

We Can No Longer Wait

Joint Statement by the Global Civil Society Concerning Global Health

Now is the accepted time, not tomorrow, not some more convenient season. It is today that our best work can be done and not some future day or future year. It is today that we fit ourselves for the greater usefulness of tomorrow. Today is the seed time, now are the hours of work, and tomorrow comes the harvest and the playtime.

W.E.B. Du Bois

At the dawn of the 21st Century, we have given birth to the Millennium Development Goals (MDGs). With this, we have bid farewell to the 20th century filled with war and deprivation, and ushered in a new world order of peace and sustainability based on the foundation of human security. That same year, heads of state of G8 countries declared that a massive scale up was in need to fight the three infectious diseases. Within these few years, numbers of commitments, policies, promises, initiatives and organizations were piled up one on top of another. One such significant commitment, first made at the G8 Gleneagles summit in 2005, is the goal to achieve Universal Access to HIV prevention, treatment and care by 2010.

Much progress was achieved in the past eight years. Several million people have received access to life saving Antiretroviral drugs. Tens of millions received voluntary counseling and testing. Tens of millions obtained mosquito nets to help fight the spread of Malaria. Tens of millions obtained access to TB treatment through DOTS.

However in the same eight years, far too many, children and pregnant and nursing mothers have lost their lives to infectious diseases, respiratory problems, diarrhea and complication in pregnancy and birth, all of which could have easily been prevented and treated. Furthermore, there are still many more people in need of access to prevention and treatment against the three infectious diseases, especially in the poorest of regions.

We can no longer wait. The world can no longer wait. The G8 countries, who call themselves responsible for leading the world, have chosen to walk the longer road to ensuring human security for all. We can no longer wait, as millions of lives are lost as the financial commitments slowly trickle in, at a speed that will make the attainment of all health goals impossible. We can no longer wait, as promises made by the G8 leaders themselves are broken.

The 2008 G8 Summit will take place in Toya-ko, Hokkaido. "Toya", in the language of the indigenous people of Hokkaido, the Ainu, means *shore*. At this shore, we will wait for the promises to be fulfilled. This is the last chance for the G8 leaders to fulfill the mountains of promises and commitments they have made to the world. They know what needs to be done; they know that promises and commitments are nothing without action; they know that all that is left to do is to take action now.

We, the members of the Global Civil Society concerning Global Health, ask the G8 governments to take the following actions:

1. On the G8 Summit Official Documents:

The G8 governments should:

- (a) Include in the Communiqué of the G8 Hokkaido Toya-ko Summit, a component that addresses the current issues in global health and a separate comprehensive common framework for action to achieve health related MDGs and related health goals.
- (b) In addition to the common framework for action, issue a report on current progress towards the achievement of health related MDGs and related health goals, and a report on the reality of the financial contribution of the G8 countries toward the attainment of these goals. This report must include all points included in *A Review of the Work of the G8 in the Field of Tackling the Three Pandemics HIV/AIDS, Tuberculosis and Malaria*, which was issued by the German Government.
- (c) In all of the above, reflect the reality that women and girls are especially affected by initiatives to improve global health and that a commitment to gender equality is integral to success

2. On global health as a permanent agenda of the G8 and the establishment of a firm process to track, monitor and evaluate the delivery of health related commitments:

The G8 governments should:

- (a) Noting the importance of tackling global health issues, ensure that global health is a permanent agenda item of the G8.
- (b) Construct within the G8, a mechanism that will annually monitor and evaluate the progress towards the attainment of global health commitments such as the MDGs and the goal of Universal Access by 2010. Furthermore, the G8 governments should ensure that countries are held accountable, hold a peer monitoring of progress towards fulfilling their commitments and construct a mechanism that will advise countries not fulfilling their financial commitments.
- (c) Furthermore, the monitoring and evaluation mechanism must include the participation and input of relevant UN agencies, international institutions, and civil society.

3. On increasing the number of health workers and health system strengthening:

- (a) We reject vague promises to strengthen health systems that are not backed up by firm targets and adequate and sustained funding.

The G8 governments should:

- (b) support developing countries in achieving the WHO goal on minimum health worker density of at least 4.1 health workers per 1,000 population, including at least 2.3 doctors, nurses and midwives per 1,000 to tackle the problem of health worker shortage and develop and implement comprehensive, costed, health workforce plans. Furthermore, include the creation of a comprehensive and time bound action and financial plan, with each G8 country spelling out how much it will contribute over what timeframe
- (c) support the recruitment, training and retaining of additional 1.5 million health workers in Africa, or 4.3 million health workers globally by 2015 and include in the summit progress report, the creation of a midterm target, e.g., 600,000 new health workers in Africa by 2012.
- (d) Furthermore, agree and implement a code of practice on health worker migration to tackle the 'brain drain'.

4. On fulfilling existing commitments:

The G8 governments should:

- (a) agree and announce a comprehensive funding and action plan for their contribution to meeting the Universal Access goal. Meeting the goal requires a quadrupling of the current resources available to reach over \$40 billion in 2010
- (b) recommit to the attainment of Universal Access to HIV prevention, treatment, and care by 2010 as first promised at the 2005 G8 Summit in Gleneagles and reaffirmed at the 2007 Heiligendamm Summit with particular attention to the need of most vulnerable to infection, including girls, women and children.
- (c) create firm plans and timetables to show '*who will pay how much when*' for the \$60 billion pledge made at the 2007 G8 Summit in Heiligendamm for the three infectious diseases and health system strengthening. It must be noted that the \$60 billion is nowhere near enough to stop the 6 million needless deaths from AIDS, TB and Malaria every year. In 2009 alone the world need \$40 billion to fight AIDS, TB and Malaria in addition to the funds required for health systems and health workers.
- (d) commit to fully fund the Global Fund to fight AIDS, TB and Malaria so that it grows to size of at least \$6-8 billion by 2010 and leverages emerging opportunities such as the additional funding round in 2008.
- (e) address the urgency of the emerging HIV/TB co-infection, multi-drug resistant (MDR) and extensively drug-resistant (XDR) TB, and need to commit and support Global Plan to Stop TB which aims to halve TB prevalence and deaths by 2015 compared with 1990 levels.

5. On new commitments:

- (a) Measures to attain MDG 4 (reduction of the child mortality rate), MDG 5 (improvement of maternal health) and related child, maternal and reproductive health goals (including the target of universal access to sexual and reproductive health) have been slow and have lacked a progressive, internationally agreed upon plan. The G8 countries must create a concrete action plan to address these issues, as well as a concrete and time bound financial commitment of an additional \$10.2 billion a year, as calculated by the World Health Organization (WHO) and the United Nations Fund for Population Fund (UNFPA), to achieve these goals.
- (b) On the development of a concrete contribution plan on water and sanitation:

Every day 5,000 children lose their lives due to the lack of access to clean drinking water. According to the United Nations Development Programme, USD 10 Billion a year will be needed to meet the MDG goal on water and sanitation. The G8 countries must commit the necessary funding to meet this objective with a time bound, specific and concrete contribution plan.
- (c) On the problem of nutrition and food security and the rapid rise in food prices:

The G8 countries must take immediate and necessary short term and long term measures to ensure adequate nutrition and improved food security for people living with and affected by HIV/AIDS. The G8 must not prescribe the same economic policies and institutions that have contributed to the food crisis as a solution.

6. On strengthening aid coordination for the attainment of health-related MDGs:

- (a) G8 countries should strengthen aid coordination on health to attain health-related MDGs to overcome current ineffectiveness caused by the lack of coordination among various health institutions, policies and initiatives. This should result in additional funding and should not be an excuse to pit disease specific interventions against equally critical health systems strengthening.
- (b) The structure of aid coordination should be simple and transparent, and ensure the full participation and input of all stakeholders including civil society at all stages.
- (c) G8 countries should promote to ensure maximizing accessibility, affordability and availability of primary health care services, including the removal of user fees, in particular to reach the most vulnerable population.

We do not need meetings without contents, promises without actions, institutions without all the voices of those who are affected. We need responsibility and accountability. Most importantly, we demand a world in which no human beings lose their lives to treatable and preventable causes.

Signatures (as of June 18, 2008)

Japan

Global Health Committee, 2008 Japan G8 Summit NGO Forum and its 15 NGOs

Africa Japan Forum

Japan AIDS and Society Association

Japan Foundation for AIDS Prevention

OXFAM Japan

Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association

International AIDS Vaccine Initiative

Services for Health in Asia and African Regions (SHARE)

Japanese Organization for International Cooperation in Family Planning

Women and Health Network

Space Allies

Medecins du Monde Japon

Plan Japan

Results Japan

Health and Development Services (HANDS)

World Vision Japan

International

Interagency Coalition of AIDS and Development (ICAD), Canada

AIDS Coalition to Unleash Power Paris (ACTUP Paris), France

AIDES, France

Ossevatorio Italiano sull'Azione Globale contro l'AIDS, Italy

Journalists against AIDS (JAAIDS) Nigeria, Nigeria

African Civil Society Coalition on HIV/AIDS, Africa

Health Global Access Project (Health GAP), the United States

Results Educational Fund (REF), the United States

Physicians for Human Rights (PHR), the United States

Africa Public Health Rights Alliance/ 15% Now! Campaign, Africa

Eastern African National Networks of AIDS Service Organizations (EANNASO), East Africa

Action Aid International, International

World AIDS Campaign, International

International Planned Parenthood Federation (IPPF), International

Open Society Institute, International

CONTACT:

Masaki Inaba (director), Aki Ogawa (International Coordinator)

Project RING, Japan AIDS and Society Association (Project to Reinforce Innovative Commitments of Japanese NGOs to the Global Fund)

A Project of Japan AIDS and Society Association

Address: c/o Africa Japan Forum, 1-20-6 Higashi-Ueno Taito-Ku Tokyo Japan

Phone: +81-3-3834-6902, Fax: +81-3-3834-6903

E-mail: masaki.inaba@gmail.com, ogawa.aki.adua@gmail.com, project.ring@gmail.com (please send all the e-mail addresses)