africa, where these three deadly **diseases** exist side-by-side with a plethora of other deadly, endemic infections. Efforts by African nations to deal with these problems, strengthen their public and private **healthcare** systems and reduce the likelihood of epidemics on the continent require continued meaningful and concerted support from the international community. We reaffirm our partnership with African nations and with the African Union, and will continue to work with them to deliver on the goals of the New Partnership for Africa's Development (NEPAD), to improve **health** systems overall and to fight infectious **diseases**.

20. We remain committed to our Sea Island Summit initiative on creation of a Global **HIV** Vaccine Enterprise, and reaffirm our determination to bring it to fruition. We are convinced that there is a need to enhance the scientific and technical capacities in this area at the global, regional and national levels. In this regard, we welcome the Russian proposal to establish a regional coordination mechanism to promote **HIV** vaccine development in the countries of Eastern Europe and Central Asia, and call for this initiative to be carefully coordinated with the Global **HIV** Vaccine Enterprise. We also welcome coordination of activities and the cooperation between the Global **HIV** Vaccine Enterprise and other global initiatives and North/South partnerships active in this field, such as the European and Developing countries Clinical Trials Partnership (EDCTP) on clinical trials in Africa.

21. One-third of the world's population is exposed to the risk of contracting **TB**, which claims about two million lives each year. In certain regions, it affects more people today than it did twenty years ago. We reaffirm the commitment we made at the Genoa Summit in 2001 to halt the spread of this **disease**. We will also support the Global Plan to Stop **TB**, 2006-2015, which aims to cut **TB** deaths in half by the year 2015 compared to 1990 levels, saving some 14 million lives over ten years, and call upon all donors and stakeholders to contribute to its effective implementation.

22. We note with concern the rate of **HIV/AIDS** and **tuberculosis** co-infection and seek to promote unified coordination for activities in this regard.

23. Annually, more than 300 million people throughout the world contract malaria. Over one million die of malaria each year. Children who live in Sub-Saharan Africa account for at least 80% of those deaths. African countries suffer economic losses from malaria estimated at 12 billion dollars annually. The tragedy is that malaria is both preventable and treatable with proven, cost-effective interventions.

24. The fight against malaria can save hundreds of thousands of lives, and bring new hope to countries that have been devastated by this terrible **disease**. To address this urgent situation, we:

- reaffirm our commitment to work with African countries to scale up malaria control interventions, reduce the burden of the **disease**, and eventually defeat malaria on the continent and meet the Abuja target of halving the burden of malaria by 2010

- agree to strengthen malaria control activities and programs in African countries with the objective of achieving significant public **health** impact;
- will collaborate with governments, private sector companies and non-governmental organizations in public-private partnerships to expand malaria interventions and programs;
- support the development of new, safe, and effective drugs, creation of a vaccine, and promotion of the widest possible availability of prevention and treatment to people in need;
- welcome efforts in the framework of the “Roll Back Malaria Partnership” and support activities of public and private entities to save children from the **disease**.

25. Finally, we commit ourselves to a regular review of our work in the field of tackling these three pandemics.

Polio Eradication

26. Since the launch of the Global **Polio** Eradication Initiative (GPEI) in 1988, we have made considerable progress. Presently, **polio** is endemic in a very small number of countries. There are sound reasons to believe that as a result of unprecedented measures taken by the international community, the world is now at the threshold of eradicating this **disease**.

27. We urgently call for mobilization of financial support and will continue to work collectively and with bilateral and multilateral donors to close the funding gap for 2007-2008, and will continue to work with others towards securing the resources necessary to finish the program and declare our planet **polio**-free in the near future.

28. The existing **polio** monitoring network is a valuable resource. We will work with other donors and stakeholders to maintain this network after **polio** has been eradicated, with a view to supporting other public **health** objectives, in particular those related to **disease** monitoring.

Measles and Other Preventable **Diseases**

29. **Measles** remains a major cause of child mortality among the vaccine-preventable **diseases**. We will continue our support for the **Measles** Initiative launched in 2001 and will work towards a steady decrease in the number of **measles**-related deaths, progress in halting the spread of **measles** in regions and countries, and its eventual elimination.

30. We will assist the Global **Measles** Partnership and encourage the WHO to continue to implement its plans on **measles** prevention and elimination, as mandated by the World **Health** Assembly in 2004, and to propose measures donors and national governments should take to reach and maintain a high level of immunity to **measles**.

31. We must also increase our efforts in the fight against other preventable **diseases**, including pneumonia, diarrhea and neglected **diseases** such as leishmaniasis, Chagas **disease** and onchocerciasis, particularly by increasing the volume and quality of medical research on neglected **diseases** in developing countries.

Access to Prevention, Treatment and Care

32. Improved access to means of prevention and treatment and care in many countries is essential to curbing infectious **diseases**, notably **HIV/AIDS**, **TB** and malaria and to reducing their negative

impact on development. We raised this issue in Evian in 2003. In this respect, we note the possibility of WTO Members to use the flexibilities in the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as well as the compulsory licensing solution of 30 August, 2003 to enable developing countries without manufacturing capacity in the pharmaceutical sector to import medicines they need. We note that despite certain achievements, many countries still cannot get access to safe, effective and affordable medicines for those in need.

33. The limited capacity of **health** systems is a major barrier to coming as close as possible to universal access to treatment for those who need it by 2010 and has an impact on other related **health** outcomes such as maternal mortality and mother-to-child transmission of **HIV/AIDS**, hindering comprehensive, effective, evidence-based prevention, and providing care. In this regard, we agree to continue to support efforts by developing country partners, particularly in Africa, to ensure that initiatives to reduce the burden of **disease** are built on sustainable **health** systems. We will also continue to emphasize the training, deployment and retention of **health** workers in our **health** sector assistance programs. In this regard, we take note of the creation of the Global **Health** Workforce Alliance, and encourage further work by the WHO and other donor organizations in this area.

34. We call for a wider use of strategies and tools that promote investment in the research, development and production of vaccines, microbicides and drugs for **HIV, tuberculosis, malaria** and other **diseases**, and that assist in scaling up access to these means of prevention and treatment through innovative clinical research programs, private-public partnerships and other innovative mechanisms. In this regard, we take note of the steps taken on voluntary innovating financing mechanisms and other funding initiatives, the details of which are set out in the annex.

In order to stimulate active involvement of the pharmaceutical industry, we are committed to strengthening cooperation with regulatory authorities in developing countries and to working with them on identifying appropriate standards and pathways for swift regulatory approval of new prevention and treatment methods.

35. We call for wider recognition of the rapidly increasing problem of antimicrobial drug resistance that has already rendered a growing number of infectious **diseases** harder and more costly to treat with available drugs. We encourage increased mobilization of efforts to address this problem of global dimensions.

36. Access to **health** care in developing countries could be significantly enhanced through a wider range of financing options including **health** insurance programs. We encourage stepped-up discussion at the international level on practical approaches to the expansion of public, private and community-based **health** insurance coverage in developing countries, learning from the successes achieved by both developed and developing countries in this regard. We invite the OECD and appropriate organizations to work on this issue. We welcome France's offer to host a high level meeting on this issue by the end of 2006.

37. Finally, we encourage governments around the world to consider eliminating import tariffs and non-tariff barriers on medicines and medical devices, where appropriate, as a measure to reduce further the cost of **healthcare** for the poor, and expand their access to effective treatments.

Health Consequences of Natural and Man-Made Disasters

38. Natural disasters alone can result in tens of thousands of deaths and adversely affect the lives of millions of people. Over the last 25 years, natural disasters have caused over US \$100 billion worth of material damage. The tsunami that hit dozens of countries in South-East Asia, South Asia and East Africa in 2004, the hurricane seasons that ravaged the United States coastal areas, Mexico, Central American and Caribbean states in 2004 and 2005, the October 2005 earthquake in South Asia, and the May 2006 earthquake in Indonesia were terrible ordeals for the people affected by them.

39. We focused on the issue of disaster risk reduction at Gleneagles and outlined the need for a series of practical measures, in particular through strengthened early-warning systems, as well as improved coordination and prompt humanitarian relief efforts.

40. We reaffirm the importance of the coordinating role played by the UN in the area of humanitarian emergency response through its Office for the Coordination of Humanitarian Affairs (OCHA) and seek to further enhance the effectiveness of United Nations entities in tracking and coordinating assistance to the affected countries.

41. We welcome the decisions on **health** actions in crises and disasters taken at the 2005 UN World Conference on Disaster Reduction in Hyogo, Japan and at the 58th World **Health** Assembly.

42. Given the potential for the breakdown of public **health** services as a result of natural and man-made disasters, we support actions aimed at improving the preparedness and capacity of **healthcare** systems to meet **health** challenges posed by emergencies, especially in developing countries.

43. In this regard, we welcome the resolution of the 59th World **Health** Assembly on Emergency Preparedness and Response and, in particular, its emphasis on the need to ensure that WHO, within its mandate, is able to respond to emergencies and crises; to implement measures to enhance WHO participation in the overall humanitarian response through existing mechanisms, as well as a global database of authoritative technical **health** references aiming to facilitate **health** sector response to emergencies and crises; to establish and maintain a tracking service that will monitor and assess mortality rates in emergencies in collaboration with relevant organizations of the United Nations system and other partners; to take part in UN-wide mechanisms for logistics and supply management that would assure immediate mobilization of vital supplies in emergencies and crises.

44. We commit to strengthen existing networks aimed at mitigating **health** consequences of natural and man-made disasters, including through effective use of rapid response teams, where appropriate, and helping disaster-prone developing countries build their own capacities in this area.

Annex

Canada

Canada will contribute C\$450 million between 2006-2016 to support country-led efforts to strengthen **health** systems and improve **health** outcomes in Africa.

Canada is ready to contribute C\$100 million to support an Advance Market Commitments pilot project to develop a vaccine for pneumococcal **disease**.

Canada will contribute C\$250 million in 2006 to the **Global Fund** to Fight AIDS, **Tuberculosis** and Malaria (**Global Fund**) to support 2006-07 activities. Canada has committed C\$800 million to support efforts to fight **HIV/AIDS** since 2000. Other recent Canadian initiatives include C\$160 million for the Global Alliance for Vaccines and Immunization (GAVI), C\$62 million to the International AIDS Vaccine Initiative and C\$5 million to the African AIDS Vaccine Programme. Canada has also committed C\$15 million to the International Partnership for Microbicides.

Canada will contribute C\$57 million to support the international response to avian influenza, and to prepare for potential future pandemics.

In 2006, Canada will contribute C\$45 million to the Global **Polio** Eradication Initiative.

European Commission

Since the Creation of the **Global Fund** in 2001 the EC will have contributed €522 million by the end of 2006, with €90 million allocated in 2006 alone.

In 2002-2006, the EC will have spent €420 million on research targeted at the three main communicable **diseases** — **HIV/AIDS**, malaria and **tuberculosis** a four-fold increase in comparison to the previous four-year period.

The European Commission pledged €100 million at the Beijing Conference in January 2006 to confront avian influenza and prepare for a possible human pandemic, with additional €111 million pledged by the EU Member States. €20 million of European Commission's pledge is targeted to support of scientific research projects, with a further €80 million devoted to assistance projects.

As regards **polio** eradication, the European Commission has provided €61 million to finance supplementary immunization activities in countries with endemic transmission — Nigeria, Niger and Somalia. In Nigeria this support was provided on top of already existing support of €118 million for immunization and **polio** eradication. Additional funding of €15 million to support eradication activities needed in Ethiopia.

France

France will spend €1,4 billion for the period 2006-2008 for multilateral actions related to the fight against emerging and transmissible **diseases**.

Regarding innovative financing, France has launched an air ticket solidarity contribution, which so far 17 countries expressed their intention to endorse. At least 90 percent of the proceeds of this contribution (estimated to around €200 million a year), which is effective from 1 July, will finance an international drug purchase facility-UNITAID, aimed at ensuring an uninterrupted supply of pre-qualified products at reduced price for beneficiary countries. The IDPF-UNITAID will be launched at the time of the UN General Assembly in mid-September. France also contributes to the pilot International Finance Facility for Immunization (IFFIm), with the first bond issuance expected to take place in 2006 in order to finance GAVI. With a commitment of \$2 billion over 20 years, France will be the second contributor to this initiative.

France will make an increased contribution to the **Global Fund** (€225 million in 2006 and €300 million in 2007) and will therefore be its second contributor.

For the period 2006-2007, France will spend €290 million through its bilateral ODA for the achievement of **health**-related **MDGs** and for the strengthening of **health** systems in developing countries.

Germany

Germany is actively engaged in prevention and control of infectious **diseases** in developing countries.

The German government annually spends €300 million on prevention and control of **HIV/AIDS**, malaria and **tuberculosis** and **health** system development. Germany ranks fifth in the international bilateral donor community on combating **polio** and has committed €39 million of new bilateral funds.

For efforts to fight Avian Influenza, Germany has committed approximately €40 million for bilateral programs in Asia and Africa, for vaccine development and for support for a global crises-reaction-mechanism.

With €800 million is the largest donor for bilateral water projects which is a very important pillar in fighting infectious **diseases**.

Germany is also promoting research into treatments that are of special interest to developing countries.

Italy

Italy has put forward a market-based mechanism to foster research and development of new vaccines against infectious **diseases** that mostly hit poor countries: Advance Market Commitment (AMC). Together with GAVI and the World Bank, a pilot project has been developed that can be launched in 2006.

Italy is also actively participating in the financing of several multilateral/ bilateral initiatives fighting Malaria, **Polio**, **Tuberculosis**, Avian flu and other infectious **diseases**.

Italy will provide 600million USD to the IFFim over 20 years and contribute 460 million euros to **Global Fund** in the period 2004-2007.

These specific contributions are made following a more general approach of substantial support for the strengthening of national **health** systems and of monitoring and prevention capabilities in developing countries.

Japan

Japan launched the 'Health and Development' Initiative in June 2005 aiming to provide up to US\$ 5 billion over five years from 2005 to 2009 to combat infectious **diseases** and other threats

to **health** in the developing countries, out of which more than US\$ 620 million has been disbursed during the fiscal year 2005.

In June 2005, Japan pledged to contribute US\$ 500 million to the **Global Fund** in the coming years, and contributed US\$ 130 million to the Fund in March 2006 as the first step to fulfill this commitment.

To combat avian and human pandemic influenza, Japan pledged US\$ 155 million on the occasion of the International Pledging Conference on Avian and Human Pandemic Influenza held in January 2006 in Beijing, and has disbursed the full amount.

Russia

Russia and the World Bank agreed to collaborate in developing debt-for-development swap for channelling \$ 250 million freed-up from debt service to high priority development actions in Sub-Saharan Africa. In some of these HIPC eligible countries, the World Bank is developing important projects and programs in support of country strategies to fight infectious **diseases**. Russia will join forces with the World Bank in the fight against malaria in Sub-Saharan Africa, and will support the World Bank-led malaria booster program that aims to achieve tangible results by 2010. Besides that Russia and the World Bank agreed to expand their cooperation in Central Asia to meet the challenge of infectious **diseases**.

In 2005, Russia has doubled up to \$40 million its pledge to the **Global Fund**. Russia also intends to reimburse to the **Global Fund** till 2010 near US\$270 million, which were distributed to fund projects in Russian Federation.

Russia has committed to contribute US\$18 million to the Global **Polio** Eradication Initiative.

Russia has pledged near \$45 million for efforts to prepare for, detect, and rapidly respond to **outbreaks** of highly pathogenic avian influenza.

Russia welcomes progress made on Advance Market Commitments (AMC) on vaccines and looks forward to a successful launch of the AMC pilot project.

United Kingdom

The UK is committed to the achievement of the objectives set at Gleneagles, including universal access to drugs against **HIV/AIDS** by 2010. The UK is committed to spend €1.5 billion on **HIV/AIDS** from 2005/06 to 2007/08 and will contribute €360 million to the **Global Fund** between 2002 and 2008. The UK also supports innovative financing mechanisms: it will provide €1.4 billion over 20 years to the IFFIm to tackle preventable **diseases**, and has announced that it is prepared to make a long-term financial contribution to the IDPF-UNITAID. The UK is prepared to make a long-term financial contribution to pilot AMC. It supports the launch of a Pneumococcus AMC by the end of 2006 and believes that a Malaria AMC should be explored. The UK also funds seven product development public private partnerships, which carry out research into new drugs, vaccines and microbicides for tackling communicable **diseases**. The UK is providing €60 million between 2006 and 2008 towards the cost of eradicating **polio**.

United States

The United States will provide \$15 billion over 5 years to support international **HIV/AIDS** programs; will contribute \$90 million in fiscal year 2006 to bilateral **tuberculosis** programs in over 35 countries; will increase funding for malaria prevention and treatment by more than \$1.2 billion over 5 years; has provided nearly 25 percent of Global **Polio** Eradication Initiative funding; has pledged \$362 million for countries to prepare for, detect, and rapidly respond to **outbreaks** of highly pathogenic avian influenza; has contributed over \$1.5 billion over the past 5 years to save the lives of children under age 5 for support for childhood vaccinations and treatment for pneumonia and diarrhea; has awarded nearly \$1 billion in grants to U.S.-based research institutions that collaborate directly with counterparts in developing countries to investigate, develop, and test novel approaches to prevention, control, and treatment of infectious **diseases**; and takes note of the technical work by the World Bank and GAVI on AMC for vaccines, and supports additional work towards a successful launch of an AMC pilot project by the end of the year.

Global Energy Security

III. Enhancing Energy Efficiency and Energy Saving

15. Energy saved is energy produced and is often a more affordable and environmentally responsible option to meet the growing energy demand. Efforts to improve energy efficiency and energy saving contribute greatly to lowering the energy intensity of economic development thus strengthening global energy security. Increased energy efficiency and conservation reduce stress on infrastructure and contribute to a **healthier environment through decreased emission of greenhouse gases and pollutants**.

Renewables

34. We welcome the work of interested parties in international mechanisms and programs dealing with renewable energy, including the Renewable Energy and Energy Efficiency Program (REEEP), the Renewable Energy Policy Network for the 21st Century (REN21), and the Mediterranean Renewable Energy Partnership (MEDREP). We welcome the establishment of the **Global Bio-Energy Partnership (GBEP)**. We will work in partnership with developing countries to foster the use of renewable energy.

Innovative Energy Technologies

44. We confirm our commitment to the UN **Millennium Development Goals**, including through facilitating a better access to energy. It is impossible to drastically reduce general poverty, support **health services**, provide clean drinking water and sanitation, promote more productive agriculture and food yields, and secure investment in job-creating enterprises in developing countries without addressing the challenge of energy poverty. We will help vulnerable countries overcome the macroeconomic shocks related to energy prices, and the longer term challenge of facilitating access to energy for the poorest populations.

Education for Innovative Societies in the 21st Century

III. Education for All and Development

32. We are committed to attaining EFA goals and to eliminating obstacles in other sectors that narrow education opportunities. Assistance in the education sector alone will not solve the problem. We will work to support cross-sectoral approaches combining investments in education and other key areas such as poverty reduction, **health** and sanitation, **water nutrition** and infrastructure to achieve EFA goals, raising **HIV/AIDS** awareness in education systems.

Update on Africa

Our Commitments

Since the late 1990s, G8 Summits have given Africa a high priority. At Gleneagles last year the G8 agreed to a further set of measures to reduce poverty and support sustainable development in Africa. We are continuing to work in partnership with Africa, in particular in support of the AU and NEPAD, with a special focus this year on **infectious diseases**, education and energy security. This report reviews progress on G8 commitments on Africa since the last G8 Summit, while respecting the critical role of African ownership of the reform process.

Progress Made

Investing in People: Building on the commitments we made at Gleneagles last year, the G8 and other international partners agreed a Political Declaration at the UN High-Level meeting on **HIV/AIDS** in June which commits to pursue all necessary efforts to scale up towards the goal of **universal access to comprehensive prevention programmes, treatment, care and support by 2010**; and to take measures to ensure that additional resources are made available to tackle **AIDS**, in view of the **UNAIDS** estimate that \$20-23 billion is needed annually by 2010. The **Global Fund** is an important instrument in the battle against **HIV/AIDS**. We will work with other donors and stakeholders in the effort to secure a funding needed for the 2006-2007 replenishment period and call upon all concerned to participate actively in the development of a four-year strategy, aimed at building a solid foundation for the activities of the **Fund** in the years ahead. We are working to deliver the **Global Plan to Stop TB**, launched in January 2006, and the **Global Strategic Plan to Roll Back Malaria**, launched in November 2005. We have committed \$210 million to fund **Polio Eradication** in 2006. If the remaining funding gap can be filled, transmission of **polio** should end in Africa.

In the **water sector**, we are supporting strengthened cooperation among African **river basin organisations**, and giving support to the African Ministers' Council on Water, as well as the leading role of the African Development Bank in this key sector. We are contributing to efforts to improve the effectiveness of aid to Africa's **water sector**.

Continuing Work

We have made substantial progress since Gleneagles. Our key steps over the next year include:

- tackling **infectious diseases**, strengthening education and enhancing energy security in Africa and the wider world. The details are set out in our separate statements;

Combating IPR Piracy and Counterfeiting

1. We reaffirm our commitment to strengthening individual and collective efforts to combat piracy and counterfeiting, especially trade in pirated and counterfeit goods and note that such efforts will contribute to the sustainable development of the world economy, including through innovations, as well as to **health and safety** of consumers all over the world.

5. We consider it necessary to take, in the near term, the following concrete measures which will form the basis of a G8 work plan on piracy and counterfeiting:

- to create in each G8 country a website providing businesses and individuals with information on mechanisms available and procedures necessary to secure and enforce their intellectual property rights in that country, on threats posed by piracy and counterfeiting to **public health**, safety and the national interests of countries, consumers and business communities, as well as on measures taken at the national and international levels to combat intellectual property rights violations, and on relevant legislation and law enforcement practices;
- to engage the OECD in preparing and focusing its report estimating the economic consequences of piracy and counterfeiting on national economies and right holders, and **public health and safety**;

Chair's Summary

Fight Against Infectious **Diseases**

We are aware of the heavy toll taken by **infectious diseases** on societies and economies around the world. In our statement we underlined principles and proposed actions to halt the spread of **epidemics**. We addressed a range of challenges including limited access to prevention and treatment, inadequate capacity of **health care systems**, resource constraints and the shortage and significant outflow of qualified **health workers**, especially in developing countries.

We will seek to enhance international capacities to monitor and **respond to outbreaks of infectious diseases** through establishment of new laboratories and strengthening **WHO Global OutBreak Alert and Response Network**.

Aware of the threat posed by **avian influenza**, we will cooperate closely with each other and with relevant international organizations and other partners in preparing for a possible **human influenza pandemic**. We called on donors to honor commitments made at the **International Pledging Conference on Avian and Human Pandemic Influenza**. The G8 members also welcomed the Russian Presidency's proposal to establish the **WHO Collaborating Centre on Influenza for Eurasia and Central Asia** to enhance international capacity to counter the spread of the **viruses**.

We reaffirmed our commitments to fight **HIV/AIDS, tuberculosis** and **malaria** and agreed to work further with other donors to mobilize resources for the **Global Fund to Fight AIDS, Tuberculosis and Malaria** and to continuing to pursue as closely as possible to universal access

to **HIV/AIDS** treatment for those who need it by 2010. We also resolved to support the **Global Plan to Stop TB** aimed to save up to 14 millions lives by 2015 and to provide resources in cooperation with African countries to scale up action against **malaria**. With the aim to monitor the progress in tackling these three major pandemics, we agreed to a regular review of our work in this field.

We will also continue to support the **Global Polio Eradication Initiative** so that the planet can be declared **polio-free** within the next few years.

We called for improved scientific research and exchanges between states, involving scientists from developing countries. G8 members also agreed to further develop the **Global HIV Vaccine Enterprise** and welcomed the Russian Presidency initiative to involve Eastern European and Central Asian countries in its activities through the establishment of the corresponding regional coordination mechanism.

Improved access to prevention and treatment of **infectious diseases** is crucial in our battle against **epidemics**. We will further work through assistance programs focused on strengthening **health care systems** in developing countries. We will also promote **research and development** of new **drugs** and **vaccines**, through building **public-private partnerships**. We took note of the steps taken on voluntary innovating financing mechanisms and other funding initiatives.

2007 Heiligendamm, Germany

Growth and Responsibility in the World Economy

G8 Agenda for Global Growth and Stability

5. Global imbalances have been showing some signs of stabilisation more recently and deficits have been relatively easily financed. An orderly adjustment, which is in the interest of the world economy, will take time. We are committed to implementing domestic policies to promote this. They are first and foremost in each of our own best interests:

- The United States is targeting the elimination of its federal budget deficit by 2012. Policies also have been proposed to strengthen long-term fiscal sustainability through entitlement and **health care reform**, tax incentives to promote private saving, and proposals have been made to boost the use of alternative fuels and enhance energy efficiency. The United States will continue to follow pro-growth economic policies.

Investment and Responsibility: The Social Dimension of Globalization

28. Investing in social protection systems: Social protection is an investment in a country's economic future and a cost-effective way of fighting poverty. It includes appropriate protection against life's major risks and appropriate coverage for everyone, aiming at improved education and **health**. Social protection has the capacity to contribute to individual employability and to ensure that those who can work obtain adequate support to find employment and to obtain skills demanded by the labour market.

Intellectual Property Protection as the Backbone of Innovation

35. The benefits of innovation for economic growth and development are increasingly threatened by infringements of intellectual property rights worldwide. We therefore strongly reaffirm our commitment to combat piracy and counterfeiting. Trade in pirated and counterfeit goods threatens **health**, safety and security of consumers worldwide, particularly in poorer countries. In this regard we welcome work on the **WHO** initiative to implement the **International Medicinal Products Anti-Counterfeit Taskforce (IMPACT)**. Our common efforts in this combat are therefore in the interest of all countries at all levels of development.

36. We commit to strengthen cooperation in this critical area among the G8 and other countries, particularly the major emerging economies, as well as competent international organizations, notably the World Intellectual Property Organization (WIPO), WTO, the World Customs Organization (WCO), Interpol, the **World Health Organization (WHO)**, the OECD, APEC, and the Council of Europe. We invite these organizations to reinforce their action in this field.

38. In light of the urgency to implement concrete measures which will improve and deepen cooperation among G8 partners and deliver real enforcement results, we decide to undertake the following:

(d) While appreciating the information contained in the OECD report estimating the economic impacts of counterfeiting and piracy on national economies and right holders, as well as public **health** and safety, we will encourage the OECD to work with member states to further identify and target in its report specific areas for concrete actions.

Climate Change

48. We take note of and are concerned about the recent UN Intergovernmental Panel on Climate Change (IPCC) reports. The most recent report concluded both, that global temperatures are rising, that this is caused largely by human activities and, in addition, that for increases in global average temperature, there are projected to be major changes in ecosystem structure and function with predominantly negative consequences for biodiversity and ecosystems, e.g. **water and food supply**.

Chair's Summary

On 8 June 2007, we met with the Leaders of Algeria, Nigeria, Senegal, and South Africa as well as with the Chairs of the African Union (the President of Ghana), the President of the AU Commission, the Chair of the NEPAD Executive Committee, the Prime Minister of Ethiopia, and the Secretary General of the United Nations to discuss key elements of "Growth and Responsibility in Africa". Together with our African partners, we agreed on the aims and core principles of our partnership to achieve our common goal of promoting African development. Our discussions focused how the G8 could effectively contribute toward the achievement of the **Millennium Development Goals** in Africa. In the context of the G8 Partnership with Africa we dealt in greater detail with the issues of "Peace and Security", "Sustainable Investment", "Good Governance", and "**Improving Health Systems and Fighting HIV/AIDS, TB, and Malaria**". We confirmed together with the African Leaders that we can only meet these challenges in a spirit of partnership, mutual accountability and trust, and through enhanced international dialogue and cooperation, including with emerging economies. We agreed to a core set of development principles. We stressed the importance of private sector growth, including deepening financial

markets, improving governance, and enabling trade. We jointly confirmed the commitments made in Gleneagles, in particular with regard to development financing. Debt relief, innovative finance initiatives as well as private sector engagements will contribute to fulfill these commitments.

II. Growth and Responsibility in Africa

Improving **health** systems, fighting **HIV/AIDS**, **TB**, and Malaria: We recognized that the access to quality **health services** remains a critical challenge in many African countries. We therefore agreed to assist our partner countries in developing and strengthening **health systems** to help them work toward the availability of appropriate **health services** for all, including poor and vulnerable groups such as women and children. Enhancing this process, the G8 will elaborate on sustainable and equitable financing of **health systems** through linking national financing strategies with coordinated international support. The G8 and their African partners also agreed to address the different causes of the lack of human resource capacity within the **health sector**.

The G8 reaffirmed their commitment to continue to scale up their efforts towards the goal of universal access, the **Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis** as well as strengthening of **health systems** by providing at least a projected US\$ 60 billion over the coming years. We noted the substantially increasing demand projected by the board of the **Global Fund to Fight AIDS, TB and Malaria** and we agreed that the **Global Fund** continues to enjoy our full support. We will provide predictable, long-term additional funding in the ongoing replenishment round. The G8 acknowledged the increasing feminization of the **HIV/AIDS pandemic** and agreed to specifically focus activities on the needs of women and girls. We will concretely work with all the relevant stakeholders including **UNAIDS**, **WHO**, the World Bank and the **GFATM**, the African Union and African States, innovative and generic **pharmaceutical industry**, private donors and civil society in order to deliver practical steps towards “universal access”. In St. Petersburg we agreed to regularly review our work on tackling the **three pandemics HIV/AIDS, TB and malaria**. We undertake this monitoring exercise for the first time and will publish a report to provide information on our activities in September at the **GFATM** replenishment conference. Our Joint Progress Report on Africa is a sign of the mutual accountability of our relations with Africa and showed where we had already made progress, but also outlined areas where we still need to make immediate progress.

Growth and Responsibility in Africa

A Continent on the Move

4. We have agreed on a further set of measures to promote sustainable development in Africa. We will focus on promoting growth and investments in order to combat poverty and hunger, to foster peace and security, good governance and the strengthening of **health systems**, and to assist the fight against **infectious diseases**. We also recognize that the impacts of climate change in combination with other stresses present increased risks to sustainable development in Africa. To tackle these challenges, we are firmly determined to support a vibrant Africa through further strengthening our concerted efforts, as well as respective ones that are partly demonstrated by the African Partnership Forum, 24th Conference of African and French Heads of States in February, the EU-Africa Summit to be held this December, and the 4th Tokyo International Conference on African Development (TICAD) of next spring. All these efforts, involving relevant stakeholders as appropriate, will contribute to a seamless process leading to the G8 Summit of 2008 in Japan.

Strengthening Good Governance and Institutional Capacities

5. Good governance in Africa is vital to peace, stability, sustainable development and growth. Without good governance, all other reforms will have limited impacts. In the past few years, the AU and its program New Partnership for African Development (NEPAD) have provided important reform impetus with a view to improving governance in Africa. The G8, with its Africa Action Plan, have provided a strategic framework for partnership based cooperation and will continue to support good governance throughout the African continent. Good governance is an important basis for our cooperation. Good governance in all its dimensions (political, economic, social, cultural, environmental) and at all levels (from local to global) deserves recognition. It is the most important assurance that development cooperation goes to its intended purpose of fighting hunger, poverty or **disease**. Respect for ownership, dialogue between partners and incentives for reforms are the main principles of our common approach. The following are all areas of focus for G8 efforts in supporting good governance on the continent.

Ensuring Sustainable Investment

35. To improve energy security in Africa, we will give particular attention to energy efficiency and the use of domestic renewable energy sources, including hydropower, where appropriate, and to give priority support to the rehabilitation of existing hydropower plants, and the development of small hydropower plants. We will further promote responsible sustainable **bio-energy production**, generated from **renewable biomass resources**, with a view to contributing to climate protection without jeopardizing food security and the environment.

37. Education is a fundamental driver for national development and economic growth, providing a skilled labour force, and promoting equity, enterprise, and prosperity. Education also **promotes good health**, empowers girls and women, and leads to **healthier families**. We are committed to working with partner governments and the private sector to expand opportunities for disadvantaged girls and boys, including beyond the class rooms, to learn 21st century skills and increase their participation in society. We reaffirm that no country seriously committed to “Education for All” will be thwarted in their achievement of this goal by lack of resources.

Improving **Health** Systems and Fighting **HIV/AIDS, TB, and Malaria**

46. At the Gleneagles and St. Petersburg Summits, the G8 countries made substantial commitments to a vigorous response to the threat of **infectious diseases** — fulfillment of which is essential to development and the well-being of the world’s population. Worldwide, **HIV/AIDS, tuberculosis, and malaria** claim more than six million lives every year, and the threat of these and other **infectious diseases** is particularly acute in Africa. About 63% of all people in the world infected with **HIV** live in Africa. 72% of Africans who need ARV-treatment are still being left behind. Of particular concern are also the continuously rising **HIV/AIDS** infections of women and girls. Every year, malaria kills nearly one million people around the world. Around 90% of these deaths occur in Africa, mostly in young children. Additionally, **tuberculosis** kills 5000 people every day, mostly young adults in their most productive years. **Diseases, often preventable and treatable**, hold back many Africans from leading **healthy** and productive lives. In a number of African countries, average life expectancy is falling dramatically as a result of the **AIDS pandemic**. Apart from **human suffering**, these **diseases**, and **HIV/AIDS** in particular, are also causing massive impacts on the economic and social development of the individual countries concerned.

47. The G8 countries in coordination with African governments, multilateral institutions, international donor community as well as the private sector have undertaken significant efforts over the past years to combat these **diseases** on a sustainable basis aiming at reaching the **MDG targets** in the context of the fight against **HIV/AIDS**. Though visible progress has been achieved, we and others need to do more.

Combating **HIV/AIDS**, Malaria, **TB** and Other Infectious **Diseases**

48. The G8 countries will scale up their efforts to contributing towards the goal of universal access to comprehensive **HIV/AIDS prevention programs**, treatment and care and support by 2010 for all, and to developing and strengthening **health systems** so that **health care**, especially **primary health care**, can be provided on a sustainable and equitable basis in order to reduce illness and mortality, with particular attention paid to the needs of those **most vulnerable to infection**, including adolescent girls, women and children. We recognize that meeting this goal of universal access as well as realizing the **Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis** on a sustainable basis and strengthening of **health systems** will require substantial resources. We will continue our efforts towards these goals to provide at least a projected US\$ 60 billion over the coming years, and invite other donors to contribute as well. These contributions will supplement efforts by African governments. We recognize their political commitment to pursue poverty reduction strategies that include strategies to foster access to **health care**.

50. Recognizing the growing feminization of the **AIDS epidemic**, the G8 in cooperation with partner governments support a gender-sensitive response by the **GFATM**, with the goal of ensuring that greater attention and appropriate resources are allocated by the **Fund to HIV/AIDS prevention, treatment, and care** that addresses the needs of women and girls. Coverage of prevention of mother to child transmission programs (PMTCT) currently stands at only 11%. In the overall context of scaling up towards the goal of universal access and strengthening of **health systems** we will contribute substantially with other donors to work towards the goal of providing universal coverage of PMTCT programs by 2010. The cost to reach this target, as estimated by UNICEF, is US\$ 1,5 billion. The G8 together with other donors will work towards meeting the needed resources for **pediatric treatments** in the context of universal access, at a cost of US\$ 1,8 billion till 2010, estimated by UNICEF. We will also scale up efforts to reduce the gaps, in the area of maternal and child **health care** and voluntary family planning, an estimated US\$ 1,5 billion.

51. By achieving the MDG on education, 700,000 new **HIV-infections** could be prevented every year. Education not only improves the understanding for **infectious diseases** but also improves women's and girls' economic prospects and empowers them. The G8 will take concrete steps to support education programs especially for girls, to promote knowledge about sexuality and **reproductive health** and the prevention of **sexually transmitted infections**. The G8 will support the nationwide inclusion of appropriate **HIV/AIDS**-related information and life-skills information in school curricula, in the context of nationally owned sector plans as well as prevention information with regard to **malaria** and **other relevant health topics**.

52. The G8 will emphasize the importance of programs to promote and protect human rights of women and girls as well as the prevention of sexual violence and coercion especially in the context of preventing **HIV/AIDS infections**. We welcome the commitment expressed by African partners aiming at promoting the rights and role of women and girls. We will also work to support additional concerted efforts to stop sexual exploitation and gender-based violence.

53. The G8 will take concrete steps to work toward improving the link between **HIV/AIDS** activities and **sexual and reproductive health** and **voluntary family planning programs**, to improve access to **health care**, including **preventing mother-to-child transmission**, and to achieve the **Millennium Development Goals** by adopting a multisectoral approach and by fostering community involvement and participation.

54. We are committed to working toward further integration of efforts against **TB** and **HIV/AIDS** and the integration of DOTS-treatment and other comprehensive approaches necessary to control **TB** in our programs and activities in order to alleviate the burden of the co-pandemic. The G8 will make utmost efforts in cooperation with international organizations and partners to **eradicate polio** and will also work with others to close urgent funding shortfalls.

55. **Malaria** is one of the leading causes of death in children in Africa. But **malaria** can be prevented if additional efforts are made. As a priority, the G8 are committed to expand significantly their efforts to contributing to meet the **Millennium Development Goal of having halted and begun to reverse the scourge of malaria**. To this effect, we will work with African governments and donors to strengthen the effectiveness of their **malaria control programs** in Africa along the three main intervention lines of artemisinin combination therapy, effective case management, effective, tailored vector control strategies and bednets. We recognize the significant role and contribution of the **Global Fund** and other bilateral, multilateral and private partners of the international community, such as the **World Bank Malaria Booster Program** and the **U.S. President's Malaria Initiative**, which provide substantive funding towards reaching this goal. G8 members, in support of **national malaria control programs**, using existing and additional funds, will individually and collectively over the next few years work to enable the 30 highest **malaria** prevalence countries in Africa (contributing to at least 80 percent of the global **malaria** deaths) reach at least 85 percent coverage of the most vulnerable groups with effective prevention and treatment measures and achieve a 50 percent reduction in **malaria** related deaths. To accelerate implementation of the financial commitments we have undertaken at Gleneagles, we will work to reach this goal by mobilizing the private sector and its expertise and resources, enhancing public awareness, encouraging public-private partnerships, and urging non-G8 countries to do the same.

56. The G8 recognize the challenge surrounding access to **medicines**. We will support responding to those African countries that indicate that they require technical assistance and capacity building programmes for advancing their access to affordable, safe, effective and high quality generic and innovative medicines in a manner consistent with the WTO. The G8 reiterate their support for the work of **WHO** including its prequalification program and for regulatory authorities to help assure the safety, efficacy, and quality of **pharmaceutical drugs**, including those produced locally, in particular for second-line **antiretroviral treatment** and for the newly developed more effective treatment for **malaria**.

57. The G8 reaffirm their commitment to scaling up towards “universal access” to comprehensive **HIV prevention, treatment and care by 2010** and recognise the significant progress made by countries on target setting and planning, notably concerning enhanced availability of affordable **antiretroviral treatment**. Today one of the core challenges is for countries in Africa to continue to improve **health systems** in a comprehensive manner. We will therefore work with **UNAIDS, WHO, WB** and the **GF** to strengthen their efforts and work together with the African Union and African States, the innovative and generic **pharmaceutical industry**, private donors, civil society and other relevant stakeholders to help deliver next steps towards “universal access”. Costed sustainable and evidence-based national **AIDS** plans will be key to delivering this goal. In

particular we will work with:

African Governments

- to strengthen and finance **health systems** and make them more efficient with constructive support of donors and the relevant international organizations such as **WHO** and World Bank,
- to contribute to the provision of affordable and quality **medicines** by eliminating or substantially reducing import tariffs and taxes with the aim to exempt price-reduced or subsidised **medicines** from these levies as soon as possible and examining logistics and governance issues that may hinder access,
- to strengthen procurement practices, ensuring accountability and transparency and to review the currently existing **drug** and device registration policies with the aim of facilitating timely access to safe, affordable and effective **HIV/AIDS drugs** and **medical devices**,
- to develop country-led policies that can ensure effective coordination of **donor health programs** and identify technical assistance needs, with the support of the **WHO, World Bank, UNAIDS, GFATM and other agencies**.

International Organizations and Donors

- to support country-led efforts to improve coordination between all relevant stakeholders to develop costed, inclusive, sustainable, credible and evidence-based national **AIDS** plans which ensure effective links to **health system** strengthening,
- to intensify their efforts to assist countries in setting up a workable forecasting system for **pharmaceutical demand**,
- to respond constructively to requests by African developing countries without manufacturing capacities with regard to the use of the flexibilities referenced in the WTO Doha declaration on **TRIPS and Public Health**, while respecting WTO obligations.
- to continue to support investments in research and development of new **medicines, microbicides** and **vaccines**, including by promoting policies that encourage innovation.

The Pharmaceutical Industry

- to continue to explore further initiatives to provide enhanced access to **HIV medicines** at affordable prices and to review price policies with regard to second-line **antiretroviral drugs**.
- to consider supporting local production of **HIV/AIDS pharmaceuticals** by voluntary licences and laboratory capacities that meet
- to build on their expressed commitment to increase investment in **research and development** of new **medicines, microbicides** and **vaccines** also by extending public-private partnership.

58. As an important step to scaling up towards the goal of universal access to **HIV/AIDS prevention, treatment, care** and support in Africa, G8 members, in support of **national HIV/AIDS programs** globally, individually and collectively over the next few years will aim to employ existing and additional programs to support life-saving **anti-retroviral treatment** through bilateral and multilateral efforts for approximately five million people, to prevent twenty-four million new **infections**, and to care for twenty-four million people, including ten million orphans and vulnerable children.

59. In view of the G8 countries contributions to achieving the **health** related international goals we agreed in St. Petersburg to review the progress in this regard, including our financial

commitments, in fighting the **three diseases HIV/AIDS, tuberculosis and malaria**, regularly. We will undertake this monitoring exercise for the first time this year under the Presidency's guidance. The report will inform our activities and commitments and we affirm that we will continue this close monitoring process regularly.

60. The G8 welcome innovative financing initiatives. We note such measures, taken on a voluntary basis, to mobilize additional resources for a long term access to affordable **vaccines and treatments** as well as for the development of **vaccines**, such as the **GAVI**, the **International Drug Purchasing Facility — UNITAID**, the **International Finance Facility for Immunization**, and the **Advance Market Commitments (to support research on new vaccines)**.

Strengthening **Health** Systems in Africa

61. We welcome previous commitments by African countries to increase the share of their budgets devoted to the **health sector** and look forward to continued progress in meeting these targets, and appeal to bilateral donors, to multilateral development banks (World Bank and the African Development Bank), the **WHO and the global initiatives in the health sector** to assist and align on country led processes in line with the agreements of the Paris Declaration of March 2005 and to provide targeted support to African **health system** development. In this context, the G8 will enhance coordination of **bilateral and multilateral health partnerships with national health strategies** (Scaling Up for Better **Health process**) and appeal to the World Bank and the **WHO** to support country driven harmonization processes in the **health sector** in cooperation with the African Development Bank and the African Union as well as other relevant international organizations.

62. We recognize that access to quality **health care** for poor and disadvantaged groups remains a critical challenge in many African countries. Based on the St. Petersburg declaration and noting the Paris conference in March 2007, the G8 support the establishment by African countries of sustainable financing of **health systems**. Enhancing this process, the G8 welcome the “**Providing for Health**” **initiative** as a means to work toward sustainable and equitable financing of **health systems** and improved access to quality **health services**, through linking national financing strategies with coordinated international support. The “**Providing for Health**” **initiative** will create an international forum for dialogue and collaboration on the financing of **health systems** in poor countries and on expanding initiatives of national and international donors to improve the efficiency of increasing national and international funding.

63. The shortfall in human resources undermines the provision of adequate **health care** in Africa. We will work with African states to address the different causes of this lack of human resource capacity within the **health sector**, including working conditions and salaries with the aim of recruiting, training and retaining additional **health workers**. We will also work with national governments as they endeavor to create an environment where its most capable citizens, including **medical doctors and other healthcare workers**, see a long-term future in their own countries. Furthermore, we will work with the **Global Health Workforce Alliance**, interested private parties, the OECD and the **WHO** to build the evidence base on **health workforce management** and international migration.

Joint Statement by the German G8 Presidency and the Heads of State and/or Government of Brazil, China, India, Mexico and South Africa on the Occasion of the G8 Summit in Heiligendamm

Today's purposeful discussions between the G8 and Brazil, China, India, Mexico and South Africa mark an important step towards an equal and enduring partnership for building the framework conditions of a globalized and competitive world economy. In a globalizing world, we have to look beyond national and regional boundaries and work together. Towards this endeavour, we commit to cooperate in the following fields:...

- Promoting Research and Innovation: Strategies to encourage and support research and innovation are key elements for future sustainable development of our economies. In this context, we underline the importance of integrating the promotion and protection of innovation in our national policies and legislation. We encourage a positive exchange of views on international experiences related to the crucial role and economic value of intellectual property rights (IPR) protection and implementation of agreed international IPR protection standards. In this exchange we also need to consider the protection of IPRs in conjunction with common good of human kind for the purposes of protecting the environment and supporting **public health**. In this regard, we recall the Doha Declaration on the TRIPs Agreement and **public health**. We affirm our commitment for further cooperation in capacity building, human resource development and public awareness programmes in the field of intellectual property.

2008 Hokkaido-Toyako, Japan

Development and Africa

Development

41. In tackling the development agenda, we will take a multi-faceted approach, promoting synergies among MDG-related development sectors particularly among **health**, water and education, in a framework of sustainable development. In this regard, our work will be grounded in the set of core principles of development policy that we endorsed at Heiligendamm, including promoting good governance based on transparency and rule of law and broad-based private sector-led growth. We will promote a 'participatory approach', involving all key players and stakeholders. We will work together, and with other countries, in a complementary manner, to address **global health priorities** and deliver on existing **health commitments**. We will also work to improve human security through protection and empowerment of individuals and communities. In addition, we emphasize the importance of education, science and technology as a means to facilitate development. We will promote gender equality and women's empowerment as a principle in our development cooperation through mainstreaming and specific actions. We will reaffirm during the Third High Level Forum on Aid Effectiveness our commitment to make our aid more effective based on the Paris Declaration principles. We continue to encourage innovative approaches to leverage private investments in connection with domestic public financing and official development assistance.

Health

45. As a result of its growing political and financial commitment to fight **infectious diseases**, the G8 has raised international awareness on **global health issues** and contributed to remarkable

improvements on **health** in partner countries, notably **access to HIV/AIDS prevention, treatment and care; stabilization of tuberculosis incidence**; increased coverage of innovative tools such as **insecticide-treated nets against malaria**; impressive falls in **measles deaths**; and **considerable progress on polio which is closer to eradication** than ever before. Investment through the **Global Fund to Fight AIDS, Tuberculosis and Malaria** together with national efforts, bilateral and other multilateral programs has enabled recipient countries to save more than 2.5 million lives to date. The Second Voluntary Replenishment Conference held in Berlin in 2007 raised US\$ 9.7 billion for expanded activities during the period 2008-2010. But many challenges remain toward reaching the **health-related MDGs**. G8 members are determined to honor in full their specific commitments to **fight infectious diseases, namely malaria, tuberculosis, polio and working towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010**. In this regard, we welcome the report submitted by our **health experts** along with its attached matrices, showing G8 implementation of past commitments to ensure accountability. Building on the Saint Petersburg commitments to **fight infectious diseases**, the experts' report sets forth the 'Toyako Framework for Action', which includes the principles for action, and actions to be taken on **health**, drawing on the expertise of international institutions. We also agreed to establish a follow-up mechanism to monitor our progress on meeting our commitments.

46. In view of sustainability we aim at ensuring that **disease-specific and health systems** approaches are mutually reinforcing and contribute to achieving all of the **health MDGs**, and will focus on the following:

(a) We emphasize the importance of comprehensive approaches to address the strengthening of **health systems** including **social health protection**, the **improvement of maternal, newborn and child health**, the **scaling-up of programs to counter infectious diseases and access to essential medicines, vaccines and appropriate health-related products**. We reiterate our support to our African partners' commitment to ensure that by 2015 all children have **access to basic health care** (free wherever countries choose to provide this). We underline the need for partner countries to work toward sustainable and equitable financing of **health systems**. We also welcome the efforts of the **Providing for Health Initiative** as well as the **International Health Partnership and the Catalytic Initiative**. We reiterate our commitment to continue efforts, to work towards the goals of providing at least a projected US\$ 60billion over 5 years, to **fight infectious diseases** and strengthen **health**. Some countries will provide additional resources for **health systems** including water.

(b) Reliable **health systems** require a reliable **health workforce**. To achieve quantitative and qualitative improvement of the **health workforce**, we must work to help train a sufficient number of **health workers**, including community **health workers** and to assure an enabling environment for their effective retention in developing countries. In this regard, we encourage the **World Health Organization (WHO)** work on a voluntary code of practice regarding ethical recruitment of **health workers**. The G8 members will work towards increasing **health workforce** coverage towards the **WHO** threshold of 2.3 **health workers** per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of **health workers**. We will also support efforts by partner countries and relevant stakeholders, such as **Global Health Workforce Alliance**, in developing robust **health workforce** plans and establishing specific, country-led milestones as well as for enhanced monitoring and evaluation, especially for formulating effective **health policies**. In this context, we take note of the Kampala Declaration and Agenda for Global Action adopted in March 2008 at the **First Global Forum on Human Resources for Health**.

(c) We note that in some developing countries, achieving the **MDGs on child mortality and maternal health** is seriously off-track, and therefore, in country-led plans, the continuum of **prevention and care**, including **nutrition** should include a greater focus on **maternal, new born and child health. Reproductive health** should be made widely accessible. The G8 will take concrete steps to work toward improving the link between **HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs**, to improve **access to health care**, including preventing **mother-to-child transmission**, and to achieve the **MDGs** by adopting a multisectoral approach and by fostering community involvement and participation.

(d) As part of fulfilling our past commitments on **malaria**, we will continue to expand access to **long-lasting insecticide treated nets**, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010.

(e) To maintain momentum towards the historical achievement of **eradicating polio**, we will meet our previous commitments to maintain or increase financial contributions to support the **Global Polio Eradication Initiative**, and encourage other public and private donors to do the same.

(f) To build on our commitments made on neglected **tropical diseases** at St Petersburg, we will work to support the control or elimination of **diseases** listed by the **WHO** through such measures as **research, diagnostics and treatment, prevention, awareness-raising and enhancing access to safe water and sanitation**. In this regard, by expanding **health system coverage**, alleviating poverty and social exclusion as well as promoting adequate integrated **public health** approaches, including through the mass administration of **drugs**, we will be able to reach at least 75% of the people affected by certain major neglected **tropical diseases** in the most affected countries in Africa, Asia, and Latin America, bearing in mind the **WHO Plan**. With sustained action for 3-5 years, this would enable a very significant reduction of the current burden with the elimination of some of these **diseases**.

(g) We support ongoing work to review travel restrictions for **HIV positive people** with a view to facilitating travel and we are committed to follow this issue.

Water and Sanitation

47. Good water cycle management is crucial in order to address the issue of water, which has a cross-sectoral nature. In this regard, acknowledging the need to accelerate the achievement of the internationally agreed goals on water and **sanitation**, we will reinvigorate our efforts to implement the Evian Water Action Plan and will review it on the basis of a progress report prepared by our water experts by the next Summit. We will discuss with African partners the development of an enhanced implementation strategy. Moreover, we will promote integrated water resource management and the concept of ‘Good Water Governance’, with particular focus on Sub-Saharan Africa and Asia-Pacific, by taking necessary actions such as strengthening of trans-boundary basin organizations, sharing of water-related expertise and technology with developing countries, support for capacity building for water-related initiatives, promotion of data collection and utilization, and adaptation to climate change. We also acknowledge that ensuring adequate water supplies for human, industrial and environmental uses while minimizing the impacts of extreme hydrological variability are critical to protecting **human health**, promoting sustainable economic growth, and ensuring peace and security.

(a) We call upon national governments, in this **International Year of Sanitation**, to prioritize

access to **sanitation**, building on the initiatives agreed at conferences on **sanitation** in Asia-Pacific and Africa. In this regard, we support the leadership role of the African Ministers' Council on Water and the action of the African Development Bank.

(b) We will support efforts to improve the governance of the water and **sanitation** sector with a view to ensure that monitoring and reporting, at the international and national levels, are improved and that institutions responsible for delivering water and **sanitation** services are more capable, accountable and responsive to the needs of users.

G8 Leaders Statement on Global Food Security

1. We are deeply concerned that the steep rise in global food prices coupled with availability problems in a number of developing countries is threatening global food security. The negative impacts of this recent trend could push millions more back into poverty, rolling back progress made towards achieving the **Millennium Development Goals**. We have taken additional steps to assist those suffering from food insecurity or **hunger**, and today renew our commitment to address this multifaceted and structural crisis.

2. We are determined to take all possible measures in a coordinated manner, and since January 2008 have committed, for short, medium and long-term purposes, over US\$ 10 billion to support food aid, **nutrition** interventions, social protection activities and measures to increase agricultural output in affected countries. In the short-term, we are addressing urgent needs of the most vulnerable people. In this regard, we welcome the contributions which others have made to address the global food crisis. We call on other donors to participate along with us in making commitments, including through the World Food Programme (WFP), to meet remaining immediate humanitarian needs and to provide access to seeds and fertilizers for the upcoming planting season. We will also look for opportunities to help build up local agriculture by promoting local purchase of food aid. We underline the importance of strengthening the effective, timely and needs-based delivery of food assistance and increasing agricultural productivity.

Chair's Summary

Development and Africa

On **MDGs**, we focused our discussion on **health**, water and education. In further addressing issues on water and sanitation as well as education, reports will be issued by our experts by the next Summit to follow-up our commitments. On **health**, we welcomed the report submitted by our **health experts** along with its attached matrices on past commitments. Building on the Saint-Petersburg commitments to fight **infectious diseases**, the experts' report sets forth the Toyako Framework for Action, which includes the principles for action, and actions to be taken. We also agreed to establish a follow-up mechanism to monitor our progress on meeting our commitments. We agreed to work towards increasing **health workforce** in Africa with a view to achieving the **WHO** threshold of 2.3 **health workers** per 1000 people initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of **health workers**. We welcomed substantial progress on our previous commitments to **fight against HIV/AIDS, tuberculosis, malaria and polio**, and agreed to support the **control or elimination of neglected tropical diseases (NTDs)** to reach at least 75 percent of the people with **NTDs**. We also discussed the timeframe to provide US\$ 60 billion to fight **infectious diseases** and strengthen **health**, and agreed to do so over 5 years, while some countries will provide additional

resources for **health systems** including water. Our discussion on malaria resulted in our agreement to continue to expand access to long-lasting insecticides treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance in partnership with other stakeholders by the end of 2010. On education, we, along with other donors, will continue efforts to meet the estimated US\$ 1 billion shortfall in FTI-endorsed countries.

2009 L'Aquila, Italy

Responsible Leadership for a Sustainable Future

World Economy: Innovation and Intellectual Property Rights

55. Innovation has also a major role in addressing global policy challenges, such as environment protection, **health** and poverty. Stronger international cooperation and more effective mechanisms for diffusion of innovation in all its forms are needed, both in, and between, developed and developing economies, including modernisation of public administration. In this framework, we acknowledge the contribution made by the OECD Innovation Strategy to the development of mechanisms for monitoring changes in the innovation process, its diffusion and its impacts and evaluating innovation policies.

57. Innovation can be promoted via an effective Intellectual Property Rights system. The increasing use of IPR at the international level has made IP a key component in sectors as diverse as trade, industrial policy, **public health**, consumer safety, environment protection and the internet. We acknowledge the central role that the World Intellectual Property Organisation (WIPO) plays in fostering an integral vision and coherent development of the international IP system. We also reaffirm the importance of Patent Cooperation Treaty and global patent harmonisation such as Substantive Patent Law Treaty (SPLT) and acknowledge the expansion of international patent collaboration including work-sharing initiatives such as the Patent Prosecution Highway.

58. Counterfeiting and piracy continue to pose a threat to the global economy, **public health** and welfare. For this reason, we welcome the results of work carried out by our experts, as reflected in the G8 Intellectual Property Expert Group Report of Discussion. We stress the importance of enhanced, inclusive, ambitious international cooperation to tackle counterfeiting and piracy. The negotiations for the Anti-Counterfeiting Trade Agreement (ACTA), which the participants should seek to agree as soon as possible, represent an important opportunity to strengthen standards for enforcement of IPR. With the same aim, we will continue strengthening bilateral and multilateral cooperation among customs authorities through INFO IPR and information exchange considering the model arrangement and capacity building at the World Customs Organisation (WCO). Moreover, we encourage governments and businesses to participate in the ongoing work of the OECD as it examines further the economic impacts of counterfeiting and piracy in Phase III of its study.

Adaptation

76. Recognising that even implementing ambitious mitigation steps will not avoid further climate impacts, we will define and implement effective adaptation and capacity building policies. We are deeply concerned about the consequences of climate change on development, ecosystem services, water and food security, agricultural output, forests, **health** and sanitation, particularly

for LDCs and SIDS, but also for the poor and most vulnerable in all countries. We underline the possible security implications of the adverse impact of climate change and the potential for increased conflicts over scarcer resources. We will address these issues in a spirit of partnership between developed and developing countries and confirm our commitment to effectively address adaptation in the Copenhagen agreement. We will, in addition:

Forests and land degradation

78....

e) reinforce international cooperation and information sharing for sustainable forest management, including use of forest resources, prevention and management of forest fires and monitoring of **pests and diseases**.

Combating energy poverty

92. Access to modern energy services is essential for human and social development, and for the achievement of the **MDGs**. Energy access and availability are tightly interlinked with the improvement of living conditions, both in rural and urban areas, providing for cleaner water, more effective sanitation and **health services**, better education systems and other essential services. Moreover, energy input for productive uses is crucial for job creation and income generation.

Promoting Global **Health**

120. Since the Okinawa and Genoa Summits, with the launching of the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, we have played a critical role in supporting progress towards **health-related MDGs**. We have made progress towards universal access to **HIV/AIDS prevention, treatment, care** and support; **Malaria; Tuberculosis; Polio** and child mortality rates. Despite these efforts, progress towards **health-related MDGs**, especially for child mortality and **maternal health** is still off-track particularly in Sub-Saharan Africa. In addition, the **health situation** is further aggravated by the burden of non-communicable **diseases**.

121. In the current global financial crisis we reaffirm our commitment to address the **health needs** of the most vulnerable, especially women and children. In this regard, we encourage the **WHO**, World Bank and other partners to monitor the impact of the crisis on **health** and advise on actions to be taken at country and global level. In order to advance the goal of universal access to **health services**, especially primary **health care**, it is essential to strengthen **health systems** through **health workforce improvements**, encompassing both **health professionals** and community **health workers**, information and **health financing** systems including social **health protection**, paying particular attention to the most vulnerable. We reaffirm our commitment to address the scarcity of **health workers** in developing countries, especially in Africa and we note the 2008 Kampala Declaration and the Agenda for Global Actions launched by the **Global Health Workforce Alliance**. We encourage the **WHO** to develop by 2010 the Code of Practice on the International Recruitment of **Health Personnel**. We will also begin to address substantial gaps in knowledge about how to manage, organize and deliver **health care** in Sub-Saharan Africa through a variety of strategies, including by developing networks of researchers and by working with our African partners to establish a consortium of interdisciplinary centres of **health innovation**. As an enabling first step in developing the consortium, we will convene a planning meeting in late 2009 with African partners to establish a roadmap. We will work with partner

countries and international institutions to promote well-functioning information systems. We also encourage multilateral institutions — including **WHO**, World Bank, GFATM, GAVI, UNITAID and UN Organizations — to continue to support **health** system strengthening. We encourage them to further improve coordination with plans and processes in partner countries and international **health partnerships**.

122. We promote a comprehensive and integrated approach to the achievement of the **health-related MDGs**, also maximizing synergies between **global health initiatives** and **health systems**. We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on **maternal health**, including through sexual and reproductive **health care** and services and voluntary family planning . We warmly support building a global consensus on maternal, newborn and **child health** as a way to accelerate progress on the **Millennium Development Goals** for both maternal and child **health**, through (i) political and community leadership and engagement; (ii) a quality package of evidence-based interventions through effective **health systems**; (iii) the removal of barriers to access for all women and children, free at the point of use where countries chose to provide it; (iv) skilled **health workers**; (v) accountability for results. We encourage the work of the **WHO**, **WB**, **UNICEF** and **UNFPA** are doing to renew international efforts on maternal and **child health**. We will implement further efforts towards universal access to **HIV/AIDS prevention**, treatment, care and support by 2010, with particular focus on prevention and integration of services for **HIV/TB**. We will combine this with actions to: combat **TB and Malaria**; address the spread of **Neglected Tropical Diseases** and work towards completing the task of **polio eradication**; improve monitoring of emerging **infectious diseases**. In this regard, we stress the importance of addressing gender inequality. We commend the strong African leadership in addressing **health challenges** and welcome the launch of the **African Leaders Malaria Alliance** on the occasion of the 64th UNGA in September 2009.

123. We also recognize the need to strengthen the link between **health sector** and other policies by promoting the strategic approach of “**health** as an outcome of all policies”. We aim at addressing the key determinants of **health** through mutually reinforcing policies across sectors such as poverty reduction, food and nutrition, water supply and sanitation, education, gender equality, employment, housing, justice, environment and science and technology. We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with **HIV/AIDS**.

124. We invite partner countries to increase and effectively use their domestic financing for **health** in line with the principles of the Rome, Paris and Accra Declarations. We recognize the critical role and contribution of the **Global Fund**, **WHO** and the World Bank. We encourage them to assist, together with other relevant actors in the design of comprehensive, robust and well-costed country-led strategies and plans, building on experience such as the International **Health** Partnership (IHP+) and other initiatives including **Providing for Health**. We acknowledge the work of the Leading Group on Innovative Financing for Development and the report of the High Level Taskforce on Innovative International Financing for **Health Systems**, which present a set of options from which countries and stakeholders can choose on a voluntary basis to mobilize resources to strengthen **health systems**. A number of G8 countries are considering and taking forward specific Leading Group and Task Force recommendations.

125. We reaffirm our existing commitments, including the US\$ 60 billion investment to fight **infectious diseases** and strengthen **health system** by 2012. Building on the decisions taken at St. Petersburg, Heiligendamm and Toyako, we have established a follow-up mechanism to monitor

the progress of **health commitments**. We welcome the report submitted by our experts, highlighting progress and proposing further actions, and we commit to further improvements.

Advancing towards Education for All

127. We remain committed to the goals of Education for All (EFA) and we welcome the progress made so far, but we recognize that decisive action is still needed. We reaffirm that no country seriously committed to EFA will be thwarted in the achievement of this goal by lack of resources. We continue to paying special attention to countries affected by conflict or crises, girls, children in rural areas, children with disabilities, working children and those living or affected by **HIV/AIDS**. In this perspective, governments should enhance the quality of education also through the recruitment, training, retention and better management of qualified teachers. We welcome major global campaigns to promote support for education, through international events, such as the FIFA World Cup in 2010. We welcome the creation of an international Task Force on “Teachers for EFA”, aiming to address the “teacher gap”.

Political Issues

Middle East

We underscore the importance of regional partnerships in areas of education, economic development, science and technology, and **health**, as outlined in President Obama’s speech in Cairo. We reaffirm our common commitment to broad regional partnerships, particularly through the BMENA initiative.

Joint Statement (G8 and G5): Promoting the Global Agenda

Discussing a global recovery agenda for balanced, inclusive and sustainable growth Concerned by the high **social costs** of the crisis in terms of unemployment and poverty, we are committed to tackle the social dimension of the crisis, putting people’s concerns first. We are modernising, reinforcing and increasing the efficiency of social protection policies, including safety nets, **health** and education. Strengthened and sustainable social protection, supporting employment and enhancing skills, will also help to sustain and rebalance global demand. We will exchange best practices in support of the people who have lost their jobs or who are threatened by unemployment. We will strengthen our capacity for training to adapt to new labour market conditions.

Chair’s Summary of the G8-Africa Session at the G8 L’Aquila Summit

- Agreed that the economic and financial crisis is hitting hardest the poorest and risk jeopardising progress made in the **health**, the eradication of hunger and poverty. Leaders underscored the need to act swiftly to restore growth and implement adequate measures to protect the most vulnerable. G8 countries reiterated their commitments, including those made in Gleneagles and more recently at the G20 London Summit, to support African efforts towards promoting development good governance and achieving the **Millennium Development Goals**.

L'Aquila Joint Statement on Global Food Security: L'Aquila Food Security Initiative (AFSI)

4. Food security is closely connected with economic growth and social progress as well as with political stability and peace. The food security agenda should focus on agriculture and rural development by promoting sustainable production, productivity and rural economic growth. At the same time, coherent policies to foster economy-wide growth, which is inclusive and environmentally sustainable, are to be pursued in conjunction with social protection mechanisms such as safety nets and social policies for the most vulnerable. Our attention to promoting access to **health care** and education in rural areas will substantially contribute to productivity and economic growth and, as importantly, improve nutrition and food security. It is necessary to improve access to food through more equitable income generation and distribution, employment creation and income prospects in developing countries.

Chair's Summary

Heiligendamm–L'Aquila Process (HAP)

Leaders, together with Egypt, discussed a global recovery agenda, future sources of growth and responsible development policies. They will work together to foster a balanced recovery taking into account appropriate adjustments in savings. Policies to improve social safety nets, including **healthcare** and education, as well as investments in infrastructure and innovation will contribute to a more balanced and sustainable growth model.

Development and Africa

Leaders focussed their discussion on the effects of the crisis on the most vulnerable. They decided to act resolutely to implement decisions to eradicate poverty and hunger. Acknowledging that the crisis is jeopardising progress towards the **MDGs**, they asked for an international assessment in 2010 on what is needed to achieve these Goals. They reiterated their commitment to promote **global health** and expressed their solidarity for all vulnerable people and countries in the face of the **global H1N1 threat** and the importance of supporting developing countries with respect to **anti-viral medicines, vaccines**, and other preventive measures.

They decided to implement a set of measures to help the most vulnerable to withstand the crisis: fulfil their ODA commitments, including on aid for trade; keep markets open to re-launch economic growth to the benefit of the poor; enhance transparency and competition among intermediaries to halve transaction cost of migrants' remittances; strengthen partnership with Africa to improve access to water and sanitation; support innovative financing instruments for **health**; put agriculture and food security at the top of the agenda, by increasing multilateral financing to support comprehensive country strategies and improving coordination of existing mechanisms.

2010 Muskoka, Canada

Communiqué

3. This economic crisis exposed and exacerbated vulnerabilities already embedded in integrated global economies, development efforts, and collective security. Progress is being made, through

the work of the G20, towards the sustainable recovery of our global economic and financial system. For development, a decade of policy commitments and joint efforts with our partners has brought significant progress towards the **Millennium Development Goals (MDGs)**, but both developed and developing countries must do more; meanwhile, the crisis has jeopardized advancement toward meeting some of the 2015 targets. Renewed mutual commitments are required. We must also ensure that the proliferation of weapons of mass destruction, terrorism and organized crime, as well as many other challenges faced by states to address their security vulnerabilities, including climate change, remain at the forefront of public policy. We, the G8, are determined to exercise leadership and meet our obligations.

4. Moreover, and beginning at the 2008 Hokkaido Toyako Summit, we have recognized the importance of demonstrating that the G8 is committed to reporting transparently and consistently on the implementation of its commitments. In 2009 at the L'Aquila Summit, we tasked senior officials to report on the implementation of our development and development-related commitments with a focus on results. We welcome the **Muskoka Accountability Report: Assessing action and results against development-related commitments** and will ensure follow up on its conclusions and recommendations. It shows that important progress has been made in many areas, but more needs to be done. We emphasize the importance of regular reports on the progress made in implementing our commitments and in this regard will focus the Accountability reporting in 2011 on **health** and food security.

5. As recovery takes hold, we are at an important crossroads where nascent hope and optimism must be channelled into building more secure, equitable, inclusive and sustainable societies globally, where greater attention is paid to improving and effectively assessing the **well-being of people**.

Development

6. Support for development, based on mutual responsibility, and a strong partnership with developing countries, particularly in Africa, remains a cornerstone of the G8's approach. We will pursue our comprehensive approach to development aiming at sustainable outcomes. We reaffirm our commitments, including on ODA and enhancing aid effectiveness. We call on developing country governments to meet their primary responsibilities for social and economic development and good governance, in the interests of their citizens. Since the most vulnerable states have made the least progress towards the **MDGs**, we will place special emphasis on helping them build the foundations for peace, security and sustainable development.

7. The global community is now at the two-thirds point between adoption of the **Millennium Development Goals (MDGs)** and the target date of 2015. To achieve the **MDGs** the effort needs to be truly global, encompassing a comprehensive, whole-of-country approach, including actions not only from all governments, but also from the private sector, foundations, non-governmental organizations and civil society, as well as international organizations, focussing more on the protection and empowerment of individuals and communities to improve human security. In this regard, we welcome the UN Secretary General's report "**Keeping the Promise**" and the UNDP International Assessment on meeting the **MDGs**. The G8 supports the priorities outlined in the Assessment, and reaffirms the view that progress must be driven by domestic strategies, policies and interventions and national ownership. We call on all development partners, at the September 2010 UN High-Level Plenary Meeting on the **MDGs**, to strengthen the collective resolve to accelerate progress towards these targets and call for an action-oriented outcome. Consequently,

all public and private financial resources should be mobilized efficiently, and enabling conditions created for private and financial sector development and investment and resource flows.

8. Progress towards **MDG 5**, improving **maternal health**, has been unacceptably slow. Although recent data suggests **maternal mortality** has been declining, hundreds of thousands of women still lose their lives every year, or suffer injury, from causes related to pregnancy and childbirth. Much of this could be prevented with better access to strengthened **health systems**, and sexual and reproductive **health care and services**, including **voluntary family planning**. Progress on **MDG 4, reducing child mortality**, is also too slow. Nearly 9 million children die each year before their fifth birthday. These deaths profoundly concern us and underscore the need for urgent collective action. We reaffirm our strong support to significantly **reduce the number of maternal, newborn and under five child deaths** as a matter of immediate humanitarian and development concern. Action is required on all factors that affect the **health of women and children**. This includes addressing gender inequality, ensuring women's and children's rights and improving education for women and girls.

9. G8 members already contribute over US\$4.1 billion annually in international development assistance for **maternal, newborn and under-five child health** (MNCH). Today, we, the Leaders of the G8, working with other Governments, several Foundations and other entities engaged in promoting **maternal and child health** internationally^[1] endorse and launch the **Muskoka Initiative**, a comprehensive and integrated approach to accelerate progress towards **MDGs 4 and 5** that will significantly reduce the number of maternal, newborn and under five child deaths in developing countries. The scope of the Muskoka Initiative is specified in Annex I. Our collective undertaking will support strengthened country-led national **health systems in developing countries**, in order to enable delivery on key interventions along the continuum of care, i.e., pre-pregnancy, pregnancy, childbirth, infancy and early childhood.

10. To this end, the G8 undertake to mobilize as of today \$5.0 billion of additional funding for disbursement over the next five years^[2]. Support from the G8 is catalytic. We make our commitments with the objective of generating a greater collective effort by bilateral and multilateral donors, developing countries and other stakeholders to accelerate progress on **MDGs 4 and 5**. We therefore welcome the decisions by other governments and foundations to join the **Muskoka Initiative**. The Governments of the Netherlands, New Zealand, Norway, Republic of Korea, Spain and Switzerland, subject to their respective budgetary processes, and the Bill and Melinda Gates and UN Foundations have now or have recently committed to additional funding of \$2.3 billion to be disbursed over the same period.

11. We fully anticipate that, over the period 2010-2015, subject to our respective budgetary processes, the **Muskoka Initiative** will mobilize significantly greater than \$10 billion.

12. As a consequence of the commitments made today towards the **Muskoka Initiative**, this support, according to **World Health Organization** and World Bank estimates, will assist developing countries to: i) prevent 1.3 million deaths of children under five years of age; ii) prevent 64,000 maternal deaths; and iii) enable access to modern methods of family planning by an additional 12 million couples. These results will be achieved cumulatively between 2010-2015. We will track progress on delivering commitments through our accountability reporting, which, in 2011, will focus on **health** and food security. In line with the principle of mutual accountability, we expect these joint commitments will encourage developing countries to intensify their own efforts with regard to **maternal and child health**, leading to the saving of many more millions of lives of women, newborn and young children.

13. It is possible to build a broad coalition of the committed. We the partners to the Muskoka Initiative trust today's launch will give added momentum to the UN-led process to develop a **Joint Action Plan to Improve the Health of Women and Children**, and make a key contribution towards the September 2010 UN High-Level Plenary Meeting on the **MDGs**. Given the interconnected nature of the Goals, we expect that our commitments will have positive impacts on the other **MDGs**

14. We will also focus efforts on training of medical personnel and on establishing stronger **health innovation networks** in Africa and other regions.

15. We reaffirm our commitment to come as close as possible to universal access to prevention, treatment, care and support with respect to **HIV/AIDS**. We will support country-led efforts to achieve this objective by making the third voluntary replenishment conference of the **Global Fund to Fight AIDS, TB and Malaria** in October 2010 a success. We encourage other national and private sector donors to provide financial support for the **Global Fund**. We commit to promote integration of **HIV** and sexual and reproductive **health**, rights and services within the broader context of strengthening **health** systems. G8 donors also remain steadfast in their support for **polio eradication** and remain committed to a **polio-free** world. We continue to support the control or elimination of high-burden **Neglected Tropical Diseases** (NTDs).

16. **Food security** remains an urgent global development challenge, exacerbated by climate change, increasing global food demand, past underinvestment in the agricultural sector, and extreme price volatility which has strong damaging impacts on the most vulnerable. In 2009 in L'Aquila, we together with other countries and organizations adopted fundamental principles to enhance food security: use a comprehensive approach; invest in country-led plans; strengthen strategic coordination; leverage benefits of multilateral institutions; and deliver on sustained and accountable commitments. We launched the L'Aquila Food Security Initiative (AFSI) based on these principles and ultimately mobilized with US\$22 billion for sustainable agriculture development over three years, while maintaining a strong commitment to ensure adequate emergency food aid. The initiative helped achieve a wide consensus and enabled progress to be made in reforming the Committee on World Food Security and advancing the Global Partnership for Agricultural and Food Security. As of April 30, 2010, we have disbursed/allocated USD \$6.5 billion and remain committed to disburse/allocate the full amount of our individual commitments by 2012. We are working actively to ensure a coordinated approach nationally, regionally and globally, while maintaining our focus on country-led initiatives. We are pleased with the launch of the Global Agriculture and Food Security Program hosted at the World Bank, which has \$880 million in commitments, and other mutually complementary initiatives or mechanisms, such as the African Agriculture Fund. We underline the critical importance of accountability for ensuring that these collective commitments are met. We underline the key contribution of research to fight hunger and poverty, notably by increasing sustainable agricultural productivity and reiterate our support to the ongoing reform of the global research networks. Reduced **malnutrition** is a primary outcome of our Food Security Initiative and will contribute to improved **maternal and child health**.

Africa

20. G8 and African Leaders recognize that the attainment of the **MDGs** is a shared responsibility and that strategies based on mutual accountability are essential going forward. They noted that, while significant progress has been made in some areas, greater efforts are required by all actors in order to achieve the **MDGs** in Africa. In this regard, African Leaders expressed support for the

Maternal, Newborn and Child **Health** Muskoka Initiative. Mindful of the central importance that maternal and child **health** has to development and Africa's ability to achieve the **MDGs** and of the consequent need for urgent action, Leaders undertook to explore how to accelerate progress in the implementation of their respective commitments in Africa. African partners also welcomed the G8's continued efforts to help strengthen the African Peace and Security Architecture (APSA), including institutional capacity, to prevent and manage conflict through, *inter alia*, peacekeeping training centres in Africa. G8 Leaders acknowledged the important contribution of African Leaders to the L'Aquila Food Security Initiative.

Annex I: The G8 Muskoka Initiative: Maternal, Newborn and Under-Five Child Health[3]

1. Principles: The Initiative is based on a set of core principles for long-lasting results:

- ensuring sustainability of results;
- building on proven, cost-effective, evidence-based interventions;
- focussing in the countries with the greatest needs while continuing to support those making progress;
- supporting country-led national **health** policies and plans that are locally supported;
- increasing coherence of development efforts through better coordination and harmonization;
- improving accountability; and
- strengthening monitoring, reporting and evaluation.

2. Scope: The Initiative is related to **MDGs** 4 and 5, as well as elements of **MDGs** 1 (nutrition) and 6 (**HIV/AIDS**, malaria). The Initiative is focused on achieving significant progress on **health** system strengthening in developing countries facing high burdens of maternal and under-five child mortality and an unmet need for family planning. Improving maternal and under-five child **health** requires comprehensive, high impact and integrated interventions at the community level, across the continuum of care, i.e., pre-pregnancy, pregnancy, childbirth, infancy, and early childhood.

3. This Initiative includes elements such as: antenatal care; attended childbirth; post-partum care; sexual and reproductive **health** care and services, including voluntary family planning; **health** education; treatment and prevention of **diseases** including infectious **diseases**; prevention of mother-to-child transmission of **HIV**; immunizations; basic nutrition and relevant actions in the field of safe drinking water and sanitation.

4. Information: Efforts to strengthen **health** systems must also include improved **health** information systems, *inter alia* vital statistics registration, regular household surveys and applied research to monitor and evaluate implementation. More and better implementation and evaluation of research will identify options to achieve results faster and more efficiently.

5. Innovation: Better synthesis and sharing of innovations can help to overcome delivery bottlenecks more quickly and accelerate results. Existing innovations include novel uses of mobile phones, means of civic registration to improve vital statistics, and task shifting to make better use of scarce **health** workers.

6. Effectiveness: It is critical to maximize the impact of all investments in development through improved coherence, coordination and harmonization of development efforts, and increasing the effectiveness of existing mechanisms and approaches. We are also supportive of efforts by World

Bank, **Global Fund** and GAVI to establish, in close coordination with the WHO, a joint platform for **health** systems strengthening.

7. Mechanisms: We are not creating new funding mechanisms. Each donor is free to choose the mechanisms they consider most effective, including multilateral agencies, civil society partners, and direct bilateral support to developing country partners.

8. Global Targets:

a) Between 2010 and 2015, the G8 will work with multiple partners throughout the global community with the objective of achieving the targets set in 2001 for **Millennium Development Goals** 4 and 5:

i) reduce by two-thirds between 1990 and 2015, the under-five mortality rate;
ii) reduce by three-quarters, also between 1990 and 2015, the maternal mortality ratio; and
iii) achieve, by 2015, universal access to reproductive **health**.

b) Reaching these overall targets requires a major, sustained global effort including developed, emerging and developing countries, foundations, international agencies, non-governmental organizations, the private sector, and other constituencies.

9. Indicators: We are pleased that the WHO is working with relevant partners to identify a set of core indicators to measure progress in developing countries. These efforts should aim at harmonizing indicators and reporting requirements in order to reduce the burden of reporting on developing countries. As donors, we will work within these commonly agreed indicators. We will also support country reporting capacities and **health** information systems.

10. Methodology and Accountability: Recognizing the importance of transparency and accountability, we will track progress on delivering commitments through our accountability reporting which, in 2011, will focus on **health** and food security. We have also made public the methodology used to define our baseline and commitments.

Footnotes:

[1] Apart from the G8, the following endorse the Muskoka Initiative: the Governments of Australia, the Netherlands, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, and the Bill and Melinda Gates Foundation, the Hewlett Foundation, the McCall McBain Foundation, the Packard Foundation, the Rockefeller Foundation, the United Nations Foundation, as well as the group of eight international agencies in the **health** sector (the World **Health** Organization, the **Global Fund**, UNICEF, GAVI, the World Bank, the UNFPA, UNAIDS, the Bill and Melinda Gates Foundation), the Heads of the Schools of Public **Health** of 22 universities in the United States and the Micronutrient Initiative based in Canada.

[2] While this figure includes five year commitments by most of the G8, it comprises an initial two-year commitment by the United States covering the years 2010 and 2011; the President's six-year **Global Health** Initiative places increased emphasis on US programming to maternal **health**, including family planning, and child **health**. The United Kingdom has yet to determine its plans beyond 2011, but expects to increase its efforts over the period 2012-2015 so as to double the number of maternal, newborn and children's lives saved. The EU will target to increase its already substantial support to maternal and child **health** during 2011-2013, and MNCH will also be addressed in the new Financial Framework as of 2013.

[3] The Muskoka Initiative was developed in consultation with expert bodies, including the United Nations, the World **Health** Organization, the Partnership for Maternal, Newborn and Child **Health**, the OECD, the G8 Academies of Science, and the Countdown to 2015. We have also consulted with the African Union and through the G8 Africa Personal Representative (APR) network.

2011 Deauville, France

G8 Declaration: Renewed Commitment for Freedom and Democracy

Internet

19. We recognize the importance of enhanced access to the Internet for developing countries... We encourage initiatives, in partnership with the private sector, on the use of the Internet with a development purpose, particularly for education and **healthcare**.

Innovation and Knowledge Economy

26. Innovation is crucial for growth, prosperity and jobs in the knowledge economy and plays a central role in addressing many of the key global challenges of our times, ranging from climate change, poverty eradication and **public health**, to demographic changes and recovery from the recent global economic and financial crisis through employment-generation...etc.

Accountability on Development

57. We remain strongly committed to meeting our commitments and to tracking their implementation in a fully transparent and consistent manner. We endorse the Deauville Accountability Report: “**G8 Commitments on Health and Food Security: State of Delivery and Results**” which documents G8 action on **health** and food security, and mobilisation of financial resources including 85% of all commitments to the L’Aquila Food Security Initiative, 78% of the overall resources of the **Global Fund to fight AIDS, Tuberculosis and Malaria**, 44% of funding for the **Global Polio Eradication Initiative**, and \$1.8 billion to the **GAVI Alliance** through direct contributions and innovative financing mechanisms. We will continue to improve the rigour of G8 accounting for progress in meeting its non-financial commitments and will follow-up on the report’s recommendations.

60. The G8 has catalysed significant action on **health** and food security and we are ready to further work with other stakeholders. In this regard:

a. We will continue to support the **Global Fund to Fight AIDS, Tuberculosis and Malaria**. We welcome the commitment of the **Global Fund Board** to implement a reform agenda to improve oversight, accountability and effectiveness in using its resources. Based on these reforms, traditional donors will be enabled to meet their respective pledges to the **Global Fund**. We encourage non-traditional donors and the private sector to provide resources to the **Global Fund**.

b. We reaffirm our commitment to improving **maternal health** and reducing **child mortality**, most notably through the **Muskoka Initiative for Maternal, Newborn and Child Health** launched in 2010. We are delivering our Muskoka commitments. We will continue to monitor

their implementation in coordination with all partners, including stakeholders in the **Global Strategy for Women’s and Children’s Health**. We support the recommendations of the **Commission on Information and Accountability for Women’s and Children’s Health** established by the **WHO** at the request of the UN Secretary General. We will implement them, and urge others to do so.

c. We recognise the impact of the **GAVI Alliance** and strongly welcome its efforts to expand access to new and under-used **life-saving vaccines** in the poorest countries including through tiered pricing and innovative mechanisms such as the **International Finance Facility for Immunisation**. We call for a successful completion of the first pledging conference of **GAVI** in June in London, involving all relevant actors. We also welcome the development of the Advanced Market Commitments and notably the pilot project on **pneumococcal vaccines**.

d. We stress our continuing commitment to the eradication of **polio** which is a reachable objective. Our past support has contributed to the 99% decrease of **polio** cases in the developing countries. We flag the need for a special focus on this issue and renewed momentum. To this end, we will continue to support the **Global Polio Eradication Initiative**.

e. We will work, together with major bilateral donors, **global health programmes** and country coordination initiatives, to improve these funds’ implementation of aid effectiveness.

f. We welcome the Patent Pool Initiative launched by UNITAID in order to facilitate the production of **affordable generic medicines** well-adapted for use in resource-poor settings, and we encourage the voluntary participation of patent owners, private and public, in the project.

G8/Africa Joint Declaration: Shared Values, Shared Responsibilities

Economic Development and Environment

21. Limited access to energy along both dimensions — electricity and cooking fuels — remains a major concern. It is a key bottleneck for economic development and poverty reduction, and the widespread use of traditional cooking fuels is at the origin of severe negative **health** and environmental impacts. We therefore emphasize the need to ensure access to sustainable energy services, with a particular focus on renewable energy sources...etc.

Mutual Accountability

25. We welcome the mutual accountability process, and the 2011 **G8 Accountability Report on health and food security** and the first African Union and NEPAD Accountability Report on the G8/Africa Partnership. We recognise the need to continue our efforts to improve the mutual accountability process.

2012 Camp David, United States

Camp David Declaration

The Global Economy

9. Given the importance of intellectual property rights (IPR) to stimulating job and economic growth, we affirm the significance of high standards for IPR protection and enforcement, including through international legal instruments and mutual assistance agreements, as well as through government procurement processes, private-sector voluntary codes of best practices, and enhanced customs cooperation, while promoting the free flow of information. To **protect public health** and consumer safety, we also commit to exchange information on rogue internet pharmacy sites in accordance with national law and share best practices on combating counterfeit medical products.

Energy and Climate Change

14. Recognizing the impact of short-lived climate pollutants on near-term climate change, agricultural productivity, and **human health**, we support, as a means of promoting increased ambition and complementary to other CO₂ and GHG emission reduction efforts, comprehensive actions to reduce these pollutants, which, according to UNEP and others, account for over thirty percent of near-term global warming as well as 2 million premature deaths a year. Therefore, we agree to join the Climate and Clean Air Coalition to Reduce Short-lived Climate Pollutants.

Food Security and Nutrition

19. The G8 reaffirms its commitment to the world's poorest and most vulnerable people, and recognizes the vital role of official development assistance in poverty alleviation and achieving the **Millennium Development Goals**. As such, we welcome and endorse the Camp David Accountability Report which records the important progress that the G8 has made on food security consistent with commitments made at the L'Aquila Summit, and in meeting our commitments on **global health**, including the **Muskoka initiative on maternal, newborn and child health**. We remain strongly committed to reporting transparently and consistently on the implementation of these commitments. We look forward to a comprehensive report under the UK Presidency in 2013.

Political and Security Issues

33. We recognize that according women full and equal rights and opportunities is crucial for all countries' political stability, democratic governance, and economic growth. We reaffirm our commitment to advance human rights of and opportunities for women, leading to more development, poverty reduction, conflict prevention and resolution, and **improved maternal health and reduced child mortality**. We also commit to supporting the right of all people, including women, to freedom of religion in safety and security. We are concerned about the reduction of women's political participation and the placing at risk of their human rights and fundamental freedoms, including in Middle East and North Africa countries emerging from conflict or undergoing political transitions. We condemn and avow to stop violence directed against, including the trafficking of, women and girls. We call upon all states to protect human rights of women and to promote women's roles in economic development and in strengthening international peace and security.

2013 Lough Erne, United Kingdom

G8 Lough Erne Leaders Communiqué

Preamble: 2013 Lough Erne

4. We will continue to work with the poorest countries to help lift people out of poverty by keeping our aid promises and being accountable to the public for them. We will accelerate efforts to tackle the **under-nutrition** that blights millions of lives. We will work closely with African governments and citizens to promote sustainable growth.

Land

43. Weak land governance and property rights systems can lead to opaque land deals, which facilitate corruption and undercut responsible actors seeking access to land for productive investment. Weak governance in many developing countries allows unproductive land speculation and undermines agricultural productivity. Increasing security of land rights and transparency of land governance fosters participation of citizens, contributes to government accountability, reduces costs for businesses, and strengthens the climate for responsible investment. We welcome global activities to improve land tenure governance, including through access to information and participation of citizens in decision making. We acknowledge the importance of multilateral efforts to promote greater land transparency, in particular, the role of the Food and Agriculture Organisation (FAO) in providing global policy guidance for good land governance and transparency. We welcome the launch of the consultations on the principles for Responsible Agricultural Investment (rai), highlighting that good governance in the land sector is central to rural development, **food security** and sustainable public and private agricultural investment.

Open Data

48. This Open Data Charter will increase the supply of open government data across a number of key categories including **health**, environment and transport; support democratic processes; and ensure that all data supplied are easy to use. We encourage others to adopt this Charter. G8 members will, by the end of this year, develop action plans, with a view to implementation of the Charter and technical annex by the end of 2015 at the latest. We will review progress at our next meeting in 2014.

Accountability

52. The Report shows good progress in areas such as supporting **maternal and child health**; access to **clean water**; improving **food security**; and helping to build peace and security, particularly in Africa. But it also identifies that more action is required to deliver on our promises in some areas. In addition to working on existing commitments, we also recognise the need to face up to and address new challenges in close partnership with others.

Food Security and Nutrition

53. G8 members reaffirm their commitment to respond with the scale and urgency needed to achieve sustainable global **food and nutrition security**, and note that we have met our financial pledges made at L'Aquila in 2009 and will work to complete disbursements. We reaffirm our commitment to the **New Alliance for Food Security and Nutrition** and welcome progress since its launch in 2012. We reaffirm our commitment to the Comprehensive Africa Agriculture Development Programme (CAADP) as the guiding framework for agricultural transformation in Africa, recognising the New Alliance as a means to increase private sector investment in support

of CAADP Country Investment Plans. We will build on the achievements of the US G8 Presidency by advancing action in four areas:

- Deepening impact — by ensuring that investments have a measurable impact on reducing poverty and **malnutrition**, particularly for smallholders and women, and are made responsibly and support the sustainable use of natural resources.

54. The progress report to the New Alliance Leadership Council highlights the creation of partnership agreements in six African countries; progress made implementing policy reforms and catalysing private sector investment; and the launch of tools to mobilise capital, improve access to new technology, manage risk and improve **nutrition**. We welcome expansion of the New Alliance to include Nigeria, Benin and Malawi and the initial steps to develop a new Cooperation Framework with Senegal. We recognise the critical role played by smallholder farmers, especially women. We welcome the establishment of a robust system to track results integrated into the CAADP monitoring framework. G8 Members continue to support the **Global Agriculture and Food Security Programme** to finance country-owned agricultural development activities, especially those that achieve positive **nutrition** outcomes, and to leverage greater flows of private capital to smallholder farmers and agribusinesses in low-income countries.

55. We welcome the recently announced Global Nutrition for Growth Compact which commits to **under-nutrition** reduction targets for 2020. We also welcome the financial and policy commitments to accelerate progress towards ending **under-nutrition** for women and young children. Progress on these commitments should be regularly reported and reviewed, including through the **Scaling-Up Nutrition Movement**, which we continue to support.

Foreign Policy

87. We condemn any use of chemical weapons in Syria and call on all parties to the conflict to allow access to the UN investigating team mandated by the UN Secretary-General, and drawing on the expertise of the Organisation for the Prohibition of Chemical Weapons (OPCW) and **World Health Organisation (WHO)**, in order to conduct an objective investigation into reports of use of chemical weapons. The UN team should make their report and deliver it to the UN Security Council for their assessment. We are determined that those who may be found responsible for the use of chemical weapons will be held accountable. We emphasise the need for the secure and safe storage of all chemical weapons in Syria, pending their destruction under international verification. We also condemn in the strongest possible terms all human rights violations and abuses in Syria, committed by anyone, including indiscriminate attacks on civilians. We call on all sides to respect international humanitarian and human rights laws, noting the particular responsibility of the Syrian authorities in this regard.

G8 Open Data Charter

Preamble

7. Providing access to government data can empower individuals, the media, civil society, and business to fuel better outcomes in public services such as **health**, education, public safety, environmental protection, and governance. Open data can do this by:

2014 Hague, Netherlands

No references.

2014 Brussels, Belgium

G7 Brussels Summit Declaration

21. We remain committed to the Muskoka Initiative on maternal, newborn and child **health**, and welcome the call made at the Saving Every Woman, Every Child Summit in Toronto to accelerate progress on this global priority. In addition we are committed to ensuring **sexual and reproductive health** and reproductive rights, and ending child, early and forced marriage and female genital mutilation and other harmful practices. The **health** and well-being of women and children are improved through ensuring universal access to affordable, quality, essential **health services**, strengthening **health**, education and child protection systems and improving **nutrition** and access to **immunisation**. We recognise the impact of the **GAVI Alliance (Global Alliance for Vaccines and Immunisation)** and welcome its efforts to expand access to **vaccines** to an additional 300 million children during 2016-2020. We welcome Germany's offer to host the second replenishment in early 2015, reaffirm our commitment, and call on other public and private donors to contribute to the replenishment of the **GAVI Alliance**. We reaffirm our commitment to an **AIDS free generation** and to the **Global Fund to fight AIDS, Tuberculosis and Malaria** to reduce the burden of these three major **infectious diseases** on eligible countries and regions.

22. To address the threat posed by **infectious diseases**, we support the **Global Health Security Agenda** and commit to working with partner countries to strengthen compliance with **the World Health Organisation's (WHO) International Health Regulations** and enhance **health security** around the world. We commit to working across sectors to prevent, detect and respond to **infectious diseases**, whether naturally occurring, accidental, or the result of a deliberate act by a state or non-state actor. That includes building global capacity so that we are better prepared for threats such as the recent **Ebola outbreak** in West Africa and working together, in close cooperation with **WHO**, to develop a Global Action Plan on antimicrobial resistance.

23. We continue to strongly support comprehensive approaches to achieve global **food security** and **nutrition**. We look forward to the second **International Conference on Nutrition** in November 2014 and the Expo Milan 2015, which will provide a platform for the global post-2015 debate on sustainability and **food and nutrition security**. We continue to support the **New Alliance for Food Security and Nutrition** under strong African leadership and the successful completion of principles for responsible agricultural investment by the **Committee on World Food Security**. These will better enable smallholder farmers, especially women, to benefit from sustainable rural development. We continue to support the consistent implementation of the Voluntary Guidelines on Responsible Governance of Tenure of Land, Fisheries and Forests, including by building on the land partnerships we launched in 2013 and the **Global Agriculture and Food Security Programme**.

2015 Elmau, Germany

Leaders' Declaration: G7 Summit

We have today agreed on concrete steps with regard to **health**, the empowerment of women and climate protection, to play our part in addressing the major global challenges and to respond to some of the most pressing issues in the world. Furthermore, in addition to fostering trade as a key engine for growth, putting these concrete steps into action, will help us to achieve our pivotal goal of strong, sustainable and balanced growth as well as job creation. We call on others to join us in pursuing this agenda.

A sound economic basis is a cornerstone for a better life for all people. Putting the world on a sustainable growth path in the long run will require in particular the protection of our climate, the promotion of **health** and the equal participation of all members of society. Therefore, the G7 commits to putting these issues at the centre of our growth agenda.

Health

The enjoyment of the highest attainable standard of **health** is one of the fundamental rights of every human being. We are therefore strongly committed to continuing our engagement in this field with a specific focus on strengthening **health systems** through bilateral programmes and multilateral structures.

Ebola

We commit to preventing future **outbreaks** from becoming **epidemics** by assisting countries to implement the **World Health Organization's International Health Regulations (IHR)**, including through **Global Health Security Agenda** and its common targets and other multilateral initiatives. In order to achieve this we will offer to assist at least 60 countries, including the countries of West Africa, over the next five years, building on countries' expertise and existing partnerships. We encourage other development partners and countries to join this collective effort. In this framework, we will also be mindful of the **healthcare** needs of migrants and refugees.

The **Ebola** crisis has shown that the world needs to improve its capacity to prevent, protect against, detect, report and respond to public **health** emergencies. We are strongly committed to getting the **Ebola** cases down to zero. We also recognize the importance of supporting recovery for those countries most affected by the **outbreak**. We must draw lessons from this crisis. We acknowledge the work that is being done by the **WHO** and welcome the outcome agreed at the Special Session of the Executive Board on **Ebola** and the **68th World Health Assembly**. We support the ongoing process to reform and strengthen the **WHO's** capacity to prepare for and respond to complex **health crises** while reaffirming the central role of the **WHO** for international **health security**.

We welcome the initiative proposed by Germany, Ghana and Norway to the UN Secretary-General to draw up a comprehensive proposal for effective crisis management in the area of **health** and look forward to the report to be produced by the end of the year by the high-level panel established by the UN Secretary General. The **Ebola outbreak** has shown that the timely mobilization and disbursement of appropriate response capacities, both funding and human resources, is crucial. We welcome the ongoing development of mechanisms including by the **WHO**, the World Bank and the International Monetary Fund and call on all partners to strongly coordinate their work. We support the initiative taken by the World Bank to develop a **Pandemic Emergency Facility**. We encourage the G20 to advance this agenda. Simultaneously, we will

coordinate to fight future **epidemics** and will set up or strengthen mechanisms for rapid deployment of multidisciplinary teams of experts coordinated through a common platform. We will implement those mechanisms in close cooperation with the **WHO** and national authorities of affected countries.

Antimicrobial Resistances

Antimicrobials play a crucial role for the current and future success of human and veterinary medicine. We fully support the recently adopted **WHO** Global Action Plan on Antimicrobial Resistance. We will develop or review and effectively implement our national action plans and support other countries as they develop their own national action plans.

We are strongly committed to the **One Health** approach, encompassing all areas — human, and animal health as well as agriculture and the environment. We will foster the prudent use of antibiotics and will engage in stimulating basic research, research on epidemiology, **infection prevention** and control, and the development of new antibiotics, alternative therapies, **vaccines** and rapid point-of-care **diagnostics**. We commit to taking into account the annex (Joint Efforts to Combat Antimicrobial Resistance) as we develop or review and share our national action plans.

Neglected Tropical Diseases

We commit ourselves to the fight against **neglected tropical diseases (NTDs)**. We are convinced that research plays a vital role in the development and implementation of new means of tackling **NTDs**. We will work collaboratively with key partners, including the **WHO Global Observatory on Health Research and Development**. In this regard we will contribute to coordinating research and development (R&D) efforts and make our data available. We will build on efforts to map current R&D activities, which will help facilitate improved coordination in R&D and contribute to better addressing the issue of **NTDs**. We commit to supporting **NTD**-related research, focusing notably on areas of most urgent need. We acknowledge the role of the G7-Academies of Science in identifying such areas. In particular, we will stimulate both basic research on **prevention**, control and **treatment** and research focused on faster and targeted development of easily usable and affordable **drugs, vaccines** and point-of-care technologies.

As part of our **health system** strengthening efforts we will continue to advocate accessible, affordable, quality and essential **health services** for all. We support community based response mechanisms to distribute therapies and otherwise prevent, control and ultimately eliminate these **diseases**. We will invest in the **prevention** and control of **NTDs** in order to achieve 2020 elimination goals.

We are committed to ending preventable child deaths and improving maternal **health** worldwide, supporting the renewal of the **Global Strategy for Women's, Children's and Adolescents' Health** and welcoming the establishment of the Global Financing Facility in support of “Every Woman, Every Child” and therefore welcome the success of the replenishment conference in Berlin for Gavi, the **Global Vaccine Alliance**, which has mobilized more than USD 7.5 billion to vaccinate an additional 300 million children by 2020. We fully support the ongoing work of the **Global Fund to fight AIDS, Tuberculosis and Malaria** and look forward to its successful replenishment in 2016 with the support of an enlarged group of donors.

Food Security

As part of a broad effort involving our partner countries, and international actors, and as a significant contribution to the Post 2015 Development Agenda, we aim to lift 500 million people in developing countries out of **hunger** and **malnutrition** by 2030. The G7 Broad **Food Security**

and Nutrition Development Approach, as set out in the annex, will make substantial contributions to these goals. We will strengthen efforts to support dynamic rural transformations, promote responsible investment and sustainable agriculture and foster multisectoral approaches to nutrition, and we aim to safeguard **food security** and nutrition in conflicts and crisis. We will continue to align with partner countries strategies, improve development effectiveness and strengthen the transparent monitoring of our progress. We will ensure our actions continue to empower women, smallholders and family farmers as well as advancing and supporting sustainable agriculture and food value chains. We welcome the 2015 Expo in Milan (“Feeding the Planet — Energy for Life”) and its impact on sustainable agriculture and the eradication of global **hunger** and **malnutrition**.

Annex to the Leaders’ Declaration

Joint Efforts to Combat Antimicrobial Resistance (AMR)

The G7 strongly supports the first **Global Action Plan by the World Health Organization (WHO) on Antimicrobial Resistance (AMR)**. We will develop or review, operationalize and share our national action plans and keep up our cooperation with various organizations and stakeholders with a focus on the areas listed below:

Combating AMR has to be addressed in a two-fold approach: by conserving the effectiveness of existing and future antimicrobials and by engaging in research and development for new antimicrobials, **vaccines**, **treatment** alternatives and rapid diagnostic tools

We are strongly committed to the One **Health** approach, encompassing all areas of human and animal **health** as well as agriculture and the environment.

Our national action plans will be based on this concept.

We have a responsibility to improve the **prevention** of **infectious diseases** as well as to be more prudent when using antimicrobials. To achieve this we need a holistic approach and concrete measures to retain the effectiveness of antimicrobial agents. We encourage and support other countries to join these efforts.

We will specifically foster the prudent use of antibiotics by committing to use them for **therapeutic** reasons under supervision in compliance with national and or jurisdictional legislation and after individual diagnosis. We will increase knowledge and responsible use through the implementation of stewardship programmes for medical and veterinary professionals as well as livestock producers.

We highlight the importance of antibiotics in human and veterinary medicine which should be available through prescription or the veterinary equivalent only, and the fact the appropriate use of antibiotics contributes to the reduction of antimicrobial resistance.

We flag the need to phase out the use of antibiotics for growth promotion in animal husbandry in the absence of risk analysis.

We recognize the importance of increasing awareness and knowledge of **prevention** and control of **infections** and on AMR among human and animal **health** professionals and the general public.

We need to strengthen surveillance of existing and emerging patterns of AMR in medical, veterinary and agricultural settings and via environmental pathways in order to fill knowledge gaps in the interest of effective strategies to fight AMR

We have to stimulate innovation by increasing basic research, research on epidemiology, and the development and access of new antimicrobials,

Noting differences in the G7 country definitions of the term antibiotics and referring here to those antibiotics with an impact on human **health** alternative therapies, **vaccines**, and rapid point of care **diagnostics** and we take note of the Independent Review on AMR.

In this context we are committed to intensifying our dialogue with the **pharmaceutical, biotechnology** and food industries which plays a vital role in our close collaboration with the **WHO, the World Organisation for Animal Health (OIE)** and Food and Agriculture Organization of the United Nations (FAO).

We call on our Ministers to pool the national efforts and hold a G7-Meeting in order to promote responsible use of antibiotics among all relevant stakeholders and share best practices.

Broader Food Security and Nutrition Development Approach

We remain strongly committed to the eradication of **hunger** and **malnutrition**. We therefore support the ongoing efforts towards an ambitious Post -2015 Development Agenda and envisage placing our engagement on **food security and nutrition** within the framework. As part of a broad effort involving our partner countries, and international actors, and as a significant contribution to the post 2015 development agenda, we aim to lift 500 million people in developing countries out of **hunger** and **malnutrition** by 2030.

As outlined below, the G7's broad approach is designed to help reduce **hunger and malnutrition**. We will pursue a broad scope of interventions, including greater focus on increasing development effectiveness and improving impact, and mobilizing resources.

Towards a dynamic transformation of the rural world

Hunger and malnutrition are currently most prevalent in rural areas. We aim to follow an integrated multi-sectoral approach to support rural areas in developing their potential, with a particular focus on the rural poor, smallholder and family farmers. However, more than half of the global population already live in urban areas. The rural world is already changing, through rapid demographic and spatial shifts. We will work together and share experience and ideas to deepen our understanding of how we can best support these ongoing processes to maximize the positives, minimize the negatives, and leave no one behind.

Nutrition

We commit to following an integrated multi-sectoral approach to improving food security and nutrition, in an effort to achieve the internationally agreed **World Health Assembly Global Targets** to improve maternal, infant and young child nutrition. We welcome the N4G Compact, and recognize the need to scale up further nutrition-sensitive and nutrition-specific interventions.

We will pursue nutrition-specific interventions that have proven to be effective in addressing undernutrition and **micronutrient deficiencies**. We will also strengthen our nutrition-sensitive

interventions in key sectors such as agriculture, social protection, **water**, **sanitation** and hygiene, **health**, education, and improving food systems. We support the diversified production of food to increase balanced diets for better nutrition.

Mobilizing Resources

We recognize the fact that we, as the G7, have increased our ODA to agriculture, rural development, and food security and nutrition since our pledge in L'Aquila in 2009, and we acknowledge the role of ODA in leveraging other resources, including private investment. We today commit to working with our partners to mobilize the resources necessary to aim to lift 500 million people in developing countries out of **hunger and malnutrition** by 2030.

We recognize the important role of the FAO, the **WHO**, IFAD, the WFP and UNICEF, as well as financing through the Multilateral Development Banks (MDBs), financial mechanisms, notably the Global Agriculture and Food Security Program (GAFSP), and civil society implementing partners. We recognize the commitments made as part of the N4G Compact and unlock the matched funding.