

Survival Kit

Global Health and

the

G8

**The 2008 G8 Toya-ko Summit Process
& Experiences of Civil Society**

Africa Japan Forum

Japan AIDS and Society Association

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Preface: Civil Society and the G8 Process: Why We Advocate

The G8 Summit is yet another example of a world increasingly divided between have and have nots, of a world where those with hard power attempts to decide the fate of the rest of the world without the full participation of those who will be most affected by their decision and/or indecisions.

Yet, Civil Society has proven over and over that the world does not have been divided between have and have nots and the world does not have to be run in the directions of those with money or military might. Whenever and wherever gatherings or events take place where those that are most affected by the decisions and policies made at these places are unheard, civil society has always stood at the forefront of pressing for participation and pressing for the policies and issues that benefit the most vulnerable and the most voiceless of the world.

Civil Society involved in the G8 process has shattered the boundaries of country borders, religion, race, language etc. to come in solidarity to demand a more just world in which food security, economic development, access to

healthcare are ensured for all. Civil society involved in the G8 understands that despite wanting to bring an end to the G8, they cannot stop them from meeting. However, what civil society can do is to ensure that their voices and the voices of those who they represent are heard. They have done so by going beyond the battle between G8 vs. everyone, and pushing for participation in the G8 process and holding the G8 countries accountable to their commitments.

Throughout this G8 process, civil society went beyond just criticisms of the G8 by providing alternatives and resources to issues that will best serve the people those most affected by their indecisions and/or indecisions.

A commitment is made under the presumption that it will be kept, but when it comes to the G8 leaders making its commitments, it has proven over and over that commitments are merely just words. The G8 has failed to keep what is presumptively supposed to be kept. Thus as civil society, we have worked and will continue to work to ensure that the commitments that are supposed to be kept, as the word commitment suggest, are kept.

Civil society advocacy from both the developed and the developing country towards the G8 is necessary in order to create a more just world.



A New Year's Card sent to Prime Minister Fukuda in January 2008

1 . Greatest Potential: Accountability

PART I : GLOBAL HEALTH OUTCOMES FROM THE TOYA-KO SUMMIT

The outcomes for Global Health from the July 2008 Toya-ko G8 Summit was far from the modest progress some have expected. But one positive outcome of this Summit was the establishment of *a follow up mechanism to monitor our progress on meeting our commitments* (2008 G8 Communiqué: Development and Africa), which will show G8 implementation of past commitments to ensure accountability. Thus meaning, the following will take into effect:

- (1) Global Health will be an agenda item of the G8, at least until 2010.
- (2) Each G8 country will be responsible for creating a matrix on the fulfillment of past G8 commitments, as well as their (individual country's') financial contribution for global health. This will be subjected to review. (Matrices: See http://www.g8summit.go.jp/doc/pdf/0708_09_02_en.pdf)

The trend of the G8 has been to make new commitments every year, despite failing to work towards achieving past commitments. At the 2006 St. Petersburg G8 Summit, a report which reviews what each G8 country has done in tackling the three major infectious diseases was created. (See: http://www.g-8.de/nn_92452/Content/EN/Artikel/_g8-summit/2007-10-31-g8-gesundheitsbericht.html)

Germany, the chair of the 2007 G8 Summit presented a report on the financial contribution for the three infectious diseases reported by each G8 country. The follow up mechanism constructed at the 2008 Toya-ko Summit includes, in addition to the three infectious diseases, all global health issues such as health system strengthening. Furthermore, the G8 countries have ensured that this process will continue until 2010

2 . Lack of Progress in other Global Health Topics

There was disappointment among the Civil Society as the

G8 summit failed to make progress on other issues within the global health agenda that would answer to the expectations of Civil Society.

Three outcome documents on global health from the 2008 G8 Summit:

- (1) G8 Communiqué: Development and Africa. Paragraphs 45-46 (2 pages) See: http://www.g8summit.go.jp/eng/doc/doc080714_en.html
- (2) Toya-ko Framework for Action on Global health: The outcome document of the G8 Health Experts with assistance from associated international organizations and private interest groups and foundations. The G8 Health Experts held several meetings throughout the G8 Summit policy making process. See: http://www.g8summit.go.jp/doc/pdf/0708_09_en.pdf
- (3) Toya-ko Framework for Action on Global Health Matrices: the matrices contains past contributions of each G8 countries for global health. The matrices come as an attachment to the Toya-ko Framework for Action on Global Health. See: http://www.g8summit.go.jp/doc/pdf/0708_09_02_en.pdf

The greatest area of concern of this G8 Summit on the progress in global health is the lack of financial commitments. As a result, there are no guarantees that the political commitments made in the G8 Communiqué will be kept nor met. Furthermore, the Toya-ko Framework for Action, despite its name, is a package of general recommendation on health policies, rather than concrete actions and directions for the attainment of global health goals.

3.Using the Results of the Toya-ko Summit

(1) Using the Opportunities

The greatest opportunity gained during the Toya-ko Summit is the follow-up mechanism. The G8 leaders have agreed to establish a follow-up mechanism to monitor their progress on meeting the commitments. Thus Civil Society must use this opportunity provided by this follow-up mechanism, and to advocate for the G8 for the attainment of its past commitments. In order to ensure that the follow-up mechanism will be used to ensure accountability, it is important for Civil Society to do the

following:

a) Evaluation of the matrices

The matrices that came out of the 2008 G8 Summit will be revised every year, and as to the existing commitments of the G8, the G8 has agreed to evaluate how much and what kind of contribution each country has provided towards its attainment. Thus meaning that these matrices will become the baseline for measuring the accountability of G8 countries.

It is important to examine the format and contents of the matrices, which will be the baseline, point out areas that are false or lacking, and then call for revisions to ensure that the matrices will be comprehensive and easily understood.

b) Independent review of the performance of each G8 country

The attached matrices created by the G8 are the fruits of compromises among the G8 countries. No matter the amount of proposals and recommendations made by Civil Society, there will always be points which are insufficient and lacking. The civil society should use the information on these matrices to bring focus to the performance of each G8 country.

Currently, the attached matrices which contain the contribution of each G8 country to the three infectious diseases are broad contribution amounts and not accordingly to each issue within the global health agenda. As for the past commitments, it is only a list of what each country has accomplished, and does not contain information on the contributions of each G8 country for the attainment of a certain goals. Furthermore, the contribution amount is not aligned in currency and includes other features that are not user friendly. On these points, as Civil Society, we must call on revision, and using the independent review of the matrices, we will ensure that the G8 countries are held accountable for their commitments.

(2) On pursuing issues that were lacking at the G8 Toya-ko Summit

2010 is a milestone for the attainment of the Millennium Development Goals, the deadline for the attainment of Universal Declaration for treatment, care and prevention to HIV/AIDS and furthermore, the deadline for the Abuja target on Malaria. At the 2008 G8 Summit in Toya-ko,

actions, plans and contributions for the attainment of these goals were lacking. Of this, on HIV/AIDS, there are few things that must be pointed out:

a) Creation of a concrete financial contribution plan for the attainment of Universal Access by 2010

According to UNAIDS, in 2009 USD 30 Billion, in 2010 USD 40 Billion will be needed for the attainment of Universal Access by 2010. Yet, at this summit, the G8 has made a commitment for 60 Billion for infectious diseases and health strengthening within five years; far from what would be necessary to achieve Universal Access by 2010. (http://data.unaids.org/pub/Report/2007/20070925_advocacy_grne2_en.pdf)

We must work to ensure the creation of a concrete financial contribution plan for the attainment of Universal Access in lieu of the 2009 G8 Summit in Italy.

b) Creation of a concrete financial contribution plan for the attainment of goals set at the Heiligendamm Summit

At the 2007 G8 Summit in Heiligendamm Summit, the G8 leaders have made the following commitments concerning HIV/AIDS:

- Financial contribution necessary to attain Universal Access to PMTCT by 2010
- A long term and predictable financial contribution based on ambitious but realistic demand based financial targets for the Global Fund to Fight AIDS, TB and Malaria.
- In Africa, within the next few years to:
 - Have 5 million PLWHA on ARVs
 - Prevent 24 million new HIV/AIDS infections
 - Care for 24 million affected by HIV/AIDS, including the 10 million children orphaned by AIDS
 - Realize Universal Access to PMTCT.

The financial contribution severely undermines what the G8 countries should be contributing, yet to even to ensure this commitment, a concrete action and financial plan will be necessary. (See page 15)

(3) The necessity of increasing cooperation and strengthening coordination among Civil Society Organizations involved in the G8 process.

Throughout the G8 Summit and the policy process for global health, Civil Society of each G8 country must have an effective information sharing and cooperation mechanism and must be prepared to provide resourceful response to issues that comes up. The reason for the following is as follows:

For the 2008 G8 summit, the Japanese Government has held the G8 Health Experts meeting three times since February, and concluding the results of the meetings in the Toya-ko Framework for Action on Global Health. Within this process, on various issues stakeholders of each G8 country faced off with each other, and the Framework for Action is a result of compromises made among the participants of each country. Due to the difference each country has on the various issues, the content is lacking in many areas. The following are examples of the conflicted views/positions of the G8 countries.

- a) On the deadline for the 60 Billion commitment made at the 2007 Heiligendamm G8 Summit: The Government of the UK pushed for three years (by 2010), however, the German Government pushed for eight years. Other European countries and Canada remained passive on this issue.
- b) On reproductive health and improvement of maternal health: The Japanese government pushed for the inclusion of these issues, however even though the US government showed some understanding, they kept their tradition of not getting their hands too deep

in this issue.

- c) On travel restriction of PLWHA: France pushed for easing or abolishing the travel restrictions, as well as Japan. However, the United States and Russia aggressively pushed against this.
- d) The character of Toya-ko Framework for action on Global Health: Japan has worked to ensure that the character of the Framework for Action is similar to the character of the G8 communique. However, Italy and Canada intervened to making the Framework nothing more than a document to hand over to the G8 leaders.

As stated previously, the G8 countries have different stances on different issues, and compromises become necessary for every issue that was on the table. Thus, creating ambitious and innovative commitments became almost impossible. At an early stage, Civil Society groups of each country gathered information on the position each of their respective governments will hold on certain issues. Then, with the cooperation of civil society groups in different countries, reacted to their countries' positions through advocacy and campaigning. These kinds of pressure and positive interventions from civil society helped prevent the G8 governments from making easy compromises and made sure the governments are forward-moving in their decisions and/or commitments. Thus, it is necessary to create a greater mechanism for information sharing and a mechanism for cooperation in advocacy among civil society of the world.



Closing Celemony of the People's Summit 2008

PART II

G8 Pledges for Global Health

Beginning in 2000, the G8 set global issues such as global health, as one of the major agenda items of the G8. This is a far growth from the time the G8 was originally the

"G6", a forum on economic coordination of capitalist developed countries.

What kind of pledges has the G8 made on global health issues in the past? The following is the lists of G8 pledges on global health:

- (1) Toya-ko G8 summit
- (2) Past G8 Summit (1980's-2004 and 2005, 2006, 2007)

2. Pledges in Toya-ko Summit

< Pledges in Toya-ko Summit Leaders Declaration >

Issue	Paragraph	Discription	Reference of Toya-ko Framework
Health General	45	<ul style="list-style-type: none"> • (G8) also agreed to establish a follow-up mechanism to monitor our progress on meeting our commitments. • (G8 leaders) welcome the report submitted by our health experts along with its attached matrices... to ensure accountability. ("Toya-ko Framework of Action") includes the principles for action, and actions to be taken on health, drawing on the expertise of international institutions. 	Paragraph 1 and 2
Financing	46(a)	<ul style="list-style-type: none"> • 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. 	Paragraph 29
Health System Strengthening	46(b)	<ul style="list-style-type: none"> • The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people • We will also supports efforts by partner countries and relevant stakeholders, such as GHWA, in developing robust health workforceplans and establishing specific, country-led milestones as well as for enhanced monitoring and evaluation, especially for formulating effective health policies. (...) We take note of the Kampala Declaration and agenda... 	Paragraph 11-15
Maternal, Newborn and Child Health	46(c)	<ul style="list-style-type: none"> • G8 members are determined to honor in full their specific commitments to fight infectious diseases, namely malaria, TB, polio and working towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010. 	Paragraph 16-20
HIV/AIDS	45 46(g)	<ul style="list-style-type: none"> • 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. • review travel restrictions for HIV positive people with a view to facilitating travel and we are committed to follow this issue. 	Paragraph 21
Malaria	46(d)	<ul style="list-style-type: none"> • expand access to LLITNs, with a view to providing 100 million nets through bilateral and multilateral assistance... by the end of 2010 	Paragraph 23
Other Infectious Diseases	46(e) 46(f)	<ul style="list-style-type: none"> • we will meet our previous commitments to maintain or increase financial contributions to support the Global Polio Eradication Initiative • we will be able to reach at least 75% of the people affected by certain major NTDs... 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. 	Paragraph 24, 25, 30

Pledges in Toya-ko Framework for Action on Global Health

Issues	Paragraphs	Substances
Health General	1	the G8 Experts have produced this report, which outlines the current situation, the principles for action, and actions to be taken on health.
Financing	30	<ul style="list-style-type: none"> G8 also recognizes that for progress to be made on maternal, reproductive and child health, and emerging and neglected health priorities, additional resources -from both domestic and international sources-are needed if the health MDGs are to be achieved. Polio eradication has urgent funding requirement for the next five years of at least 980 million USD
Health System Strengthening	13 14	<ul style="list-style-type: none"> measures such as "Treat, Train and Retain (TTR)" of health workers and task-shifting between health workers should be encouraged. The G8 encourages the WHO work on a voluntary code of practice regarding international ethical recruitment of health workers. ...using maternal health indicators to help track and assess health systems performance. G8 encourages further collaboration among stakeholders with the aim of standardizing health metrics to collect, analyse and evaluate health data for policy planning and evaluation.
Maternal, Newborn and Child Health	18	<ul style="list-style-type: none"> (G8 Health Experts) recommend... increasing access to SBA bearing in the mind the target agreed at the ICPD+5 in 1999, 90% of all births should be assisted by skilled attendants by 2015
HIV/AIDS	21	<ul style="list-style-type: none"> The international community needs to continue to strengthen its effort in scaling up towards the goal of (UAb2010), including by meeting our pledges at Heiligendamm to support life-saving ART through bilateral and multilateral efforts for approximately 5 million people, to prevent 24 million new infections, and to care for 24 million people, scale up coverage of programs for the PMTCT in Africa. addressing sexual exploitation and gender-based violence remain critical. Support for sexual and reproductive health should be made available and accessible to adolescents and to other highly vulnerable groups. Barriers of discrimination, stigma and exclusion... should be eliminated. The G8 supports ongoing work to review travel restrictions for HIV positive people with a view to facilitating travel and we are committed to follow this issue.
TB	22	<ul style="list-style-type: none"> The expansion of the Stop TB Strategy..is essential The G8 must also strengthen surveillance and diagnostic systems for MDR/XDR-TB as well as integrated collaborative approaches to address co-infection of HIV and TB as recommended by WHO.
Malaria	23	<ul style="list-style-type: none"> The G8 should continue to expand access to LLITN...IRS... ACT... IPT. G8 will continue to expand access to LLITN with a view to providing 100 million nets... Continuous vigilance and pre-emptive action should be supported to help manage and prevent resistance to ACT...
Other Infectious Diseases	24 25	<ul style="list-style-type: none"> The incidence of polio is at its most geographically focused in history and we have the opportunity to eradicate the disease if we intensify our efforts. The G8 will meet its 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. The G8 supports a strong commitment by polio-endemic countries, and will work with them in the efforts to eradicate polio, bearing in mind the World Health Assembly resolution urging poliomyelitis-affected countries to engage all levels of political and civil society in these efforts. The G8 will work to support the control or elimination of (neglected tropical) 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.

3. Pledges in the past G8 Summits

(1)G8 Pledges from 80's to 2004

Year and Place	Contents
1985 Bonn (Germany)	We shall continue to see to work with developing countries, so as to help them to fight hunger and disease...
1986 Tokyo (Japan)	We pledge ourselves afresh to fight against hunger, disease..
1987 Venice (Italy)	Heads of State or Government and the representatives of the European Community affirm that AIDS is one of the biggest potential health problems in the world.
1989 Paris (France)	<ul style="list-style-type: none"> We take note of the creation of an International Ethics Committee on AIDS
1996 Lyon (France)	<ul style="list-style-type: none"> The goals of a new partnership for development should include improved health The objective of this new partnership includes giving more explicit priority to sustainable development and alleviation of poverty. This should mean adequate ODA funding of essential sectors such as health... (In relation to the new partnership) we emphasize the usefulness of indicators capable of measuring progress toward development objectives in specific countries in areas such as extremem poverty, infant, child and maternal mortality... we endorse the creation and implementation 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 pledge to support this effort (measures already undertaken in each of our countries to encourage scientific community in its search for remedies to these diseases) at the national level, while at the same time promoting international cooperation among research teams in this field. 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. encourage cooperation among those of us who jointly conduct cooperative projects with Africa, S Asia, Latin America and the Carribean by transferring our expertise in regard to surveillance, prevention, research, diagnosis, and treatment of these diseases. continue to work to ensure that availability of safe and effective treatments for these all-too-often diseases. we strongly support the efforts of the WHO and UNAIDS.
1997 Denver (US)	<ul style="list-style-type: none"> 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...environmental protection and human resource development, including health and education of their people. 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 nationa 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. we support the efforts of the WHO and the recent World Health Assembly resolutions regarding the quality of biological and pharmaceutical products. we will work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration. we will work to assure that it (UNAIDS) has resources adequate to fulfill its mandate.
1998 Birmingham (UK)	<ul style="list-style-type: none"> we will continue of efforts to reduce the global scourage of AIDS through vaccine development, preventive programmes and appropriate therapy, and by our continued support for UNAIDS. we welcome the French proposal for the 'Therapeutic Solidarity Initiative' and other proposals for teh preveniton and treatment of AIDS, and request our esperts to examine speedily the feasibility of their implementation. 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.
1999 Cologne	<ul style="list-style-type: none"> 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 the 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 eh global and regional level. We also pledge to continue our national and international efforts in the fight against infectious and parasitic diseases, such as malaria, polio and TB, and their drug-resistant forms. we will continue to support the endeavors of the WHO and its initiatives "Roll Back Malaria" and "Stop TB". We call on the governments top adopt these recommended strategies.

<p>2000 Okinawa (Japan)</p>	<p>We also agree to give special attention to three issues - ...health... as a spur to growth.</p> <ul style="list-style-type: none"> ● (Commit 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 (HIV/AIDS Pandemic, slow growth), with particular priority on promoting equitable distribution of the benefits of growth through sound social policies, including regarding health and education. ● we have agreed to: Implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and tuberculosis (TB) ● We... commit ourselves to working in strengthened partnership with governments, the WHO and other IOs, industry (notably pharmaceutical companies), academic institutions, NGOs and other relevant actors in CS to deliver three critical UN targets: (1) Reduce the number of HIV/AIDS-infected young people by 25% by 2010; (2) Reduce TB deaths and prevalence of the disease by 50% by 2010; (3) Reduce the burden of disease associated with malaria by 50% by 2010. ● In order to achieve this ambitious agenda our partnership must aim to cover: <ul style="list-style-type: none"> - 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. ● 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. ● We will convene a conference in the autumn this year in Japan to deliver agreement on a new strategy to harness our commitments. 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.
<p>2001 Genoa (Italy)</p>	<ul style="list-style-type: none"> ● Our partnership will support the key themes of the New African Initiative, including: <ul style="list-style-type: none"> ➤ Human development, by investing in health and education, and tackling HIV/AIDS, TB and malaria, including through the Global AIDS and Health Fund ● we have launched with the UN Secretary-General a new Global Fund to fight HIV/AIDS, malaria and tuberculosis. 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. ● 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. ● 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...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.

<p>2002 Kananaskis (Canada)</p>	<p>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.</p>
	<p>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.</p>
	<p>We commit to: Helping Africa combat the effects of HIV/AIDS - including by:</p> <ul style="list-style-type: none"> • 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.
	<p>The impact of HIV/AIDS on the teaching profession and the operations of schools must be acknowledged and addressed in national educational plans. 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.</p>
	<p>We commit to: 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.</p>
	<ul style="list-style-type: none"> ● We commit to: 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.

2003 Evian (France)	<ul style="list-style-type: none"> • 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.
	<ul style="list-style-type: none"> • 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. • We reaffirm our support for the Global Fund to fight AIDS, Tuberculosis, and Malaria. • 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. • 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.
	<ul style="list-style-type: none"> ● 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. ● 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. ● 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.

2004 Sea Island (US)	<ul style="list-style-type: none"> ● 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. ● The best way to meet these challenges is for scientists around the world to work together in a complementary manner. ● 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 ● We endorse this concept and call for the establishment of a Global HIV Vaccine Enterprise. ● 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. ● <ul style="list-style-type: none"> ➤ Encourage the development of a number of coordinated global HIV Vaccine Development Centers... ➤ Stimulate the development of increased dedicated HIV vaccine manufacturing capacity... ➤ Establish standardized preclinical and clinical laboratory assessment... ➤ Expand an integrated international clinical trials system... ➤ Optimize interactions among regulatory authorities ➤ Encourage greater engagement by scientists from developing countries ● We call on all stakeholders in the Global HIV Vaccine Enterprise to complete the development of this strategic plan by our next Summit. ● 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.
	<ul style="list-style-type: none"> ● We will take all necessary steps to eradicate polio by 2005. ● 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. ● 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. ● 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. ● 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. ● 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. ● 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.

(2) The Pledges in Gleneagles G8 Summit, the UK

Health General	<ul style="list-style-type: none"> 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.
Infectious Diseases	<ul style="list-style-type: none"> (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.
HIV/AIDS	<ul style="list-style-type: none"> We will work to achieve these aims by: <ul style="list-style-type: none"> (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. We will work to achieve these aims by: <ul style="list-style-type: none"> (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.
Malaria	<ul style="list-style-type: none"> 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.
TB	<ul style="list-style-type: none"> 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.
Health System Strengthening	<ul style="list-style-type: none"> 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.
Other Infectious Diseases	<ul style="list-style-type: none"> 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.
Financing	<ul style="list-style-type: none"> The commitments of the G8 and other donors will lead to an increase in official development assistance to Africa of \$25 billion a year by 2010, more than doubling aid to Africa compared to 2004. On the basis of donor commitments and other relevant factors, the OECD estimates that official development assistance from the G8 and other donors to all developing countries will now increase by around \$50 billion a year by 2010, compared to 2004.

(3) The Pledges in Sankt Petersburg, Russia

Infectious Diseases	<ul style="list-style-type: none"> We pledge our continued support to UNAIDS, WHO, GAFTM, WB and other organizations, initiatives and partnerships actively working to fight these diseases (HIV/AIDS, tuberculosis (TB) and malaria. 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. 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. 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 We call for wider recognition of the rapidly increasing problem of antimicrobial drug resistance. We
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	<p>encourage increased mobilization of efforts to address this problem of global dimensions.</p> <ul style="list-style-type: none"> ● 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.
HIV/AIDS	<ul style="list-style-type: none"> ● Combating this disease (HIV/AIDS) 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 MDGs, and to the objectives outlined in the Gleneagles Summit Communiqué, and the call in the UNGASS on HIV/AIDS of June 2006 for scaling up significantly towards the goal of UA to comprehensive prevention programs, treatment, care and support by 2010. ● We welcome the focus by the Africa Partnership Forum on HIV/AIDS this year, the first Conference on HIV/AIDS in Eastern Europe and Central Asia in May 2006 in Moscow and the XVI International AIDS Conference in Toronto in August 2006, where the world community will address the theme 'Time to Deliver.' ● In our response to HIV/AIDS, we will adhere to the following principles: <ul style="list-style-type: none"> (1) further promotion of a comprehensive and well-balanced approach to tackling HIV/AIDS, which includes prevention, treatment and care; (2) continued involvement of all relevant partners, including CS, 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; (3) scale up support to address the rising rates of HIV infection among young people, particularly young girls and women; (4) 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; (5) facilitating access to prevention, treatment and care for the most vulnerable segments of the population; (6) 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. ● 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 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.
Malaria	<ul style="list-style-type: none"> ● To address this urgent situation (malaria), we: <ul style="list-style-type: none"> (1) 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; (2) will collaborate with governments, private sector companies and NGOs in public-private partnerships to expand malaria interventions and programs; (3) 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; (4) 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 (5) we commit ourselves to a regular review of our work in the field of tackling these three pandemics.
TB	<ul style="list-style-type: none"> ● We reaffirm the commitment we made at the Genoa Summit in 2001 to halt the spread of this disease (TB). 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. ● We note with concern the rate of HIV/AIDS and tuberculosis co-infection and seek to promote unified coordination for activities in this regard.
Health System Strengthening	<ul style="list-style-type: none"> ● We reaffirm our partnership with African nations and with the AU, and will continue to work with them to deliver on the goals of the NEPAD, to improve health systems overall and to fight infectious diseases. ● 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. ● 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. 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.
Global Fund	<ul style="list-style-type: none"> ● 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

	<p>foundation for the activities of the Fund in the years ahead.</p> <ul style="list-style-type: none"> ● 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.
Other Infectious Diseases	<ul style="list-style-type: none"> ● 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... ● 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. ● We will work with other donors and stakeholders to maintain this network (existing polio monitoring network) after polio has been eradicated, with a view to supporting other public health objectives, in particular those related to disease monitoring. ● 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. ● 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. ● 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.
Others	<ul style="list-style-type: none"> ● 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....

(4) Pledges in Heiligendamm G8 Summit (Germany)

<p>Health General</p>	<p>in</p> <ul style="list-style-type: none"> ● The G8 countries will scale up their efforts to contributing towards the goal of UA 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...with particular attention paid to the needs of those most vulnerable to infection, including adolescent girls, women and children. ● Recognize that meeting this goal of UA as well as realizing the MDG for fighting HIV/AIDS, malaria and tuberculosis on a sustainable basis and strengthening of health systems will require substantial resources.
<p>Infectious Diseases</p>	<ul style="list-style-type: none"> ● 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
<p>HIV/AIDS</p>	<ul style="list-style-type: none"> ● The G8 will support the nationwide inclusion of appropriate HIV/AIDS-related information... in school curricula...as well as prevention information with regard to malaria and other relevant health topics. ● 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. ● The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and SRH and voluntary Family Planning programs, to improve access to health care, including PMTCT, and to achieve the MDG by adopting a multisectoral approach and by fostering community involvement and participation ● 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 paediatric treatments in the context of UA, 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 VFP, an estimated US\$ 1,5 billion. ● The G8 reaffirm their commitment to scaling up towards "UA" 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: <ul style="list-style-type: none"> African Governments <ul style="list-style-type: none"> ◇ 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 <ul style="list-style-type: none"> ◇ 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 <ul style="list-style-type: none"> ◇ 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 international standards and strengthen regulatory, certification and training institutes. ◇ 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. ● We welcome the decisions of the UN General Assembly to give UNAIDS the mandate to report and monitor progress towards the goal of universal access and to assist country-processes by providing a regular assessment of the status of countries' integrated plans and their financing as part of the annual monitoring of the epidemic. We encourage African parliamentarians and civil societies to promote transparency and accountability with regard to those steps and support their implementation. ● As an important step to scaling up towards the goal of UA 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

	<p>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.</p> <ul style="list-style-type: none"> ● 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. ● The G8 welcome innovative financing initiatives
Malaria	<ul style="list-style-type: none"> ● 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 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.
TB	<ul style="list-style-type: none"> ● 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
Maternal Newborn and Child Health	<ul style="list-style-type: none"> ● 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 paediatric 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.
Reproductive Health	<ul style="list-style-type: none"> ● The G8 will take concrete steps to support education programs especially for girls, to promote knowledge about sexuality and RH and the prevention of STI.
Health System Strengthening	<ul style="list-style-type: none"> ● 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. ● 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. ● 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. 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.
Global Fund	<ul style="list-style-type: none"> ● G8 members pledge to work with other donors to replenish the GFATM and to provide long-term predictable funding based on ambitious, but realistic demand-driven targets ● G8 partners will work with other stakeholders so that GFATM resources continue to be used in alignment with existing national priorities and processes ● 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.
Other Infectious Diseases	<ul style="list-style-type: none"> ● will make utmost efforts in cooperation with IO and partners to eradicate polio and will also work with others to close urgent funding shortfalls.
finances	<ul style="list-style-type: none"> ● The G8 will continue our efforts towards these goals (UA, MDG for fighting HIV/AIDS, TB and Malaria on a sustainable basis and strengthening health systems) to provide at least a projected US\$ 60 billion over the coming years, and invite other donors to contribute as...

PART III: HIV/AIDS AND GLOBAL HEALTH: THE G8 GUIDEBOOK

1. The G8 Process

In 1975, the first group of the world's six major industrialized countries met in Rambouillet, France. 33 years later, the G8 grew from a meeting of major developed countries to regulate economic policies, to a year long process filled with series of meetings so that these eight countries that dub themselves a major country can determine policy directions for global issues that affect the rest of the world.

Civil Society and the G8: Shifting Approaches

Traditionally, civil society's approach to the G8 has been to simply oppose the G8, and if possible to stop the G8 from being held. Although remaining highly critical of the monopolistic policies determined by an exclusive group of eight countries, civil society, beginning with the 2005 Gleneagles G8 Summit, changed their approach on the G8. Taking advantage of their economic scale and global influence of their policies, civil society took the approach of calling on them to use this money and influence they have to address and tackle global issues such as poverty and climate change.

Civil Society of G8 countries carry the responsibility of lessening the harmful effects of bad policies created by

the G8 countries and imposed on the rest of the world, while strengthening and improving positive aspects of their policies. The cost and workload has been tremendous for civil societies that are seriously confronting this year-long G8 process. Advocacy towards the G8 has usually been led by civil society of the G8 host country, and cooperate and coordinates with civil society from other G8 countries as well developing countries. On poverty and developmental issues, GCAP (Global Coalition for Action against Poverty) was responsible for much of the coordination of activities with civil society from developing and G8 countries. However, information on the experiences and activities of civil society working on global health issue for the G8 is yet to be accumulated.

This guidebook is an accumulation of the experience and information on the global health policy making process of the G8, predominantly using the experiences of the 2008 G8 Summit in Toya-ko, Japan. The purpose of the guide book is to leave an institutional memory to be used by future civil society groups of G8 host countries. The guidebook is divided into the following sections, with each section including the description of the experiences of Japanese civil society and the lessons learned from their experiences:

- (1) The General Flow of the G8 Process
- (2) Creation of Civil Society Networks for the G8 Process
- (3) Global Health as an Agenda Item
- (4) Media and Civil Society
- (5) Engagement in the Meetings of the G8 Process
- (6) Civil Society and the G8 Summit



G8 Civil Society Peace Walk, July 5, 2008

2. The General Flow of the G8 Process

(1) The G8 Process Setup

The presidency of the G8 rotates annually among the member countries, with each new term beginning on January 1 of the new calendar year and ending on December 31. The time from January 1 to the actual G8 summit is the preparation process, where the country holding the presidency holds a series of meetings. The time following the summit is the transition and adjustment period with the chair of the next summit. The discussion held during this period will feed into the next G8 summit process.

(2) Meetings in the G8 Process

The meetings that make up the G8 Process can be divided into the following:

- i. Meetings exclusive to government officials of G8 countries
- ii. Meetings held with additional countries, institutions and foundations
- iii. Meetings held with civil society

i) Meetings exclusive to government officials of G8 Countries:

- Meetings of the Sherpas: Meetings held by the G8 Sherpas in preparation for the summit.
- Ministerial Meetings: Ministers responsible for various sectors, held a meeting in preparation for the summit. The ministerial meetings that were held are as follows: Foreign Minister, Science and Technology, Finance, Justice and Home Affairs, Energy, Environment, Labor and Development.
- G8 Summit: Besides the Outreach Sessions with non-G8 countries (Africa and emerging countries), the G8 Summit is exclusive to the leaders of G8 countries.

ii) Meetings held with additional countries, institutions and foundations:

- World Economic Forum (Davos Conference): Top business and national political leaders of the world gather annually to have dialogue on major global issues. The chair of the G8 host Country traditionally participates and makes a speech.
- Africa partnership Forum: An initiative launched in 2002 Kananaskis G8 Summit, is a meeting consisting

of leaders of member countries of NEPAD (New Partnership for African Development), the chair of the African Union, additional institutions, OECD and the APRs (Africa Personal Representative). This meeting is held twice a year: once before and once after the G8 Summit.

- G8 Outreach Sessions: A meeting held twice during the actual summit. There are two types of outreach sessions:
 - Outreach Session: A meeting which includes the leader of the five major emerging economies (China, India, Brazil, Mexico and South Africa). Sometimes the session includes other major developing countries.
 - Africa Outreach Session: A meeting which includes the five NEPAD countries (Egypt, Algeria, Senegal, Nigeria and South Africa) as well as the chair of the African Union. Sometimes the session includes a few other major African countries.

iii) Meetings held with Civil Society

- Civil G8 Dialogue: A dialogue held between G8 Sherpas and civil society members representing different issues and different parts of the world. This meeting first began during the 2006 G8 Summit process in St. Petersburg and continued in the Germany and Japan's G8 Summit processes.
- Session between International NGO's and the Chair of the G8: The chair of the G8 host country met with a few number of International NGOs working in global issues such as poverty and climate change to have policy dialogue. First held in the 2006 St. Petersburg G8 process by Russian President Vladimir Putin in which he had a discussion with numerous civil society organizations for over three hours. This type of meeting continued in Germany and Japan, although the chair of the G8 met with a much smaller number of NGOs and held in a more discrete manner.

These meetings, which are a part of the G8 process, are held continuously from January to the actual summit. An aggregate of all the schedules of the meetings held in Japan is attached to this guidebook. Civil Society strategically approached each of the meetings as part of their strategy for the G8 process at large.

A list of the G8 Process Events: 2008 G8 Summit in Japan

G8 Hokkaido-Toyako Summit 2008: Key Events														
Issues	Calendar		2007					2008						
			October	November	December	January	February	March	April	May	June	July		
Poverty, Development	Official Processes and Events	G8 Process		Africa Partnership Forum in Algeria	The end of month/ Unofficial G8 Sherpa meeting	1st/ Japan's G8 Presidency start 23th-27th: World Economic Forum, Japan will announce G8 Agenda (Davos)	G7 Finance Ministers mtg		14th-16th: G20 mtg no Climate Change and Sustainable Development	5th-6th: G8 Development Ministers Meeting (Tokyo) 7-8th: Africa Partnership Forum (Tokyo)	G8 Sherpa mtg, 11th-13th: G8 Labour Minister meeting (Niigata) 25th-27th: G8 Environment Ministers Meeting (Kobe)	13th-14th: G7 Finance Ministers Meeting (Osaka) 23-25th: G8 Sherpa Meeting 26th-27th: G8 Foreign Ministers Meeting (Kyoto)	7th-9th: G8 Hokkaido-Toyako Summit	
		G8 Civil Society Process								7th: Civil Society Session, Africa Partnership Forum 23-24th: Civil G8 Dialogue		mid-June: Civil Society Meeting with Japanese Sherpa mid-June: Int'l NGO Meeting with Japanese PM (Chair of G8)		
		TICAD Process	30th-31th: TICAD Regional Meeting in Zambia	21-22th, TICAD Regional Meeting in Tunisia					20-21st: TICAD Preparatory Ministerial Meeting in Libreville, Gabon			28th-30th: TICAD (Yokohama)		
		Process on Global Health		25th: FM Koumura's Speech on Health UNAIDS figures announced, 20th-21st G8 civil society meeting in		26th: PM Fukuda's Speech on Global Issues in Davos	14-15th; 1st G8 Health Experts Meeting (Tokyo, G8, H8, Norway and AU) 16th, Global Health Summit, Japan 17th: Global Health Experts Workshop with Civil Society		9-10th: 2nd G8 Health Experts Meeting (G8+ some H8 Orgs)	World Health Assembly (Geneva) 23-24th: Friends of the GF Symposium (PM)	10-11th: UNGASS HLM on HIV/AIDS 11-12th: 3rd G8 Health Experts Meeting			
		In Japan		Komura will announce Global health Issue	Japan announces budget for FY2008		Global Health Summit, Japan (16th)	Japanese Diet approves budget FY2008 14th-16th: G20 mtg no Climate Change and Sustainable Development						
		Other development-related		ASEAN+3, 21th: East Asia Summit (Singapore), UNDP Human Development Report	AU-EU Summit (Lisbon), EFA High Level Group Meeting (Senegal)	AU General Assembly		22-23rd: FTI Meeting in Japan	4th: OECD DAC Aid figures announced			Late-June: AU Summit		

3. CREATION OF CIVIL SOCIETY NETWORKS IN HOST G8 COUNTRY FOR THE G8 PROCESS

(1) Overview

Carrying out effective advocacy and mass mobilization campaigns for the G8 process requires civil society to embody a common framework and create a well-coordinated coalition. Furthermore, the coalition must suit the history, culture and have an understanding of the conditions of the host country's civil society, and have enough flexibility to adjust to changes.

Traditionally, within a country, there are civil society networks on the basis of common issue (environment, MDGs, national issues), region (proximity to capital, region), type (advocacy, project), policies, ideologies etc. It is desirable when several of these networks come together and create a framework that will allow them to work as one. If it is difficult for the networks to come together to form one common framework, it is desirable for the different networks to create a mechanism for coordination.

(2) Experience from the 2008 G8 Process

a) On the Making of the 2008 G8 Summit NGO Forum

- Towards the end of 2006, under the call of JANIC (Japan NGO Center for International Cooperation), a Japanese networking NGO working on development and international cooperation, several preparatory meetings were held to create the foundations for this forum. On January 2007, the 2008 G8 Summit NGO Forum was officially launched with the involvement of many NGOs. From the early stages, the Forum had a framework that not only included NGOs involved in development and poverty in developing countries, but those involved in climate change and other environmental issues and peace and human rights.
- The primary task of the Forum was to produce policy recommendations, irrelevant of if one is for or against the existence of the G8.
- The Forum produced a 2008 G8 Summit NGO Forum Prospects (See http://www.g8ngoforum.org/forum/wp-content/uploads/2007/09/ngo_forum_prospectus.pdf) and Rules of Operation (See <http://www.g8ngoforum.org/forum/uploads/ngo-forum-rules-of-operation.pdf>), and NGOs in agreement with these two documents became part of the Forum. The Prospects emphasized adherence to the law and

the Rules of Operation clearly stated the Forum's rejection to any activities that will be violent or unlawful. This ensured that the activities of the organizations within the Forum will abide to the law and will not use violent and unlawful tactics.

b) On Cooperation and coordination with other networks

- Besides the Forum, the G8 Action Network was set up, consisting of NGOs or social movement organizations that questioned the existence of the G8 and/or opposed the G8. Although the Forum did not have any official relations with this network, on activities such as the peace walk that took place before the G8 Summit, they coordinated with each other and conceived a joint civil society statement in the case of a clamp down from security and police forces.
- In Hokkaido, which was the venue of the 2008 G8 Summit, the G8 Summit Hokkaido Civil Society Forum was launched. The 2008 G8 Summit NGO Forum worked in cooperation with the Hokkaido Forum, and co-hosted the People's Summit 2008 in Hokkaido during the G8 Summit

c) On the organizational structure of the Forum

- The Forum was divided into three issue-based units ("Environment", "Poverty and Development" and "Peace and Human Rights") that worked together while simultaneously working on advocacy and the release of statements within each unit. Furthermore, decisions on issues that encompassed all units were led by the Board of Trustees which consisted of the leader and sub-leader of each unit, the chair, the vice chairs and the campaign leader.
- The Poverty and Development Unit consisted of five issue-based working groups and a unit policy team called the Poverty and Development Policy Committee. The working groups that dealt with global health issues was called the Global Health Committee.

(3) Evaluation

- The Forum, which was conceived well over half a year before the 2008 G8 Summit hosted in Japan, has created the foundations for civil society engagement in the shaping of policies, and the smooth succession into advocacy that followed, left a positive impact of civil society.
- Furthermore, we should take into account that NGOs working in poverty and development issues and

NGOs working on environmental issues worked under a common framework of the 2008 G8 Summit Forum. Together, they created a structure in which they could hold both formal and non-formal discussions. NGOs working in poverty and development have taken part in building the foundations, and on an equivalent base, coordinated in the summit processes. Such examples includes the Civil G8 Dialogues, a process which was originally led by NGOs working on environmental issues.

4. GLOBAL HEALTH AS AN AGENDA ITEM

(1) Overview

Since the Kyushu-Okinawa G8 Summit in 2000, infectious diseases had become one of the major agenda items within global issues of the G8. Every year, some kind of discussion on this topic takes place, followed by a new commitment.

On HIV/AIDS, at the 2005 Gleneagles G8 Summit and the 2006 St. Petersburg G8 Summit, the G8 countries committed to the attainment of Universal Access to HIV/AIDS treatment, care and prevention by 2010.

Not until the 2007 Heiligendamm G8 Summit, had Health System Strengthening become a major topic within the global health agenda of the G8. Meanwhile, adequate and necessary focus and commitment on the improvement of maternal health was lacking due to the particular position of the U.S. Republican Administration. The same could be said with the lack of discussion and commitments on the reduction of child mortality rate.

NGOs working on global health issues needs to work to ensure that Millennium Development Goals that are off track of being met, will become a major topic within the global health agenda every year of the G8. This requires more than NGOs calling upon the government for the attainment of the goals, but to work with various formal and informal sectors that can cooperate with NGOs so that the decision of the Governments to make global health as an major agenda item will become a reality.

As NGOs working on HIV/AIDS and other infectious diseases, it is necessary to urge the G8 governments to not only work on the policy-making process for maternal, newborn and child health (MNCH) and health system strengthening (HSS), but also work to ensure the implementation of the pledges and programs of infectious diseases and HIV/AIDS, which already has a policy and framework.

(2) Experience from the 2008 G8 Process

i. The Global Health Committee of the 2008 G8 Summit Forum called on the Ministry of Foreign Affairs to ensure that global health is one of the main agenda items of the G8.

ii. A year before Japan took its turn as the G8 chair, civil society of the G8 country had began some contact with private foundations and bilateral aid agencies interested in bringing focus to global health issues. The Global Health Committee took advantage of these contact opportunities to create a network, so that these various sectors could work as one to push the Japanese Government to place global health as one of the major agenda items of the G8.

iii. Outside the Forum, a large movement that took place to ensure global health as one of the major agenda items was the "Challenges in Global Health and Japan's Contributions: Research and Dialogue Project" and its working group (also known as the Takemi Working Group: see http://www.jcie.or.jp/thinknet/takemi_project/index.html) led by Keizo Takemi, former Senior Vice Minister of Health, Labour and Welfare and former, as well as Senior Vice Minister of Foreign Affairs. Funding was provided by the Gates Foundation and Japan Center for International Exchange served as the secretariat. They helped create an opportunity for advocacy to top-level officials, such as the Prime Minister and the Cabinet. The participation of NGO members in this working group was a breakthrough because it has made it possible for advocacy to the top level officials to include the assertions of NGOs.

iv. Such movements paved the way to Foreign Minister Masahiko Koumura to state on November 2007, in a policy speech on global health, "to develop a set of common framework for action [on global health] shared by the international community". This speech set global health as one of targets for the Toya-ko Summit. (See: www.mofa.go.jp/policy/health_c/address0711.html)

(3) Evaluation

The above processes helped push global health into becoming one of the central issues within the broader development agenda. For NGOs working on global health, this has created a tremendous opportunity.

However, many issues exist within the global health, such as maternal and child health, Health System Strengthening and infectious diseases. Throughout 2007-2008, there were much heated debates on which of these issues to emphasize within the area of global health policies.

Furthermore, Japan has traditionally favored a horizontal approach or an overall approach such as those centered around Health System Strengthening, than a vertical or a straightforward approach, which focused specifically on certain diseases. Japan has arrived at their global health policy by emphasizing on this overall approach.

At this stage, there had been disappearing momentum on tackling HIV/AIDS and other infectious diseases within the context of policy discussions for the G8. Although policy frameworks and commitments were already in place for infectious diseases, there were questions to whether they would keep those commitments. The Global Health Committee worked to balance the NGOs focusing on certain issues as Health System Strengthening, maternal and child health, and infectious diseases and called for a scale up in the global health sector as a whole.

Furthermore, the Takemi Working Group also took a similar position as NGO's. Thus, infectious diseases including HIV/AIDS were ranked high on the agenda of the G8.

5. MEDIA AND CIVIL SOCIETY

(1) Overview

Within the strategy for G8 advocacy, cooperation with the media should be taken as one of the priority activities. The government, bureaucrats and members of the Diet are directly linked to policy decisions. In contrast, the media is not directly linked to the policy decisions, however, the media is the only institution that can function at a macro level to connect the policy making sector with other sectors through information disbursement. Especially in topics pertaining to the G8 Summit, it is not an exaggeration to say that the media can regulate the trend or the focus on a certain issues, in a way that can sway the trend or focus of the policy-making sector.

Since 2000, the international media have been taken up global issues as one of central issues of the G8. Large numbers of U.S. and European media have been covering issues of poverty and development in developing countries such as global health issues as the major agenda item of the G8 Summit (although less than environmental issues such as climate change). The activities of Civil Society and the media have shaped the public opinion of G8 countries, and in turn, these public opinions have had a strong influence on the policy decisions or indecisions of the G8 country governments.

The media of the G8 countries holds a large influence on the policy direction of the G8 countries, thus it is important for civil society of G8 countries, to strengthen their cooperation with the media.

(2) Experience from the 2008 G8 Summit Process

- **The overall direction**

Japanese media has traditionally taken a liking to the climate change issues, whereas poverty and development issues such as the Millennium Development Goals, and furthermore, global issues such as global health have taken the backseat in coverage. Furthermore, the coverage of international events had been low in their priority; especially regions such as Africa were amongst the lowest in priority for regions of coverage. Albeit, there are a number of dedicated journalists working to cover issues such as health and Africa, however, their hard work has not been sufficiently reflected within the bureaucracy of the dominant media companies.

However, media coverage on Africa and poverty and development issues has slightly increased since 2007, due to the fact that the 2008 Tokyo International Conference on African Development (TICAD IV) took place in the same year that the G8 Summit was hosted by Japan. Furthermore, media interest in the activities of NGO has begun to increase as well. This has been especially true of the increasing attention given to the G8 NGO Forum, which was made up of over 100 NGOs working of issues ranging from development, environment and Human Rights. Beginning with the latter half of 2007, the G8 NGO Forum has held press conferences with major Japanese print media companies such as Asahi, Mainichi, Yomiuri and Sanakei to increase awareness and educate them on global issues such as poverty and development and issues related to Africa.

The press conferences not only strengthened Civil Society cooperation with interested journalists, but created some influence on high-level people with decisions making power over editorial policies and article selection.

Lastly, throughout the Summit, media showed interest in the activities of NGOs at the International Media Center, leading to the coverage of statements and messages of NGOs in newspapers and television shows.

6. TOWARDS THE G8 SUMMIT: INITIAL PHASE (JANUARY ~ FEBRUARY 2008)

(1) Overview

The official transfer of the summit chair occurs on January 1 of the new calendar year, but consideration for major agenda items or the policy positions they will take has already begun as the actual summit of the previous year came to an end. The major agenda items of the G8 includes issues that were well-prepared beforehand and urgent issues that have occurred recently and must be addressed in a global scale. In the context of the 2008 G8 Summit process, global health was an issue that has been well-prepared for beforehand and the recent sharp rise in food and fuel costs are recent issues that must be addressed.

From January to February of the new year, the issues that have been prepared for are narrowed down, decided upon and then presented to the public. Typically, decisions on the agenda items are made at the Sherpa Meeting in

January. There has been a tradition that the chair of the G8 attends the World Economic Forum, held in the latter half of January every year, to announce the major agenda items of the G8. In 2008, Prime Minister Fukuda attended the World Economic Forum, and in a special session chaired by Tony Blair, the former Prime Minister of the United Kingdom, made a speech in which he announced the major agenda items of the G8 to include global health.

Now that the decision and the announcement have been made, the chosen issues would now be part of the G8 process and the policy making process on the issues will be in full force. In the experience of the 2008 G8 Summit process, from February 13 to 14, the first G8 H8 Health Experts Meeting was held. Furthermore, on February 16, Health Policy Institute Japan (HPIJ), a think tank on Japanese health policy, with the cooperation of the World Bank, hosted the Global Health Summit, aimed mainly at national policy makers in Japan. If global health becomes one of the main agenda items of the G8, there may be a possibility that private sector driven health policy forums and the summit process to be intertwined.

(2) Sherpa Meeting

Brief Overview

- The Sherpa meetings, as the name suggests, are meetings held by the Sherpas of the G8. The Sherpa meetings, held approximately once a month, functions as a steering committee on the substance of the G8 Summit. The dates and the places of the meetings are kept private for security reasons.
- The Sherpas are the backbone of the G8 policies. At the meetings, the Sherpas plays an important role of consolidating the trends or policies of each G8 country on the major agenda items, and then find the direction they would take on those agenda items. To ensure civil society can hold an effective advocacy, civil societies of each G8 country must create a relationship of mutual trust with their respective Sherpas and/or relevant official, proactively hold meetings or discussions, synthesize the information they have gathered, analyze the policy direction of each country, and using the analysis, hold a coordinated advocacy.

Experience from the 2008 G8 Process: The first Sherpa meeting

- The first Sherpa meeting for the 2008 G8 Summit was held towards the early part of January 2008 in Japan. The G8 NGO Forum did not carry out any out of the ordinary advocacy towards this first Sherpa meeting.
- Generally, in Japan, the Deputy Minister for Foreign Affairs (Economic) serves as the G8 Sherpa, thus making Mr. Masaharu Kohno, the G8 Sherpa for the 2008 G8 Summit. In addition, Mr. Yoichi Otabe, the Director-General of Economic Affairs Bureau of the Foreign Ministry, and Mr. Rintaro Tamaki (later Mr. Takehiko Nakao), Senior Deputy Director-General of the International Bureau of the Ministry of Finance served as the sous-sherpas (also known as sub-sherpas). As G8 NGO Forum, there were limited opportunities to meet directly with Sherpa Kohno, such as the NGO and Government Dialogue Meeting on G8 Summit, held in February. However, civil society was able to hold more frequent meetings with Otabe Sous-Sherpa and Koro Bessho, director general of international Cooperation Bureau of the Foreign Ministry, who was in charge of issues related to poverty, development and MDGs.

(3) The World Economic Forum (Davos)

Brief Overview

The World Economic Forum (Davos Conference) is an annual gathering in Davos, Switzerland, of top leaders in business, finance, national politics and intellectuals of the world, taking place in the latter half of January. Dubbed as the World's Rich Man's Club, civil societies of the world in opposition, created the World Social Forum, first launching in 2001 at Porto Alegre, Brazil. But with growing acknowledgement of the important role of civil society in the policy decisions of global issues, the hosts of the World Economic Forum began to invite the participation of dominant international NGOs. For example, in issues related to poverty and global health, Oxfam International participated in the Forum. Furthermore, Bono (Data/One serves as the policy team to Bono), vocalist of U2 actively engaged himself at the World Economic Forum and carried out meetings with heads of states and members of the media.

The World Economic Forum and the G8 Summit: The role of Civil Society

- The G8 Summit is one of the areas of interest at the World Economic Forum with a tradition that the chair of the G8 Summit attends the Forum and participates in a session in which he/she will announce the major agenda items of the G8 Summit. Although, by the time of the Forum, the major agenda items of the G8 are virtually decided unofficially, civil society can still work to influence the speech of the chair of the G8. Usually, the speech by the head of state is broadcasted on the web and the footage is made public on television.
(See: www.mofa.go.jp/policy/economy/wef/2008/address-s.html)
- Civil Society can take the following actions:
 - Work in cooperation with think tanks and institutions/organizations of the G8 host country associated with the World Economic Forum to make recommendations on the speeches of the G8 Summit Chair.
 - To work in cooperation with notable figures working on global health issues participating in the World Economic Forum (such as Bono and Jeffrey Sachs) to advocate to the G8 Summit chair.
 - To have international NGOs (such as Oxfam International and Data/One) to monitor the statements and remarks of the G8 chair and find possible advocacy routes.

Experience from the 2008 G8 Process

- The G8 NGO Forum made the World Economic Forum a point of focus, and released a four page statement as a response to the speech Prime Minister Fukuda made at the special session. This statement was disbursed to members of the media. (See Reference 1 : page 39)
- The G8 NGO Forum coordinated with a Japanese think tank on health and medical policies, the Health Policy Institute of Japan (HPIJ), which is also involved in the organization of the World Economic Forum. Coordination with HPIJ began to form during the February Global Health Summit, which was also hosted by this think tank.
- There was information sharing from the two international NGOs that participated in the World Economic Forum, Oxfam International and World Vision International.



Global Health Civil Society Symposium (February 6, 2008)

(4) G8 Health Experts Meeting

Brief Overview

- Within the G8 process, several Ministerial meetings according to various topics takes place. A G8 Health Ministerial meeting does not exist, thus, within the G8 process, there is a lack of ministerial level meetings on the issue of health.
- Although not a complete substitute to the Ministerial Meeting, the G8 Health Experts meeting was set up by an initiative of the Japanese Government for the 2008 G8 Summit in order create a draft for global health policy. The creation of the G8 Health Experts meeting is a response to the speech made by the Minister of Foreign Affairs, Masahiko Koumura in November 2007 to develop a set of common framework for action shared by the international community. Each G8 government chose a health expert to draft the Common Framework for Action, and the gathering of these health experts became what is now known as the G8 Health Experts meeting.
- The G8 Health Experts Meetings were held three times (February, April and June) throughout the G8 Process. In addition, the health experts met several times among themselves at an adjustment meeting up till moments before the actual summit.
- Whether the G8 Health Experts Meeting will be held for future summits is yet to be determined. However, it is safe to assure that Global Health will be on the agenda until 2010 since the outcome of the 2008 Summit, the Common Framework for Action, created a follow up mechanism. Thus, there is a high possibility that a meeting similar to the G8 Health Experts Meeting will be held for the next Summit.

Experience from the 2008 G8 Process

- The office in charge of G8 global health policies of the Japanese Government and the Foreign Ministry are the Global Issues Cooperation Division of the Office of Director General for Global Issues. Mr. Jun Yamazaki, in addition to serving as the chair of the Health Experts meeting, also served as the head of the Japanese delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Even before the G8 Health Experts Meeting took place, there were already some informal dialogue among the Global Issues Cooperation Division of the Ministry of Foreign Affairs and various sectors including civil society. As for civil society, the Global Health Committee of the G8 NGO Forum held "Study Sessions", four times throughout December to February 2007. These study session provided an opportunity for the government officials to take in the expertise on global health issues of civil society, while gathering objective information on the global health policies of G8 Countries.
- The themes of the Study Sessions are as follows:
 - HIV/AIDS and Infectious Diseases
 - Maternal and Child Health
 - Health System Strengthening
 - Dialogue with International NGOs
- In these sessions, there were opportunities to have dialogue with international NGOs. On, February 6, notable NGO leaders working on various global health issues (see guest below), were invited by the Global Health Committee to hold a dialogue with the Ministry of Foreign Affairs. (See Reference 2, Page 43)
 - Valerie DeFillipo (International Planned Parenthood Federation)*
= Maternal and Child Health
 - Lucy Chesire (Kenya AIDS NGO's Consortium)*
= infectious diseases (Tuberculosis & HIV/AIDS)
 - Mogha Kamal-Yanni (Oxfam, Great Britain)*
= Health System Strengthening & HIV/AIDS
 - Rotimi Sankore (Africa Public Health Rights Alliance)*
= Health System Strengthening & HIV/AIDS
- From the Ministry of Foreign Affairs, several staff members involved in global health issues in the Global Issues Cooperation Division participated in the session, and actively exchanged ideas and information.
- On February 7, the Global Health Committee held a symposium on Global health titled Civil Society Symposium on Global Health: *What world's civil societies expect from Japan toward TICAD IV and G8 Summit*. The four international guests participated in the panel to speak about global health policies and the G8. There were over 200 audience members, as well as coverage from leading media stations, including NHK (Japan Broadcasting Corporation).
- This process allowed the Ministry of Foreign Affairs to have a concentrated discussion on global health policies with leaders of national and international civil societies before the G8 Health Experts meetings takes place. Furthermore, we believe that this was a valuable opportunity for them to gain comprehension on the current direction of global health policies. For Japanese civil society, this was a significant step in building a relationship of mutual understanding with those in charge of policy at the Ministry of Foreign Affairs.

Breakdown of the Health Experts Meeting

- The first Health Experts Meeting was held from February 13-14. Participants, in addition to the G8 Health Experts, were international institutions working on global health issues including the WHO, UNAIDS, UNFPA, the World Bank, International Planned Parenthood Federation (IPPF), Private Foundations such as the Gates Foundations and experts from the AU. The purpose of the meeting was to create a draft of the Common Framework for Action, and the participants primarily listened to the statements of experts from each country and institutions and organizations. NGOs were not officially invited to the Health Experts Meeting and were only allowed participation in the reception that followed. Proposals made by the Health Experts on global health issues that are accompanied by the issue of financial contribution, are made under the condition that it received consensus from the meetings of the Sherpas.
- The Second Health Experts Meeting was held from April 9-10. Participants, in addition to the G8 Health Experts include international institutions and other associated institutions, organizations and foundations. At this meeting, the first draft of the Common Framework for Action was put on the table, and consisted of discussions around this draft. Civil society submitted a demand paper in lieu of the Second Health Experts Meeting.
- The Third Health Experts Meeting was held from June 11-12. At this meeting, the final draft of the Common Framework for Action was drafted. Each G8 country expressed their different opinions in the "struggle" for the position and content of the Common Framework for Action. There was a tug-of-war on each issue, which continued through the June 23-25 Sherpa Meeting and even until the day of the actual Summit. Even after the meetings had ended, various unofficial processes took place among the health experts to settle issues on this document.

(5) Global Health Summit**Brief Overview**

- Several events titled Global Health Summit has been held, but the organizers and the content of the summit are extremely diverse. For example, the 2005 Global Health Summit was hosted by TIME Magazine with the promotion of the Gates Foundation. With private foundations and think tanks as the core discussants and with the addition of members of NGOs and international organizations, discussed issues in global health. Furthermore, in 2007, the American Public Health Association held Global Health Summit II.
- The Global Health Summit (See: <http://www.global-health-summit.org/>) held in Tokyo in February of 2008 was significantly different to the previous Global Health Summits. This Global Health Summit was hosted by the Health Policy Institute Japan (HPIJ), a think tank on Japanese health policy, with the cooperation of the World Bank. The Summit was aimed at high-level people in the Japanese Government and Economy and holds a significant role in the policy making process for TICAD and G8, with the purpose of conveying them the importance of global health. Invitations to the Summit were given to 100 key persons and included speeches from Junichiro Koizumi, former Japanese Prime Minister, Sadako Ogata, President of JICA and Joy Phumaphi, Vice President for Human Development at the World Bank. Such events with the aim to educate high-level people in Japan are significant in a country where understanding of the importance of global health in the global agenda is lacking.
- There is a possibility that a Global Health Summit may take place in future G8 host countries for the purpose of putting focus on the issues of Global Health for the G8. The hosts of the 2008 Global Health Summit in Japan (HPIJ and the World Bank) is looking into that idea.

Experience from the 2008 G8 Process

- The Global Health Committee of the G8 NGO Forum made contact with HPIJ as soon as they had information on the Global Health Summit in Tokyo. The Forum had learned from the host (HPIJ) that this summit will be different from the 2005 Summit hosted by TIME Magazine, and that the purpose will be to create awareness of global health issues among policy-makers in Japan. Several invited NGO members attended the Summit.
- On the day after the Summit (February 16), to aid in the effort of HPIJ and the World Bank, the G8 NGO Forum Global Health Committee held a Global Health Experts Session. Guest speakers included Joy Phumaphi, Vice President for Human Development at the World Bank and Kiyoshi Kurokawa, Chairman of the Health Policy Institute in Japan. From the side of the NGO, Masaki Inaba of the Global Health Committee made a speech (the content of the speech is attached: Reference 3, Page 47). There was participation from noted international institutions and organizations and representatives of the government that has participated in the G8 Health Experts Meeting and the Global Health Summit. This has helped ferment their confidence in the policy-making abilities of Japanese NGOs.

7. TOWARDS THE G8 SUMMIT: MID-PHASE (MARCH – APRIL 2008)

(1) Overview

At this phase, the directions the G8 leaders/G8 Countries would take on the major agenda items decided at the initial phase becomes definite. Furthermore, urgent issues that must be discussed at the G8 Summit are in determination. The direction of the Summit is almost settled at this phase. Moreover, civil society is now on track on the direction they will take in their advocacy and activities as the - minimum level of concession the G8 Countries will provide- becomes more evident.

In relation to poverty and development, at this phase, the Development Ministers Meeting takes place and the

Development Assistance Committee (DAC) of OECD (Organization for Economic Co-operation and Development) published their annual ODA data. This release of the ODA data is an important opportunity for advocacy. Furthermore, the Africa Partnership Forum took place at this time and provided an opportunity for the G8 and Africa to hold a dialogue. But most importantly, the Civil G8 Dialogue takes place. This is a process that first took place at the 2006 St. Petersburg Summit in which International Civil Society and the G8 Sherpas have a dialogue on various issues.

At the 2008 G8 Summit, adding to the complexity of the work of Civil Society, the Fourth Tokyo International Conference on African Development took place. In March of 2008, the Ministerial Meeting for TICAD IV took place in Gabon, and towards the latter half of May, TICAD IV took place in Yokohama, Japan.

(2) TICAD Ministerial Meeting

TICAD IV and the G8 Process

- The Tokyo International Conference on African Development (TICAD) is an initiative led by Japan to promote high-level policy dialogue amongst African leaders and their development partners for the development of Africa. TICAD was co-hosted in addition to the Japanese Government, by the United Nations Office of Special Advisor on Africa (UN-OSAA), the United Nations Development Programme and the World Bank. Since the first TICAD was held in 1993, the conference has continued on every five years in Japan. TICAD stands as a core conference in the diplomatic exchanges between Japan and Africa.
- For the reason that TICAD is not an official process of the G8, it will not be discussed in full detail in this book. However, 2008 became a special year for Japan because they would host both the G8 and TICAD, leading to the Japanese Government to put African Development as one of the main agenda items of the G8, and in attempt to increase the international significance and standing of TICAD, inevitably placed TICAD as part of the G8 process. In such incidence of when a diplomatic initiative of one G8 country becomes connected to the entire G8 process, civil society response must be taken case by case.

Experience of the 2008 G8 Process

- The past three TICADs were held in the fall (September or October). However, in 2008, when the G8 and TICAD would take place in the same year, and in order to make TICAD an integrated process of the G8, TICAD was moved to take place before the G8.
- Heavily influenced by the advocacy from the African Diplomatic Corps, Japan, whose competence have been growing in the lead up to the G8, and irritated by the ever aggressive Chinese interest in Africa, Japan chose to take on economic growth and increasing private sector investments as their priority policies for TICAD IV. This decision made by the Japanese Government contrasted significantly with civil society who had been emphasizing on the Millennium Development Goals and the elimination of poverty.
- Towards the end of March, at the Ministerial meetings for TICAD in Libreville, Gabon, the Yokohama Declaration (See <http://www.ticad.net/ticadiv/yokohamadeclaration.shtml>) was adopted and the related document, the Yokohama Action Plan (See: <http://www.ticad.net/ticadiv/actionplan.shtml>) was distributed. However, the contents of these documents, even on the major agenda items such as economic growth and private sector investment, not to mention the attainment of the MDGs and social development issues were extremely weak. Despite the victory of the African Diplomatic Corps, Japan which demanded a mechanism to ensure accountability on the TICAD Process, led to the drafting of the Declaration and the Framework for Action, the documents are meaningless when the content is extremely lacking and weak.
- For the Ministerial meeting for TICAD, civil Society in Japan and Africa worked in solidarity to present a joint civil society statement, which calls on the attainment to Universal Access to prevention, treatment and care by 2010(See Reference 5, page 54). Furthermore, the G8 NGO Forum worked in cooperation with the TICAD IV NGO Network, a Network of NGOs working for TICAD. Together, they came out with a more comprehensive civil society statement, *Voices* ([http://www.ticad-csf.net/TNnet/download/Voices_Final\(e\).pdf](http://www.ticad-csf.net/TNnet/download/Voices_Final(e).pdf)). 10 Civil Society members from Japan and

about an equal number of Civil Society members within Africa representing various issues participated in the Ministerial Meeting in Gabon. After the Ministerial Meeting in Gabon and the weakness of the content of the Declaration and the Action Plan was revealed, Civil society worked actively with politicians and the media to advocate to the Ministry of Foreign Affairs and those in charge of TICAD to call for the attainment of the MDGs and the elimination of poverty as the priority issue.

- As part of the advocacy, civil society created and submitted a comprehensive alternative document of how MDG related issues could be included in the Action Plan. The Ministry of Foreign Affairs and co-organizers of TICAD had taken into account some of the items on the alternative document.
- The Action Plan that came out at the official TICAD IV in May, showed some success of the advocacy as some of the contents for MDG related issues improved. Specifically on health, such areas as Health System Strengthening and reproductive health came with a commitment to a comprehensive action plan. Furthermore, on the issue of accountability, although far from sophistication, there were attached matrices with specification on actions they will take as part of the TICAD process. However, on HIV/AIDS, there were no concrete goals; moreover there was no mention of Universal Access. Civil Society reacted by issuing a protest statement Ref. 6, Page 57).

(3) G8 Ministerial Meetings

Brief Overview

- In relation to poverty and development issues, one of the most important ministerial meetings that take place in the G8 process is the Development Ministerial Meeting. In the context of Africa and Development, they will make comprehensive decisions on issues such as quantity and quality of ODA, aid harmonization, responses to emerging donor countries and actions for the attainment of MDGs.
- As civil society, we must ensure that the decisions made at the Development Ministerial Meetings place emphasis on the attainment of past G8 commitments on poverty, development and MDGs and a comprehensive and concrete action plan for its attainment. We cannot allow this Ministerial Meeting become an abstract meeting or a "Saloon where they review developmental issues".

Experience of the 2008 G8 Process

- The Development Ministerial Meeting for the 2008 G8 Summit took place from April 5-6. From the viewpoint of the Japanese Government that this meeting would be a comprehensive discussion on development, rather than for the attainment of existing G8 commitments, the following issues became the center of their discussion:
 - Climate change and development
 - Emerging donors, partnership with private foundation and organizations
 - Human Security (includes MDGs)
- In lieu of the Development Ministerial Meeting, the Poverty and Development Unit of the G8 NGO Forum submitted a demand paper centered on the policy demands on issues related to the MDGs, to Mr. Itsunori Onodera, the Japanese Senior Vice Minister for Foreign Affairs.
- The OECD DAC annual data on ODA was released coincident to the Ministerial meeting on April 4, in which the results show that in 2007, the ODA of OECD countries as a whole has slightly increased, but the ODA of the G8 countries as a whole had decreased. The fact that the ODA of Japan, the host of this year's G8 Summit, has decreased 30% from the previous year and their ranking in the world (in term of amount, rather than percent of GDP) fell to number five in the world was revealed. In reaction, the G8 NGO Forum, emphasizing the results of this data, released a civil society statement titled *Where has the 'the country that keeps its promise - Japan' gone?*, criticizing the decrease of Japan's ODA.



Civil Society Meeting to prepare for G8 advocacy

(4) Africa Partnership Forum

Brief Overview

- The Africa Partnership Forum (APF), first established in the wake of 2003 Evian Summit, is a process in which Africa and the G8 have dialogue on African Development. Participants includes the Africa Personal Representative of each G8 country, representatives of the 5 NEPAD (New Partnership for Africa's Development) countries (Egypt, Algeria, Senegal, and Nigeria and South Africa), representatives from the African Union, as well as representatives from several other African countries. Coordinated by the OECD, the Africa Partnership Forum takes place twice a year with one taking place in the G8 host country in the spring and another in a country in Africa.
- Although the Africa Partnership Forum process is part of the G8 process, it is not well acknowledged. However, there are many civil society groups in Africa, actively expanding their advocacy to include NEPAD and the African Union, has been actively releasing policy statements on the Africa Partnership Forum. It is important that in advocacy, we work in cooperation with these civil society groups in Africa.

Experience of 2008 G8 Process

- NGOs in Japan, including the G8 NGO Forum did not have much insight on the APF.
- This year, in lieu of the APF, NEPAD discussed with the Japanese Government and the OECD to hold a grand scale civil society session. As a result, although the "grand scale" did not come into reality, APF allotted one session as a civil society session. This included the participation of four representatives of different civil society groups who had submitted policy proposals to NEPAD and the AU. The participants are as follows:
 - ✧ Ibidapo Oyewole
= Center for African Policy and Peace Strategy (Nigeria)
 - ✧ N'deye Bineta Diop
= Femme Afrique Solidarite (Senegal)
 - ✧ Fall Khady Mbengue
= Association des Femmes de l' Afrique de l' Ouest (Senegal)
 - ✧ Elizabeth Akinyi Nzioki
= Center for Land Economy and Women's Rights (Kenya)
- The G8 NGO Forum and TICAD IV NGO Network worked in cooperation to create a task team and hosted the above civil society representatives from Africa arriving in Japan. On April 4, civil society from Japan and Africa held an APF preparatory meeting at the Ministry of Foreign Affairs, and from April 5-6, held a workshop to draft a presentation for the APF civil society session. The guests from Africa were highly qualified and intelligent, and we could say that the civil society session ended successfully.
- The APF as an entirety is held with the Japanese Government and several African governments who has their own intention/agenda for this meeting. Thus, issues such as economic development and the promotion of private sector investment, rather than the MDGs became the main agenda items of APF (Civil Society Statement for APF: See Ref. 4, Page 52).
- Although the Africa Partnership Forum process is part of the G8 process, it is not a well-known process. However, it is an important opportunity to strengthen cooperation with civil society in Africa and work together to advocate to the various governments. The civil society of G8 host country and civil society in Africa that has been working toward the APF should continue to work in cooperation in order to actively carry out advocacy.

8. 2008 G8 SUMMIT PROCESS: CIVIL G8 DIALOGUE

(1) Broad Overview:

Civil G8 Dialogue is a process that was first launched in the 2006 G8 Summit in St. Petersburg, Russia.

In Russia, the Civil G8 Dialogue took place two weeks before the actual G8 Summit from July 3-4 and included the participation of civil society of each G8 country. These invitation-only participants had a discussion with President Putin for well over three hours. The Civil G8 Dialogue for the 2007 G8 Summit in Germany took place two months before the actual G8 Summit from April 25 - 26. Representatives from Germany and International Civil Society and G8 Sherpas discussed issues such as environment, poverty and development. The Civil G8 Dialogue is the only meeting of the G8 process that allows civil society to have a discussion on an equal basis with the organizers and those responsible for G8 policies of each country. Japan also chose to have a Civil G8 Dialogue. It is necessary that the Civil G8 Dialogue becomes a permanent part of the G8 process.

- Russia Civil G8 information
<http://en.civilg8.ru/1195.php>
- Germany Civil G8 information
<http://www.forum-ue.de/137.0.html?&L=1>

(2) Experience of the 2008 G8 Process

The Civil G8 Dialogue in Japan, organized by the G8 NGO Forum, took place April 23-24 for two days in Kyoto. The dates were chosen to coincide with the G8 Sherpa meeting that would also take place in Kyoto. At the meeting held on the 24th between G8 Sherpas (8 Sherpas excluding the Sherpa from France) and civil society, participants exchanged dialogue for approximately two hours.

Civil Society from Japan understood that the Civil G8 Dialogue is essential to their advocacy. The G8 NGO forum quickly launched a Civil G8 Working Group, and with the facilitation of the environmental unit (which had the experience of actively participating in past Civil G8 Dialogues), the poverty and development and the Human Rights and Peace Unit participated on an equal footing to actively work towards the organization and the execution of the Civil G8.

Since the tradition began at the 2006 Summit in Russia, the Japanese government supposed that a Civil G8 Dialogue will take place in Japan as well. On the financial aspect, the Japanese government covered the cost of the roundtrip tickets and accommodation of the invited overseas guests. The Japanese government did not directly issue the monies to the G8 NGO Forum, but through travel company contractors. Other financial costs were covered by a grant the G8 NGO Forum submitted to the Open Society Institute.

The Civil G8 Dialogue, in addition to the approximately 150 from Japanese civil society, included the participation of 52 civil society members from overseas (including the 27 invited guests), bringing the total number of participation to 200. On the selection of overseas guests, each of the three units from the G8 NGO Forum (poverty and development, environment and human rights and peace) compiled a list of possible candidates. From there, they chose the 10 that would be given invitations. Overseas guests that have covered for their own costs were informed about the Civil G8 Dialogue through their Unit's respective mailing lists, and from there, applied to attend the Dialogue through affiliated NGOs. All those who applied were accepted.

Listed below are the names of individuals from NGOs involved in global health issues that has participated in the Civil G8 Dialogue:

- Elizabeth Anne Peterson (World Vision International)
-United States, MDG4 (Child Health)
- Dorothy Shaw (FIGO)
-United States, MDG5 (Reproductive Health)
- Rachel Wilson (Path)
-United States, MDG5 (Reproductive Health)
- Jill Sheffield (Family Care International)
-United States, MDG5 (Reproductive Health)
- Paola Giuliani (Action Aid Italia)
-Italy, MDG6 (HIV/AIDS)
- Olayide Akanni (African Civil Society Coalition on AIDS)
-Nigeria, MDG6 (HIV/AIDS)
- Winstone Zulu (Kala Counseling)
-Zambia, MDG6 (HIV/TB)
- Louis da Gama (Global Health Advocates)
-United Kingdom, MDG6 (Malaria)
- Irungu Houghton (OXFAM GB)
-Kenya, Health Systems

In choosing the representative for HIV/AIDS related issues, a selection committee was formed. The committee consisted of the following people: Masaki Inaba (Japan, G8 NGO Forum), Marcel van Soest (World AIDS Campaign), Felicita Hikuam (South Africa, World AIDS Campaign) and Steven Cockburn (UK, Stop AIDS Campaign). Together, the committee sent out request for participation to their respective mailing lists, and chose 1 member from a developed county and 1 member from a developing country to participate in the Civil G8 Dialogue.

(3) Civil G8 Dialogue in Reality

The Civil G8 Dialogue has been constructed as two day long process, however, the actual dialogue between civil society and the Sherpa took place in the last two hours of the second day. At the 2008 Civil G8, the first day consisted of plenary sessions of the three main agenda items of poverty and development, environment, and Human Rights and Peace. The morning and part of the afternoon were allotted to meetings on the three main agenda items.

The most important aspect of the Civil G8 Dialogue was who will speak and what will be spoken at the actual two-hour discussion between the Sherpa and Civil Society.

Although the framework of the meeting with the Sherpa at the Civil G8 allows the participation of all, the speakers were limited to 18 people. Thus civil society decided on dividing the speakers as the following: 9 for Poverty and Development, 8 for Environment and 1 for Human Rights. A strategy meeting was held on the 21st (before the official Civil G8 that began on the 22nd) with Japanese and International participants involved in poverty and development issues choosing the 9 speakers for Poverty and Development. The speakers were carefully selected

9. TOWARDS THE G8 SUMMIT: TICAD AND FINAL PHASE (MAY - JUNE 2008)

(1) Broad Overview:

We are reaching for final stretch of G8 Summit process, and by now the G8 has boiled down the position and direction they will take on the major agenda items. Around this time, a draft of the G8 Communique and related documents should be ready on the table. At the same time, the policy position/direction of each G8 country should

to balance issues, gender, region, etc.

On content: at the morning session of the second day of the G8, the Poverty and Development unit held three different workshops: (1) Global Health (2) Development and ODA (3) Governance and Anti-corruption. Within each workshop, the participants raised issues and questions that must be emphasized. At the first part of the afternoon session, the participants of the three workshops came together and came to a consensus on which issue and questions will be raised for the actual dialogue between civil society and the Sherpas. In addition, participants of global health issues came together to create a civil society statement to present to the Sherpas (See Ref. 7, Page 58).

For the processes on the selection of the speakers for the meeting with the Sherpas for the poverty and development unit, actively invited the participations of all and emphasized that the discussion be as democratic as possible. As a result, there was a high praise from the participants on the transparency and democracy of the process.

Within the two-hour time limit of the dialogue between civil society and the Sherpas, the first 10 minutes were allocated to the Sherpas, the next 40 minutes to Climate change, another 40 minutes to poverty and development and the last 30 minutes to human rights and other issues. The dialogue ended with the Sherpas responding with broad answers without any substance to the questions and opinions raised by the Civil Society. However, the management and the operation of the Civil G8 Dialogue ran efficiently and smoothly, and the substance of the issues raised during the dialogue with the Sherpas was of high quality. Thus, the Sherpas left the meeting holding a high impression of the policy making and management abilities of the civil society.

become clear. Each country will use some kind of political maneuvering and negotiations to ensure that their own position is pushed through. Furthermore, situations will arise when a government of a country will have a policy which is their endeavor or a vision on an issue in which they would like to be renowned for. In order to push this policy forward, they will use various tactics to persuade the other G8 countries.

We cannot say that civil society is extraneous to these tactics. Such tactics includes finding a backing from civil society on this policy, and using their communication and

advocacy abilities to put pressure on the governments of other countries. There are also instances when a country will leak the position or policy of another country to the civil society, so that civil society can rally against or criticize the position or the policy of that other country. Civil Society must lend their ears to these calls by governments and quickly gather these kinds of information, but at the same time, it is necessary for civil society to advocate from their independent standing or position of the issue.

At the last Sherpa meeting before the actual G8 Summit, final adjustments are made to the draft G8 outcome documents and to the financial commitments. However much of the adjustment will be left without final agreements, leaving the final decisions in the hands of the G8 leaders.

Around this time, civil society members that have continuously been working towards the G8 begin to feel the accumulation of their fatigue. But don't give up now, the summit is right around the corner.

(2) Meeting between the chair of the G8 and International NGOs

The meeting between the chair of the G8 and International NGOs

- Within the past several years, arenas in which Civil Society and officials of the G8 can hold a discussion have opened up. One such instance is the Civil G8 Dialogue and another is a meeting among international NGOs and the chair of the G8 Summit. The aim of this meeting is for the chair of the G8 to have a thorough communication with renowned International NGOs working on global issues such as MDGs and climate change. This meeting first occurred during the 2006 St. Petersburg G8 Summit process and formalized after a refined version of the meeting was held during the 2007 G8 Summit process.

Experience of the 2008 G8 Process

- On June 18th, a meeting between Prime Minister Fukuda and 10 international NGOs was held. The environmental unit of the G8 NGO Forum took the lead in initiating this meeting. The invitees mainly included representatives from large European and US NGOs that has participated in the meeting held with the Chancellor in the 2007 G8 Summit. But from a perspective that NGOs from developing countries in African and Asia must be included, Arjun Karki from LDC Watch, based in Nepal, was invited to participate in the meeting. There was no participation from the civil society members working on global health issues.
- A meeting between the chair of the G8 and international NGOs working across national borders is considered very important and highly desired by civil society for it to continue in future G8 Summit processes.

(3) The Final Stretch

As the final phase of the G8 Summit process approaches, in the battle for the contents of the Toya-ko Framework for Action, the agendas and thoughts of each G8 countries becomes increasingly more visible. The Global Health Committee of the G8 NGO Forum, in cooperation with international civil society, worked to improve the contents of the Toya-ko Framework for Action on Global Health.

The battle among the G8 countries for the content of the Toya-ko Framework for Action on Global Health is one that is complex and tangled as stated on Part 1 Section 3 (3). The action and activities of the Global Health Committee, together with Africa Japan Forum and Japan AIDS and Society Association are the following:

The day after the 2008 United Nations High-Level Meeting on HIV/AIDS held in New York from June 10 to 11, Japan AIDS and Society Association, Africa Japan Forum and the Open Society Institute co-hosted a Strategy Meeting on Advocacy for Global Health in the G8 Process. At the meetings, civil society member of each G8 country shared information on their Governments' position towards the Toya-ko Framework for Action on Global Health, formed a

common strategy and position among civil society, and called for civil society to meet with the Health Experts and Sherpas of each country.

Furthermore, at this meeting, the final civil society statement to the G8 by the Global Health Committee, "We Will No Longer Wait" was finalized (See Ref. 10, Page 68). This statement, signed on by 110 civil society organizations from 34 countries, was sent to the heads of the G8 countries.

In addition, International NGOs such as Oxfam and World Vision, both members of the Global Health Committee, used their organizational networks to advocate to the governments of each G8 country.

On June 29, an UK newspaper, *The Financial Times* leaked (See <http://www.medicalnewstoday.com/articles/113644.php>) to the public that the most recent draft of the Communique did not include the Gleneagles G8 Summit Commitment of increasing aid to Africa by USD 25 Billion every year until 2010 nor did it include the expiration date of 2010 on the Universal Access goal. In protests, NGOs working on global health issues and HIV/AIDS, as well as civil society

working on developmental issues released a civil society statement. Furthermore, civil society groups in each G8 country advocated and campaigned to their respective governments. Specifically, the G8 NGO Forum called on the Ministry of Foreign Affairs for the inclusion of specific amounts and timelines for the commitments. As a result, dollar amounts and expiration dates were written into the final G8 communique.

10 G8 SUMMIT: INTERNATIONAL MEDIA CENTER

(1) Broad Overview

After the 1999 World Trade Organization Ministerial Conference in Seattle, Washington ended in a failure with massive demonstrations and the 2001 Genoa Summit where large demonstrations and an massive crackdown by police ended in the death of one, recent G8 Summits has been planned far from city centers in remote resort areas at the insistence of the security officers. The 2008 G8 Summit that took place in Toya-ko is located 1000 Km from Tokyo and 100 Km from Sapporo, the major city in Hokkaido Prefecture, is another exemplary case of the remoteness of the G8 Summit locations.

The International Media Center is located approximately 20km northeast from Toya-ko, in Rusutsu Resort in the village of Rusutsu. Much of the media and NGOs working at the IMC stayed in hotels in Kutchan Town and Niseko Town, located more than 20km north over the Volcano Shiribeshi. Shuttle buses connected the hotels and Rusutsu IMC.

The G8 NGO Forum has been working long before the G8 Summit, with the Japanese Government on the participation and activities of NGOs at the International Media Center. As a result, the government set up in a set space for NGOs at the IMC, where NGOs can launch information and statements and hold small meetings. Furthermore, a space to hold press conference for NGOs was also set up, allowing NGOs a place to hold press conferences with the media. This is the first time in the history of the G8 Summit that such a corner for NGOs was established.

However, the number of NGO members that were allowed entry into the IMC was limited to 100 NGO members from overseas and 20-30 members of the G8 NGO Forum. The selection of those admitted were chosen by the Ministry of

This is just another example of the differences and conflicts held by the G8 countries on policies related to global health. Some problems were solved before the Summit and other issues were brought to the actual Summit table (for example, the time limit for the Heiligendamm 60 billion commitment).

Foreign Affairs (MoFA) using as a base, a list that has been created by the G8 NGO Forum.

(2) Preparation

The greatest task in the preparation for the IMC has been the creation of the list of nominees of NGO members from overseas (which has been limited to 100 people). The G8 NGO Forum wanted to create the list of the 100 possible nominees through a transparent, democratic and fair process.

MoFA held the final authority to select the NGO participants for the IMC. Civil Society finally decided to make a list of recommended participants for MoFA.

First, each Unit (Poverty and Development, Environment, Peace and Human Rights) of G8 NGO Forum called for applications for participation at the IMC using various e-forums from 19th to 23rd of May, and then made a list of all the applicants. During the calls for application, the Units set criterias for NGO participants to the IMC. The total numbers of applicants were more than 130.

The representatives of the Units reviewed the lists, cut the names of the applicants whose application forms were invalid or those who could not afford to come to Japan without financial support, and created the final list of 100 nominees, and submitted the list to MoFA. MoFA used the list to select the IMC participants.

(3) The International Media Center

The International Media Center was a home to many Japanese and international media. It is important to note here that members of the media actively engaged and held interviews with NGOs. Both regional and international papers, as well as TV stations, actively covered the advocacy activities of NGOs to the G8, resulting in several TV appearances and newspaper columns. One such reason for the large amount of coverage is that the only live interviews the media could

have was with NGOs working at the IMC.

Using the advantage of the large amount of media members gathered in the IMC, the NGOs held many press conferences on various issues. On issues related to global health, on July 7, the first day of the Summit, NGOs gave a briefing on central issues within global health. On July 9, another press conference was held on NGO evaluation of the Toya-ko Framework for Action.

At the press conference, the NGOs used a "report card" to evaluate the results of the outcome documents of the G8. NGOs working on global health issues chose 10 major agenda items within global health, and on each issue, gave a grade of A, B,C, D and F. The media had highly praised the creation of this report card, resulting in 10 minute news coverage on Japan TV and NHK (see Ref. 12, Page 76).

In relation to HIV/AIDS, the following are the names of overseas civil society activists that have participated in the International Media Center:

11. Alternative Summit

The alternative summit has its roots in the 2005 G8 summit in Gleneagles, organized by civil society organizations. Since then, alternative summits have become more organized and increased its impact. Alternative summits are held coinciding to the dates of the G8 summit in a location close by. This includes symposiums, round table discussions, and break out sessions such as skill building workshops. Participants largely include members of civil society with a sparse number of interested local citizens, government officials and members of the media.

If the alternative summit will take place and how it is organized is up to the members of civil society. Thus depends on the will and capability of the civil society organizations and groups of the host country to decide the magnitude of the alternative summit. Organizing groups include those that are interested in a certain issue or those who call for the end of the G8.

The People's Summit took place from July 6-July 8, mainly at the Sapporo Convention Center in Sapporo, Hokkaido, 60 miles away from where the G8 leaders were meeting. The People's Summit is part of the Sapporo People's week on G8, taking place from July 1- July 10,

Asia Russell (Health GAP, US)

Paola Giuliani (Italian Network against HIV/AIDS, Italy)

Emmanuel Trenado (AIDES, France)

These activists worked in cooperation with Japanese civil society working on issues of HIV/AIDS and global health to analyze the documents that came out of the G8 Summit and in the creation of civil society statements. Furthermore, these activists has furthered their interaction with other activists working on global health issues, as well as activists from Global Call to Action Against (GCAP), which is an world wide alliance campaigning in the fight against poverty. Thus, IMC has also provided the opportunity to bring together and create connections among activists working on various issues from all over the world. Final Statement of civil society working on global health (See Ref. 13, Page 77)

The results of the G8 Toya-ko Summit are attached in Part I.

with other events including Indigenous People's Summit, World Religious Leaders Summit, G8 Women's Rights Forum, Peace Walk and much more.

The People's Summit was organized by GCAP Japan, who also served as the secretariat since the early stages of the G8 process. In the case of Japan, there was several motivation behind holding a summit. Many guests, both national and international will gather in Japan, and as the civil society of the host country, there was a need for all these guests to gather and speak, debate and campaign on issues or speak out against having the G8 summit. It provided a peaceful arena in which guests and civil society organization can make a forward moving political statement alongside other civil society members. The alternative summit in Japan was also held under the sort of obligation or duty to hold the summit as a place for members of civil society can gather.

As to the goal of this summit, was to create a place where civil society with different perspectives from overseas and national civil society members can have a place to meet and provide a creative and independent input of the G8. The alternative summit is a place where they can discuss "alternative" ideas or go against even holding the G8. It has also created a place where they can create the voice of the Civil society and provide clear and innovative policies in the backdrop of the actual G8 leaders failure to

have forward moving policies and speak about real solutions to the current problems faced by the rest of the world. This was well picked up by the media, which have themselves notice the lack of initiatives coming out of the actual G8 – and paid attention to the civil society which was able to come up with ideas and policies that are real solutions or settlements to the current issues such as the food crisis, global health, and problems associated with financial speculation

As to the outcome of this meeting, the Sapporo Declaration, (See <http://www.g8ngoforum.org/english/2008/07/sapporo-declaration-global-voi.html>) which was a declaration that compiled the issues and policies that the G8 must commit to, written and endorse by the participants of the G8 summit. The alternative summit was able to come out with concrete and realistic outputs such as this Sapporo

Declaration. The media was also able to pick up on the intelligence and the organization of civil society, and civil society was able to receive a good coverage and good impression by the media.

In specificity of the HIV/AIDS and other global health issues, Noireene Kaleeba, board member of Action AID and the founder of TASO (The AIDS Support Organization) based in Uganda. We used our extensive network, held several symposiums including Tackling HIV/AIDS issues: From Africa to the G8 Summit, which also included civil society groups based in Hokkaido. As well in a related event called the G8 Women Rights Forum Part 2: Women in the World Speak Out, Noireene spoke that without the protection of women and girls rights, Universal Access and the Millennium Development Goals will be unattainable.



Civil Society Symposium on HIV/AIDS at the People's Summit 2008:

Ms. Noeline Kaleeba and Ms. Sara Paterlini

Epilogue:

Civil Society and the G8 Process: The Creation of an Institutional Memory

The G8 Process is a year long policy-making and decision-making process. To influence this process, civil society has to strategically work with appropriate disciplines, as well as focusing on mid and long-term goals. Unfortunately, the history of civil society advocacy in the G8 process has been short and sometimes lacking the preparation necessary to approach the G8 with deep consideration of its importance and complexity. As a result, Civil Society's approach to the G8 was filled with many "trials and errors".

This "Guidebook" was made as a starting point in the creation of an "institutional memory" of civil society advocacy in the G8 process for it to be used for further advocacy work towards the G8. We hope that this book would be an important resource for civil societies working to further the global health agenda in the G8 through advocacy.

We must recognize that the G8 is a process involving drastic changes. For example, some G8 countries, including continental European countries and the UK, have been proposing to invite the G5 governments (Brazil, China, India, Mexico and South Africa) to the existing G8 process. Japan has strongly resisted their inclusion, but the current economic and political situation makes it

apparent that the G8 countries on their own cannot govern the global economy and politics. Sooner or later, it is almost with certainty that we can say that the G8 will be expanded to become the G13.

We, the civil society should prepare for the expansion of the G8. Civil societies of G8 countries should strengthen its relationship with civil societies of the G5 countries. Furthermore, it is necessary to reform the current structure of civil society, which has been dominantly lead by civil society of western countries.

Japan is currently the only member of the G8 that is not located in Europe or North America. The Toya-ko Summit held in Japan was an important "test-case" for the expansion of the G8, considering that the G5 countries are dominantly non-European and non-North American. The same can be said about Japanese civil society, which functions much more differently than civil society of other G8 countries. Japanese civil society made a large effort to take the responsibility in leading the G8 and global civil society throughout the G8 process. The G8 and global civil society recognized and supported the initiatives taken by Japanese civil society.

We truly hope that civil society can use our experiences to develop a greater global civil society movement to tackle global issues. The movement must be transparent, democratic and open to all civil societies working to create a more democratic, sustainable and people-centered world.



G8 Follow-up Workshop on July 10, 2008

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<Ref.1> Civil Society Statement on PM Fukuda's Speech in Davos (January 26, 2008)

<Alert>

Prime Minister Fukuda Declares a "Participatory Approach" – including Civil Society and NGOs – in Preparation for the Toya-ko Summit

~ Calling for Concrete Policies and Action for Global Issues ~

2008 G8 NGO Forum: Poverty and Development Unit

For any questions or comments, please contact:
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OVERVIEW

1. We welcome the declaration by Prime Minister Fukuda at the World Economic Forum to actively work to tackle such global issues as climate change, African development, and to ending global poverty ahead of the Toya-ko Summit.
2. We praise the call by the Prime Minister for a "participatory approach", which includes members of civil society and NGOs. With this acknowledgement, civil society calls for the need for a more concrete policy, and notes the following points (by topic):
 - A) Gender and Women: Concerning the absence of a follow-up to women and gender issues highlighted at the 2007 G8 summit in Heiligendamm. We call upon the Prime Minister to take the leadership on this issue.
 - B) Global Health: Although we welcome the Prime Minister for taking leadership on health system strengthening, it is essential to continue and develop the fight against infectious diseases such as AIDS, Tuberculosis and Malaria. In order to attain results, we need to increase financial contribution, starting with concrete financial commitment to the Global Fund.
 - C) Education: We welcome the Prime Minister for bringing forth basic education as one of the agenda items. Yet, it is vital to understand basic education as a human right, and Japan must have a comprehensive measure to achieve education for all.
 - D) Africa: Imbalanced trade and economic policies is hindering Africa from true economic independence, thus Japan should take the leadership, as the president of this year's G8 summit, to part ways with such policies and to create measures to tie microeconomic aid to macroeconomic success.
 - E) Climate Change: Call for the introduction of a midterm target on CO2 emissions at an early stage. Furthermore, we call on concrete financial aid through multilateral frameworks to developing countries that will most likely be the greatest victims of the climate change. ODA will not be the source for this fund, but from an alternative source.
 - F) Global Economy: Speculation money has shaken the global finances, causing a sudden rise in such commodities as oil and threatening the cost of living. Thus, we call for higher restrictions of speculative money.

On the occasion of the Annual Meeting of the World Economic Forum, a special address was made by Prime Minister Yasuo Fukuda, expressing the Japanese position for the G8 Hokkaido Toya-ko summit.

Prime Minister Fukuda brought forth current global issues such as climate change, health, education, water, and Africa. Furthermore, unlike previous governments, he has called on a "participatory approach"; this will include participation from different sectors of society including NGO's. We, the 2008 G8 NGO Forum Poverty and Development Unit welcomes and highly praise these points.

However, not only does the Prime Minister's statement lack concreteness, but also lacks clarity in how Japan can work in cooperation or provide additional support to current multilateral agreements and initiatives by developed countries. It is essential for Japan to contribute to

strengthen current global actions. With less than half a year left until the G8 Summit, the ability of the political strength and the ability to create policies will be tested.

Furthermore, the Prime Minister made no reference to gender and women, an issue that was highlighted at the 2007 Heiligendamm summit by an initiative from Chancellor Merkel. We cannot talk about climate change, global health and African Development, without the regard to gender. Prime Minister Fukuda has shown his deep understanding and developed strategies in population; thus, we look forward to him taking on the leadership.

We, the G8 NGO forum, will answer the call from the Prime Minister for the "participatory approach", and within the limited remaining time, to help create policies and strategies for the global issues. An evaluation by Japanese civil society is highlighted below, according to the topic issue.

Global Health: From Plan to Action - Scaling Up is Vital

Prime Minister Fukuda brought forth current vital issues concerning global health, emphasizing on the high maternal and child mortality rate and the shortage of healthcare professionals in developing countries, and promised to construct an action plan to improve the entire health system. Furthermore, it called on the participation of all stakeholders, including NGO's and civil society. We not only welcome the Prime Minister for raising these current global health issues, but we would also like to answer the call by the Prime Minister by actively participating on the decision making and execution of a global action plan.

Despite Prime Minister Fukuda praising the progress on the fight against infectious diseases since the Okinawa summit, we are still in the midst in the fight against infectious diseases such as malaria, Tuberculosis and HIV/AIDS. Currently, there are still six million people dying of these three major infectious diseases every year. Maternal and child health, health system strengthening and infectious diseases are all interrelated issues. We ask to integrate these various aspects of health and call for an overall increase in funding for global health.

Prime Minister Fukuda promised an action plan, but the ability to carry out this action plan depends significantly on sufficient funding. Japan has embodied the idea of "human security" and has the technology and experience to improve maternal and child health and to fight Tuberculosis. But even then, it will be impossible for Japan to create results in health without increasing qualitative and quantitative investments into health. We strongly urge the Prime Minister to take the leadership in the strengthening the overall ODA budget, including dramatically increasing the Japanese contributions to the Global Fund and to make a clear commitment to global health ahead of the Toya-ko Summit.

Education: Creating a comprehensive action plan for "Education for All"

We welcome the declaration by Prime Minister Fukuda to make education as another key issue in the Toya-ko G8 summit. However, as civil society, there are three points to which we raise our concerns:

The Prime Minister proclaimed, "For all people and all nations, education is the basis for engendering self-reliance and development". Albeit, before we can speak of education as a basis for development, there is a need to strongly emphasize education as a basic and fundamental human right. The current statistic of 72 million children unable to attend school and 800 million adults unable to read and write is an issue in itself. Vocational training and higher education cannot be attained without basic education attained through primary education and adult literacy.

Secondly, Prime Minister Fukuda declared, "In order to achieve the Dakar Education For All goals, which aim at the expansion of high-quality basic education, it will be necessary to strengthen international collaboration", however it is imperative to create concrete measures and strategies in which to achieve this goal. According to the 2007 Heiligendamm Summit communiqué, all G8 countries agreed to fill in the 500 million dollar deficit in order to achieve the EFA fast track initiative, the mechanism used to achieve the Dakar Education for All goals. The Japanese government needs to be concrete on how far they are willing to commit for the achievement of

this goal.

Finally, there is a similar situation in education as Prime Minister Fukuda described of the severity of human resource shortage in the health sector. UNESCO warned that there is a shortage of 18 million teachers if we are to achieve the Dakar targets. Ahead of the summit, the Japanese government must declare an increase in their financial commitment to education such as the salary of teachers and textbook fees.

Africa: For leadership in creation of a system towards a truly independent Africa

We welcome the principle of Prime Minister Fukuda's declaration that Japan will play a leading and essential role in the development of Africa in the 4th Tokyo International Conference on African Development (TICAD) and the Toya-ko G8 summit.

On the development of Africa, Prime Minister Fukuda emphasized on the principle of "self-help, and on the importance of international cooperation to support the economic growth and private investment in Africa. However, in reality, Africa's true economic independence has been hindered and prevented by excessive economic liberalization and unfair trade that are advantageous for developed countries, all which are forced upon by policies of the international community, led by G8 countries. Japan must take the leadership for the international community to part ways which such tendencies; and to aid in the construction of a system that will lead to a truly independent Africa.

African nations are moving towards true independence through their own initiatives, such as the formation of the African Union and the strengthening of inter-regional mechanisms. Furthermore, an extremely active civil society exists in Africa. Japan should promote the participatory approach, including the civil society, on the matter of development of Africa.

As examples of the Japanese contribution of African development through "One Village, One Product Movement", Prime Minister Fukuda brought forth the local manufacturing in Tanzania of long term insecticide treated mosquito nets Oriset, which plays an extremely important role in the fight against Malaria, and the production of Shea butter in Ghana. These are truly important contributions of Japan. However, integrated strategies to scaling up these micro level aids are essential to the economic and social growth in Africa. Furthermore, it is important to create environment in which people in Africa can live a full and prosperous life through ending poverty and hunger, and securing access to health and education. Japan needs to take the lead and show its concrete commitment to the achievement of the Millennium Development Goals in Africa for the TICAD and the Toya-ko G8 summit.

Climate Change and Poverty: CO2 emissions reduction and supporting developing countries - early and concrete support

1. CO2 emissions reduction

We welcome the intention of the Prime Minister Fukuda in his declaration to achieving emissions reduction targets. However, declarations such as "The target could be set based on a bottom-up approach by compiling on sectorial basis energy efficiency as a scientific and transparent measurement and tallying up the reduction volume that would be achieved based on the technology to be in use in subsequent years" and "base year should also be reviewed " raises our concern because it hinders setting early goals. In order to achieve the long term goal of "halving the green house gas emissions by 2050" which was declared at the Heiligendamm Summit, mid-target goals such as a target reduction of 30% by 2020 is essential at the earliest time.

2. Aid to developing countries

In recent years, developed countries are showing intentions of supporting climate change measures in developing countries. We welcome the Japanese government on having this intention as well. But Japan has yet to shed light on the details of this funding mechanism thus we have outlined what is necessary for Japan to fully show their leadership.

- A) Neither the current ODA budget nor the increase in the ODA budget to reach the 0.7% of GNI target should be the source for this fund, and instead secure an additional source for funding. Any additional increase in the ODA budget

is essential for the attainment of the Millennium Development Goals, and should not be used for the climate change measures created by developed countries.

- B) Requires security that international aid will be distributed on the basis of need, used efficiently and effectively, and maintain transparency and accountability. This will require a funding flow through multinational frameworks such as the Least Developed Countries Fund and the Adaptation Fund managed under the United Nations Framework Convention on Climate Change.
- C) On measures to combat climate change, policies of developing country governments must reflect and draw the voices of local communities, for they best know their needs and strategies. Conditionalities that will hinder the process of carrying out these policies will not be placed.
- D) To hold a consultation which will be all inclusive (including civil society organizations and representatives from poor communities which are most affected by the climate change), and adequate time must spent on this consultation.

World economy: Responsibility of starting restriction of speculation money

In the backdrop of the sub-prime mortgage loan problem and with the shake in the financial market, the "risk of the global economy taking a downward turn is increasing." As a result of this speculation money, there is a sudden increase in the price of commodities worldwide, including rapidly rising price of food and energy. Those already living in poverty in developing countries are sinking deeper a lower level of poverty. Before we "engage in discussions on the state of the global economy and financial markets", we must take the responsibility as one of the developed countries to restrict the trade of speculation money, which has caused this world economic destabilization.

END

<Ref.2> A civil society proposal for the Toya-ko Common Framework (February 4, 2008)

February 4, 2008

Global Health Committee, 2008 G8 Summit NGO Forum

The Common Framework for Action in Global Health: Input from the Global Health Committee

Contents

1. On the Goal-Specific Approach

1) MDG 4 and 5, Maternal, Newborn and Child Health (MNCH) and Reproductive Health

2) MDG 6, HIV/AIDS, Tuberculosis and Malaria

- A. HIV/AIDS
- B. Tuberculosis
- C. Malaria

2. On the Comprehensive Approach, including Health System Strengthening (HSS)

3. Strengthening Research and Development (R&D) in Global Health

Appendix: Conceptual Map: Health System, MNCH and Infectious Diseases

The recommendation was written by World Vision Japan and JOICFP (1), Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association/Results Japan (2A), Africa Japan Forum (2B, C), OXFAM Japan (3), IAVI (4A, B, C).

1. On the Goal-specific Approach

1) MDG 4 and 5: Maternal, Newborn and Child Health (MNCH) and Reproductive Health

The G8 and other donor countries should:

- A. Provide focused support to strengthen the capacity of health services in rural areas by increasing the number of community health workers, midwives and other health personnel and strengthening health infrastructure.
- B. Support the concept of “continuum of care” proposed by Partnership of MNCH.
- C. Integrate and scale up effectively MNCH and RH with interventions for infectious disease, such as HIV/AIDS, Malaria and TB:
 - reaffirm the 2007 G8 commitment on prevention of mother-to-child transmission (pMTCT), pediatric treatment, and orphans and vulnerable children (OVCs)
 - Training of midwives with skills on pMTCT
 - Utilize the exiting delivery channel of the HIV/AIDS program in community & reinforce home based care to provide essential health services.
- D. Give more attention and support the midwife-centered approach in order achieve strengthen MNCH package programs. The advantages of midwife-approach include:
 - Midwives function as a “hinge” of bottom-up approach and top-to-down approach
 - Less costly than training medical doctors
 - More likely to stay at their community than nurses (role and function of midwife are limited)
 - By placing midwife (usually women) in the community, women in the community have easier and better access to MNCH service

The Government of Japan is encouraged to:

- Review 60 years of experience to promote MCH/FP in Japan and make full use of lessons learnt to HSS (e.g. prioritization of programme and community health workers and village volunteers)
- Consider the high prevalence of HIV/AIDS in Africa, in applying Japanese experience. Make special attention to OVCs, children who has no mother

2) MDG 6: HIV/AIDS, Tuberculosis and Malaria

A. Tuberculosis

International collaboration efforts are key to success of the TB control within the integrated public health strategies. It is important to be reminded that Health System Strengthening and community empowerment within normative community DOTS approaches are reckoned as priority objectives under the STOP TB partnership at global level.

i) G8 and other donor countries prospective contribution for TB control

- Commit to the target of halving TB prevalence and mortality as well as TB/HIV co-infection and drug resistant TB in line with the 'Stop TB Partnership Global Plan to Stop TB' and 'Global MDR-TB and XDR-TB Response Plan 2007-2008'.
- Sustain strong commitment to reduce TB and HIV burden in Asia and African countries through TB and HIV control programs.
- Strengthen health system through improving TB and HIV/AIDS control programs, integrated into primary health care services.
- Empower patients and the communities to fight against TB, HIV and other infectious diseases.

ii) Japan's prospective contribution for TB control

By drawing upon the outstanding outcomes of TB control programmes that proved drastic reduction of TB burden in Japan, it would be recommended that the government of Japan to express its willingness to achieve a clear objective within global TB control efforts with launch of "STOP TB Japan Initiative" which aims to save 10% global TB deaths (160,000 lives a year) as well as benefiting world's TB patients (9 million per year).

The areas of activities may be expanded as follows:

- International TB and HIV/AIDS symposium to call on high level political dialogue and review the progress towards the goal and share future strategies to reduce these high mortality-diseases.
- TB control projects with an integrated approach incorporating HIV/AIDS programme, community participation and capacity building, IGA, MCH (PMTCT), food and nutrition.
- Capacity building of community health workers and voluntary care givers and sustained active participation of people to the while project cycle.
- Operational research to identify problems and solutions and to promote human resources development.
- Strengthened laboratory facilities and training of staff to diagnose TB/HIV and MDR/XDR-TB effectively.
- TB prevalence surveys to measure burden of disease and accurately monitor its trend.
- Development of new drugs for effective diagnosis and treatment of TB including MDR/XDR-TB and safe treatment for PLWHA receiving HAART.
- Bilateral assistance under the current schemes e.g. JICA grant projects or technical assistance by TB trained experts.

B. HIV/AIDS

- 1) The G8 and other donor countries should reaffirm the G8 commitment at the Saint-Petersburg Summit in 2006 to achieve universal access to HIV/AIDS treatment, prevention, care and support by 2010, and immediately create a plan to achieve the 60 billion USD pledge made at the Heiligendamm Summit in 2007.
- 2) The G8 and other donor countries should recognize the importance of Integrated approach and
 - Develop and scale up integrated programs of HIV/AIDS and income generating activities, micro-finance and farming to improve quality of life of PLWHA
 - Develop and scale up integrated programs of management of TB/HIV co-infection, including strengthening linkage of VCT and TB detection
 - Develop and scale up integrated programs of maternal care, VCT, care of OVC, recognizing that maternal care services are also the entry point of prevention, care and treatment of HIV/AIDS, TB and Malaria for women and children
 - Develop integrated programs of HIV/AIDS and gender, in recognition that gender equity and abolishment of harmful customs for women's health and property rights are essential for HIV/AIDS prevention, access to care and treatment
- 3) On care, support and treatment, the G8 and other donor countries should:
 - Ensure predictable funding and capacity development of community health workers and community-based organizations, and strengthen the capacity of local health authorities to manage care/ support work on HIV/AIDS
 - Integrate care and support for HIV/AIDS with care for other chronic diseases in the home-based care at the grass-roots level
 - Strengthen capacity and supply of community level health facilities, and referral systems
 - Expand access to treatment at the health centers at the grass-root level in the countries of generalized epidemic, by supporting the capacity building of local health workers
 - Expand access to second-line ARV and make every effort to reduce its price to affordable and accessible level in low-income countries
 - support the capacity development of community organizations working with and for PLWHA to improve adherence to treatment and strengthen the efforts of improve treatment literacy
- 4) On prevention, the G8 and other donor countries should
 - Support expansion of existing prevention programs such as condom education and procurement, Information, Education and Communication (IEC) and Behavior Change Communication (BCC) programs
 - Support those programs that promote gender equity and teach negotiation skills.
 - Pay special attentions to prevention in the communities of vulnerable groups in the countries of concentrated epidemic, including harm reduction programs.
 - Pay special attentions to mobility and HIV/AIDS with respect of human rights of migrants, especially their rights of travel and residency
 - Further invest in development of new preventive technologies, such as vaccines and microbicides.
- 5) The Government of Japan is encouraged to:
 - Reaffirm its commitment to HIV/AIDS treatment, and expand its programs to include support for improving treatment literacy in community-based groups, technical assistance to monitor drug resistance level, and provide necessary infrastructure and supplies for treatment.
 - Increase support for JOCVs for AIDS with more strategic and integrated plans to linkage community work on HIV/AIDS, income generating activities and rural development.

C. Malaria

1) On prevention, the G8 and donor governments should:

- Expand support to provide long-lasting insecticide treated nets (LLITN) and other preventive tools
- Integrate malaria prevention as one of the components of climate change adaptation program, in recognition of the threat of malaria in humanitarian situation caused by natural disasters such as flood and drought

2) On treatment, the G8 and donor governments should:

- Expand access to Artemisinin combination therapy (ACT) by improving procurement and supply of ACT
- Expand access to rapid test kits for malaria detection in order to provide appropriate and effective malaria treatment
- Develop infrastructures for transportation and better communication, such as mobile phone network in rural areas to ensure urgent treatment of malaria in rural setting.

2. On the Comprehensive Approach, including Health System Strengthening (HSS)

1) The overarching principles:

- Global health is a critical issue on the global development agenda.
- Strengthening of public health system is at the heart of equitable achievement of health-related MDGs.
- Vertical, disease-specific measures and horizontal, cross-cutting measures should be effectively integrated.
- No new or separate health administration or organization is to be created to implement vertical programmes.
- The G8 governments should increase the overall international funding available, rather than simply reallocating the already committed resources, by fulfilling the Gleneagles commitments on aid and debt, and announcing a timetable towards achieving the UN target of 0.7% GNI.
- The G8 governments will further harmonise and coordinate aid among donors and overcome the burdens on developing country governments associated with reporting obligations and procedures, in ways that respect the spirits of the Paris Declaration on Aid Effectiveness.
- The G8 is committed to supporting, in a coordinated, long-term and predictable manner, one national health sector plan, formulated, prioritised and budgeted by the national government itself in effective consultation with relevant civil society organisations and community representatives.
- In order that the national plan is truly owned nationally and not driven by donors, and that it is delivered as planned, the G8 shall also support the policy advocacy work of competent civil society organizations so that they can effectively engage with the formulation and implementation of the policies at the community, municipal as well as the national levels.

2) Some specific measures to establish and strengthen a comprehensive health system in developing countries include:

A) Expanding the scale and improving the quality of public health system

- The training, recruitment and retention of the 4.25 million missing health workers (doctors, nurses, midwives, medicals, and community health workers) which needs to be invested in through long-term and predictable budgetary support as well as increased mobilisation of domestic resources. This includes: Creating a favourable environment for women providers to stay and work in rural areas.
- Appropriately integrating in this human resource strategy the workers/providers being trained and secured through disease-specific measures such as DOTS for Tuberculosis and home-based care workers for HIV/AIDS.
- Mitigating some of the international “pull” factors of brain-drain by regulating the domestic health sector

recruitment practices in the G8 countries.

- B) Ensuring universal access for the poor, particularly women, by making it affordable (which means making it free of charge at the point of use in low-income countries)
- C) The need to strengthen and expand the relevant supplies and logistics (e.g., drug procurement for HIV/AIDS and malaria treatment), some of which should continue to be supported by disease-specific initiatives/funds, such as the Global Fund.
- D) In order to ensure sufficient and timely flow of essential medicines, developing country governments need to be guaranteed the right to use the flexibilities contained in the WTO's TRIPs agreement and the G8 must stop the pursuit of stricter control on intellectual property rights in their bilateral and regional trade agreements with developing countries.
- E) Addressing the specific needs of different geographic settings (urban and rural) and different demographic groups.
- F) Putting appropriate infrastructure and referral systems in place.
- G) Placing due emphasis on education and prevention.
- H) The degree to which national plans target women whose conditions as users and providers must be improved.
- I) Management experts (planning, implementation, monitoring/evaluation, coordination, etc) are to be involved for HSS.
- J) Effective HSS has to be done hand in hand with technological innovation. (Introduction of IT into health administration including surveillance, information dissemination and prevention of outbreak of newly infectious diseases).
- K) The G8 shall advise international financial institutions not to impose policy conditionalities that continue to hinder developing countries' efforts to achieve MDGs.
- L) The G8 governments should fully support WHO's "Treat, Train, Retain" to strengthen national health systems.

3) The Japanese government is encouraged to:

- Introduce sector-based aid budgeting so that Japan's contribution to health system strengthening becomes clear, and the downsides of single-year budgeting of aid are eliminated.
- Start and expand support for the recruitment of local health workers, in addition to training existing personnel.
- Assess the impact on the countries' health sector budget by the repayment of past yen-loans, and cancel or reduce the debts that undermine the efforts to achieve the MDGs.
- Exercise its influence on the policies of international financial institutions against imposition of policy conditionalities such as the privatisation of the health sector.

3. On Strengthening Research and Development (R&D) in Global Health

The overarching principles:

- Investment in R&D for better tools to fight diseases of poverty, such as vaccines, new drugs and diagnostics, are critical in reaching the health-related MDGs

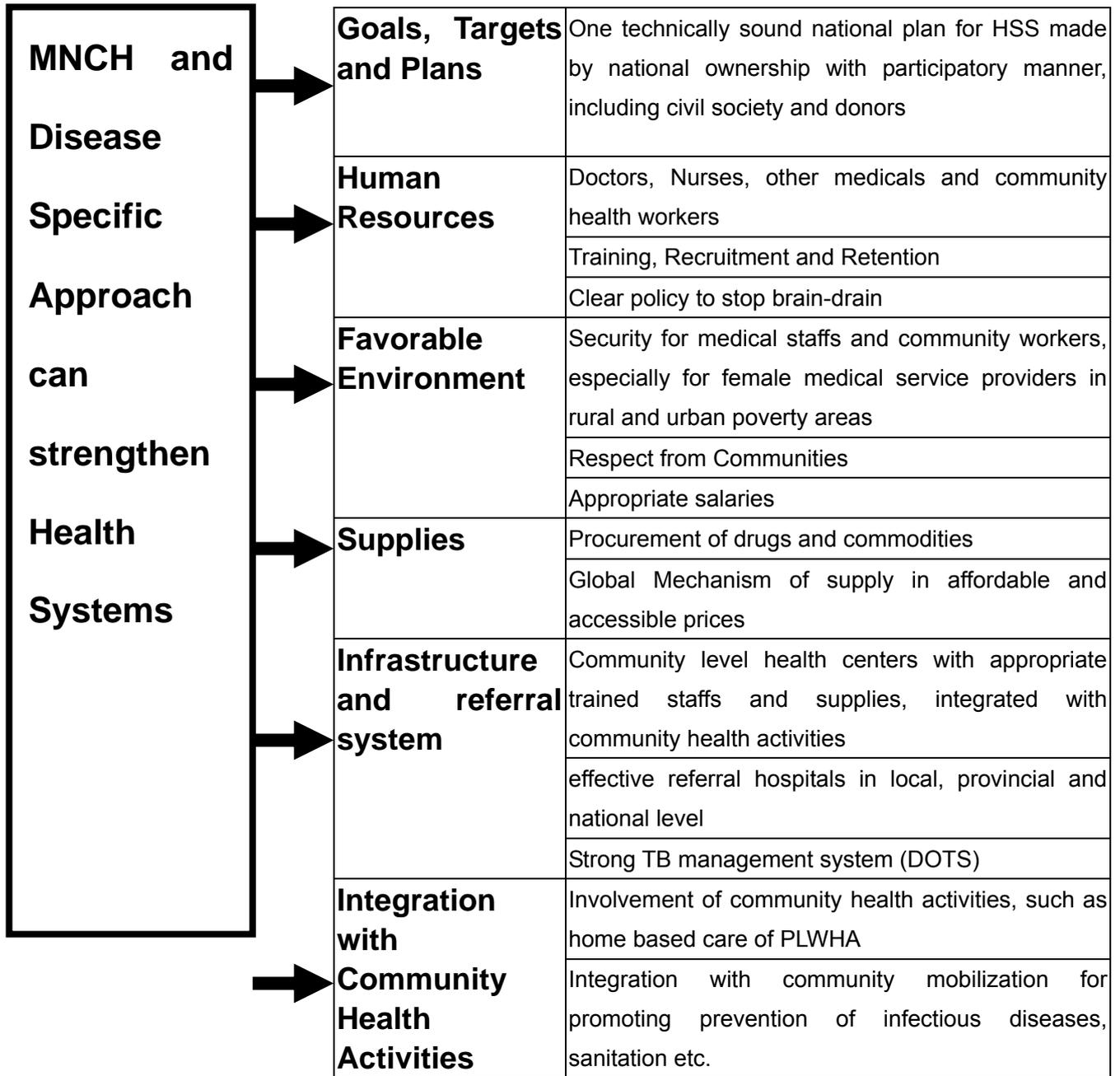
G8 and other donor countries should:

- Help to build R&D capacity in developing countries by investing in training and health infrastructure;
- Provide more incentives for domestic researchers and industry to foster innovation for better tools to fight diseases of poverty;
- Promote productive research partnerships among G8 countries as well as with developing countries;
- Fully participate in existing mechanisms such as Advance Market Commitments (AMCs) and others, which are designed to promote R&D for global health;
- Increase its support product development public-private partnerships (PDPs) working in the areas of drugs, vaccines, diagnostics and other tools to fight the diseases of poverty.

The Government of Japan is encouraged to:

- Create a mechanism/vehicle to bridge Japanese innovation and R&D and global R&D efforts in global health: such inter-ministerial mechanism would provide more funding for basic and applied R&D for diseases of poverty; create a more enabling policy environment for R&D (de-regulation without compromising safety); and foster global partnerships with developing countries and other industrialized countries;
- Specific examples of Japanese support can include on-going R&D efforts in TB and HIV/AIDS, to which Japanese scientists are already making contribution: Anti-TB Drugs, New Diagnostics Drugs, and HIV/AIDS vaccine.
- Participate in future AMC or other innovative funding mechanisms to foster R&D for global health.

Appendix: Conceptual Map: Health System, MNCH and Infectious Diseases



<Ref.3> NGO Presentation in the Global Health Experts Session (February 18, 2008)

Global Health Advocacy from Japanese Civil Society

**Delivering Policy Recommendations
as One Voice for TICAD IV and G8**

Masaki Inaba
Chair, Global Health Committee
Japan 2008 G8 NGO Forum

1

Japan 2008 G8 Summit NGO Forum: The Uniqueness and Structure

- Established: January 2007 (1 year and 2 months old)
- Members: 112 NGOs working on global issues
- Coordination Mechanism for broad, effective and integrated advocacy from civil society to the G8 Summit; the first NGO coalition with wide scale to deliver policy recommendation from civil society to G8

2

Global Health Committee: Delivering Comprehensive Global Health Policy Recommendations

*14 NGOs working on various issues on global health
*Civil Society has worked to put forward a comprehensive set of recommendations for global health: "Overall Scale Up of Investment for Health"
*Advocacy in open and constructive manner

3

Civil Society Position Paper on Health (September 2007)

Achieve all the existing pledges, goals and targets!

Reduce Child Mortality (MDG4) *To G8: - significant integrated approach with Maternal health improvement - scale up the fight against infectious diseases among children *To GoJ - Cooperation with Developing Countries to make sustainable immunization programs - Japanese leadership with past experiences	Improve Maternal Health (MDG5) *To G8: - Achieve the ICPD Programme of Action (Universal Access to reproductive health services) - realize gender equity, eliminate gender-based violence, response to the feminization of HIV/AIDS *To GoJ - To increase funding for UNFPA and IPPF to the level of the year 2000 - More involvement of NGOs for aid related MDGs, based on Japanese experiences on MNCH	Combat HIV/AIDS, TB, Malaria and other diseases (MDG6) *To G8 - Fund the necessary financial resources based on fair-share manner (the Global Fund, GDF, etc.) - Achieve the Universal Access to HIV prevention, treatment and care by 2010, targets of the Plans of TB and Malaria. *To GoJ - Sustainable and predictable funding for the fight against HIV/AIDS, TB and Malaria - deliver the services to the most needy population
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Health System: foundation to overcome global health challenges
To G8 Countries: Stop brain drain and retain health workers. Abolish User Fees to ensure universal access to essential health services, sector-wide budgetary support to sustain public health systems
To GoJ: financial and technical support not only for training but also retaining and create environment to work. Make Japanese aid predictable and visible

Global Health to be placed high on the G8 Agenda (Achieved)

4

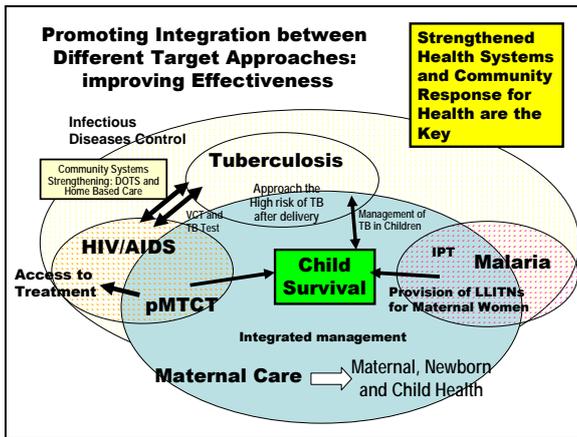
What are the Bottlenecks? Views from Civil Society

5

Strengthening Health Systems

**THE MOST IMPORTANT:
OVERALL SCALE UP OF
HEALTH INVESTMENT**

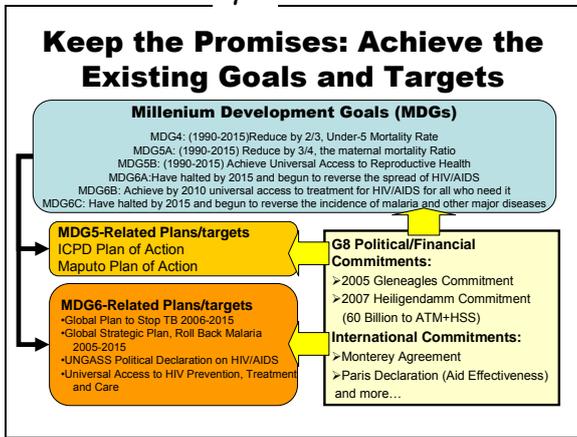
6



Remove Barriers to ensure people's access for basic health services

- Strengthening Public Health Systems
- Free/Affordable Access to Essential Health Services (including Abolishing User Fees)
- Remove Barriers of Transportation and Access to ICT
- Free/Affordable Access to Essential Medicines (Utilize Flexibility of TRIPs Agreement and Doha Declaration)

7



8

Delivering One Voice from Civil Society: towards TICAD and G8

- March 20-21: TICAD Ministerial Conference in Gabon
- April 5-6: Development Ministers Meeting
- April 7-8: Africa Partnership Forum
- April or May: Civil G8
- May 28-30: TICAD
- June 10-11: UNGASS on HIV/AIDS
- July 7-9: G8 Summit in Toya-Ko

Mobilizing Popular Call for G8 action on Global Health :

- Popular Campaign "me too: give everyone a chance to live": to be launched in March

9

Thank You!!

- Global Health Committee, 2008 G8 Summit NGO Forum
 - Contact: Masaki Inaba (Africa Japan Forum)
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 - Phone: 03-3834-6902
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10

PRESS RELEASE

From the APF Venue

Japan, 7 April 2008
17:24

African and Japanese Civil Society speak to the Africa Partnership Forum in One Voice

Civil society participants from Africa and Japan attending the 10th Meeting of the African Partnership Forum (APF) in Tokyo have committed themselves to organise and monitor the African development process with a view to holding international development partners and African governments to account in order to create a peaceful, progressive, democratic and prosperous continent

The civil society participants urged the APF members attending the meeting which was the themed "*Making a Vibrant Africa a Reality through TICAD IV and G8 Hokkaido Toyako Summit*" to take the African continent in the away from the pains and challenges that characterised the continent's past. They urged the APF not to lose focus in achieving the MDGs in Africa and Africans international partners use the opportunity to "listen more, to understand more and to learn how best to support African people as they take ownership of their own development process".

The civil society participants recognised all the positive developments in Africa such as economic growth and increasing democracy. They expressed hope that the APF, the forthcoming TICAD IV and G8 Summit can be platforms for greater partnership and more effective action in addressing Africa's challenges. They, however, stated that greater commitment from governments both in Africa and other developed countries would be needed for this to happen. They recommended the following:

- a. More urgent attention to be paid to issues of good governance, ensuring that the electoral processes are less volatile, free and fair.
- b. The international community and development partners to ensure that African constitutions are safeguarded from modification, especially regarding the elongation of the terms of incumbent governments.
- c. Refocus attention on establishing the MDGS as the focal point for poverty reduction and human development in Africa.
- d. Mainstream pro-poor growth in all development processes.
- e. Ensure that adequate and predictable funds are provided for activities that will boost economic development e.g. investing in SME, providing micro and macro finance etc.
- f. Pay more attention to the informal economy as well as agriculture as these represent the bulk of Africa's 'real' economy
- g. Remove the trade barriers and subsidies that continue to stifle and strangle the profits of African agricultural producers.
- h. Invest more in infrastructure and Information Communication Technology to increase the quality of life and economic activities of the rural people, especially women.
- i. Provide finance for supporting adaptation separate from and in addition to the already-existing commitments for ODA. Funds should be responsive to the diverse needs at the grass roots level – accessible to civil society partners.
- j. Ensure that development partners in the richer nations keep the promises they made at the Gleneagles G8 summit to scale up aid.
- k. At all levels, civil society participation, especially grassroots community based organisations should be ensured if the voices and concerns of the people are to be reflected in efforts to tackle poverty and promote pro-poor economic growth.
- l. Strengthen collaboration and partnership between African and Japanese civil society.

Apart from all the above, the civil society would also like to stress the importance of addressing the plight of African women as they remain the key to ensuring economic growth, reducing poverty, peace and security and good governance. The group would like to see a greater participation of women in the political, economic and social

spheres in a manner that removes the burden that they carry and empowers them to unlock their potential for political, economic and social leadership. Bineta Diop, who chaired the African Civil Society APF Technical Committee, said “we will now work to ensure that the issue of gender stays on the agenda”.

Lastly, the civil society called upon the leaders to recognise that structured civil society participation should become an integral part of the G8 and APF processes. The group asked the leaders to acknowledge that the civil society comes to the table with technical, contextual and practical knowledge that can help to achieve the goals of the APF. ‘Dapo Oyewole, the Focal Point for African civil society input at the APF said “we will continue to engage APF members to ensure that the voices and concerns of civil society are heard as our leaders make decisions about our future”. The African civil society participants said they were willing to work with the leaders to achieve the goals of the APF but reiterated that they would maintain their independence in the APF process.

- END -

For further information contact:

‘Dapo Oyewole, Focal Point for African civil society

Masaki Inaba, Focal Point for Japanese civil society (2008 G8 Summit NGO Forum)_

Toko Tomita, Focal Point for Japanese civil society (TICAD IV-NGO Network)

< Ref.5 > Japanese and African Civil Society Joint Statement on Global Health and TICAD (March 1, 2008)

Joint Statement of African and Japanese Peoples to Urge TICAD Co-organizers to Scale Up Overall Investment to Fight HIV/AIDS, TB, Malaria, Maternal and Child Mortality, and Strengthen Health Systems

1st March, 2008

“There will be no stability and prosperity in the world in the 21st century unless the problems of Africa are resolved”

-Yoshiro Mori, Former Prime Minister of Japan

“Our work as health practitioners needs a leadership that cares for the health and well-being of the people, a leadership that is always in the front-line of the war against disease, poverty, ignorance and hunger -- the greatest evils affecting our people and delaying our development.”

-Late Olikoye Ransome-Kuti, Former Minister of Health, Federal Republic of Nigeria

We, representatives of African and Japanese civil societies advocating for health, speak with a common voice to the Government of Japan and the co-organizers of TICAD IV.

Our voice speaks for representatives of African people living with and/or affected by HIV/AIDS, tuberculosis, Malaria and other related diseases, and burdened by weak and inadequate health systems. We speak for representatives of people of Japan, who are working in solidarity with African civil society, and are concerned with the recent trend of declining international assistance of the Government of Japan.

We call upon the Government of Japan and the TICAD Co-organizers to:

Reaffirm Japan’s political will to achieve Universal Access to HIV/AIDS treatment, prevention and care by 2010, as once pledged by all G8 countries in St. Petersburg in 2006;

Redouble efforts towards achieving the Millennium Development Goals and associated global and African targets and initiatives on health, which includes but not limited to the Global Plan to Stop TB (2006-2015), 2010 Roll Back Malaria Goals and the Global Malaria Business Plan, the Declaration of Commitment on HIV/AIDS in 2001, the Political Declaration in 2006 for the three diseases and also the African Union initiatives incorporating and complementing global efforts especially the Africa Health Strategy, Maputo Plan of Action for Reproductive and Sexual Health and Implementation Plan on HIV/AIDS, TB and Malaria.

Create a clear and strategic implementation plan for health system strengthening, as well as support country driven initiatives including Community System Strengthening aimed at attaining Universal Access to essential health services, and take the lead in providing the necessary resources to achieve these targets and goals to realize sustainable essential health service delivery globally.

Africa continues to disproportionately carry the heavy burden of health problems due to; but not limited to weak health systems and shortage of health workers. Trapped by the political and economic policies of the Cold War era that did not take account of Africa’s long term development, African countries were unable to develop strong and sound health systems to protect the most basic of human rights. The AIDS pandemic which hit Sub-Saharan Africa in the 1990’s, was also largely ignored for a significant period, due to “aid-fatigue”, as shown in the declining trend of international aid.

We recognize that TICAD played an essential role during the "lost decade" of the 1990's to facilitate dialogue for Africa’s development, as well as increasing Japanese aid for Africa, making Japan the top donor of many African countries at that time. Furthermore, TICAD created the principle of respecting African ownership. We especially take note of the Action Plan adopted in TICAD II in 1998, which provided the basis for the Millennium Development Goals. These are but few evidence of why we, African and Japanese civil society, hold high expectations that the TICAD process will lead to an improved development process that will truly benefit the people of Africa.

The breakthrough of the G8 Okinawa Summit in 2000 has led to a rapid increase in overall investment for infectious diseases. But it is far from enough, and now in 2008, we still face many challenges. Despite the current myth in global health experts' debates that "AIDS is overfunded", only half of the resource required to achieving Universal Access by 2010 is available. TB/HIV co-infection is one of the biggest health issues in Southern Africa, where people face the real threat of an MDR/XDR-TB outbreak that can undermine what has already been achieved. We are now aware that African health systems have been systematically weakened in the recent two decades.

Despite such conditions, the people of Africa continued to fight the health challenges by strengthening community responses, giving rise to critical targets such as Brazzaville Commitment on Universal Access to treatment, prevention and care by 2010 set in March, 2006, in the Republic of Congo. Now it is time for donor communities to do their part by investing financial resources to achieve these goals.

In order to achieve sustainable progress on health, there must be an end to the exploitation of health workers from Africa. Greater efforts and resources are needed to train and retain health workers to ensure the sustainability of African health systems to deliver essential health services to the African people.

On their own part, African governments must keep their pledge to allocate 15% of their national budgets to health as outlined in the 2001 Abuja Declaration of the African Heads of States. Overall scale up to the health investment is crucial to achieving the existing goals and targets, and to create a "vibrant and healthy Africa".

We, representatives of African and Japanese civil societies believe there are already enough pledges, plans and strategies and ask for funding and implementation of existing ones. We ask for responsibility and accountability. We thank the government of Japan and co-organizers of TICAD IV for their tremendous efforts and urge them to take the responsibility to facilitate multilateral dialogues for African development to achieve health-related MDGs which would ultimately translate to a better world where all the people can have access to essential health services. We can only achieve this when developed nations like Japan commit to and demonstrate the will to fight HIV/AIDS, TB, Malaria, Maternal and Child Mortality as well as make a commitment for overall scale up of health investment.

The slogan for TICAD IV is "Vibrant Africa: a Continent of Hope and Opportunity", but a vibrant and healthy Africa can only be achieved through responding to the people's hope and providing real opportunity through increased funding and implementing commitments to health development.

Signatures

Africa Japan Forum (AJF)

African Council of AIDS Service Organizations (AfrICASO)

African Civil Society Coalition on HIV/AIDS

Africa Public Health Rights Alliance / 15% Now! Campaign

Project RING, Japan AIDS and Society Association (JASA)

Réseau Africain de Personnes Vivant Avec le VIH d'Afrique Centrale (RAP+AC)

CONTACT

Africa Japan Forum (AJF)

Masaki Inaba, Program Director for Global Health

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NGO Signatories

African NGOs

- Stop AIDS In Liberia (SAIL), Liberia
- World AIDS Campaign, South Africa/Global
- MIFRO - Missa-o sem Fronteiras, Angola
- Ambassadors of CHANGE, Kenya
- ACTWID KONGADZEM, Cameroon
- Plate-Forme Associative de Lutte contre le SIDA du Centre, Cameroon
- Association BOMOI, Republic of Congo
- Malawi Network of People Living with HIV/AIDS (MANET+), Malawi
- Reseau National Femme et developpenent, Comoros Islands
- Treatment Action Campaign, South Africa
- Réseau Afrique 2000, West Africa and Burundi
- Association Nationale de Soutien aux Seropositifs (ANSS), Burundi
- AMEPOUH, Cote d'Ivoire
- **Association de Femmes Guinéennes pour la lutte contre les Maladies Sexuellement transmissibles et le Sida – ASFEGMASSI**, Republic of Guinea
- Responsabilite Espoir Vie Solidarite (REVS+), Burkina Faso
- Ruban Rouge, Cote d'Ivoire
- Association African Solidarite (AAS), Burkina faso
- Kenedougou Solidarite, Mali
- **Renaissance Sante Bouake (RSB)**, Cote d'Ivoire
- **Association de Recherche Communication et Accompagnement a Domicile des Persones Vivant avec le VIH (ARCAD/SIDA)**, Mali
- Espoir vie Togo (EVT), Togo
- **Mieux Vivre avec le SIDA (MVS)**, Niger
- **Lumiere Action**, Cote d'Ivoire
- Association Laafi la Viim (ALAVI), Burkina Faso
- Alternatives Cameroun, Cameroun
- Colibri, Cameroun
- Association des Femmes Actives et SOLIDAIRES (AFASO), Cameroun
- Association de Soutien et d'Entraide des Personnes Vivant avec VIH (ASEPVV), Tchad
- Association des Jeunes Positifs du Congo (AJPC), Congo Brazzaville
- Congrès National des Jeunes Femmes Vivant avec le VIH (CNJFV+), Centralafrican Republic
- AFASAMAS, Mali
- Yeewu-Yeete, Senegal

Japanese NGOs

- Space Allies, Japan
- Japan AIDS and Society Association, Japan

NGOs Supporting the Statement

- International Women's Health Coalition, USA
- World AIDS Campaign, the Netherland/Global
- Willing Ways Project of Sadaqat Clinic, Pakistan
- Global Union AIDS Programme, France/Global
- World AIDS Campaign, Global
- Positive Malaysian Treatment Access & Advocacy Group (MTAAG+), Malaysia
- Caribbean Vulnerable Communities Coalition, Jamaica/Caribbean Region

< Ref.6 > TICAD Fails to Address HIV/AIDS in Africa (May 29, 2008)

Press Release May 29, 2008

TICAD Fails to Address HIV/AIDS in Africa

Civil Society: Universal Access by 2010 is key to Human Security

Tokyo International Conference on African Development, brought together over 45 heads of states from Africa to “provide a road map for support of African growth and development under the TICAD process”, with a priority in ensuring human security. Yet, the Yokohama Action Plan fails to recommit and take action, let alone state, a key commitment to ensuring human security: the attainment of Universal Access to prevention, care and treatment for HIV/AIDS by 2010.

As the G8 conference is connected to the TICAD process and its outcomes, we call on the Japanese Government to reevaluate the Yokohama Action Plan, and to take leadership at the G8 Summit:

1. To recommit and provide the necessary support, including finance and technical support to achieve Universal Access by 2010.
2. To contribute the Japanese fair share to the Global Fund to Fight AIDS, Malaria and Tuberculosis.
3. To ensure that the fight against HIV/AIDS is not limited to strengthening research and prevention, but to treatment, care and support as well. .

Financial and Technical support necessary to achieve Universal Access by 2010

With 80% of the global AIDS burden concentrated in Africa, G8 countries acknowledged the need to scale up in the fight against AIDS by committing to Universal Access by 2010 at the St. Petersburg G8 Summit. Yet, the Yokohama Action Plan fails to address and to fully support, through financial and technical means, the attainment of Universal Access by 2010. Without addressing HIV/AIDS and the key document that provides targets and timelines for the fight HIV/AIDS, Africa will never attain the economic, social and political goals.

Funding the Fund

The Global Fund to fight AIDS, Tuberculosis and Malaria in the efforts to scale up efforts to fight AIDS as recognized in the Yokohama Action Plan. Leading to the Japanese Government committing US 560 Million for the coming few years. Although, we applaud the Japanese contribution for the Global Fund, it still falls far short of what Japan should be committing as the world's second largest economy, and based on increasing requests from countries Global Fund funding.

Access to prevention, treatment and care

Although prevention is key to decreasing the prevalence rate of HIV/AIDS, in areas of generalized epidemics, such as Sub-Sahara Africa, prevention, treatment and care must all be strengthened. Unless Japan is able to provide an added value to the aspect of prevention, and cooperate and coordinate with national and international partners that work on treatment and care, Japan must go beyond strengthening prevention.

TICAD should have been the first step in showing that Japan will take leadership in securing human security. Yet the failure to address the need to scale up on the fight against HIV/AIDS, and the failure to ensure the support necessary to achieve Universal Access by 2010 has already revealed that Japan has already missed that first step. But Japan can have this opportunity to show its willingness and responsibility to commit to human security though the attainment of Universal Access by 2010 at the G8 Toya-ko Summit.

23rd April, 2008

Global Health Priorities for the Civil G8 Dialogue, 2008 in Kyoto, Japan

Global health issues are one of the biggest challenges in development. G8 countries have a critical role to play in supporting the achievement of the health MDGs. This is why we think health issues should be a constant, permanent agenda item for future G8 summits. In addition, the G8 should create a clear mechanism to monitor progress on past and future commitments and annually report on them.

FIRST WE WANT TO BEGIN WITH PAST COMMITMENTS

The fight against HIV/AIDS, TB, and Malaria is making progress but we have only just begun. We are very worried that G8 may abandon its effective focus on these diseases and will not fulfill its commitments.

Therefore we demand the full \$60 billion in *new, additional funding* promised at the 2007 G8 summit and an action plan of *how much* will be paid by *which country* on *what timeline* and a plan for predictable and sustainable future funding.

This \$60 billion figure should be time-specific over the next 2 to 3 years and must be a part of achieving the commitments already agreed to by G8 countries:

- The Global Plan to Stop TB,
- Universal Access on HIV/AIDS by 2010,
- Scaling up for impact for malaria interventions,
- A fully funded Global Fund at a \$6-8 billion annual level

ON NEW COMMITMENTS

We welcome the fact that new and critical items are being brought to the agenda this year.

First, we want to address MDGs 4 and 5. We can save more than 6 million lives of mothers, newborns, and children. We can ensure universal coverage of the basic services needed for achieving MDGS on maternal and child mortality by 2015 for a cost of \$10.2 billion annually.

We welcome the G8 agenda item on water and sanitation as it is critical to achieving the other MDGs and is extremely cost-effective intervention--\$1 gets a \$9 return. The G8 should commit to establishing a global plan of action based on facilitating and coordinating national plans. This should include establishing a high-level task force, reporting annually, and a commitment that no credible national plan should fail for lack of finance.

HEALTH SYSTEMS

Strong health systems are key to reach all of these targets. This is why they need additional funding commitments—and money committed for other targets should not replace that.

We call on the G8 to reassert their commitment at the Gleneagles summit to promote free access to primary healthcare and mention specifically their will to support the removal of user fees in particular for the most vulnerable people such as pregnant women and children.

We also demand that training, deployment and retention of qualified health workers is prioritized and funded. Vague conversations about health systems that do not have any targets or funding levels are insufficient. **Urgently, we urge G8 to take their responsibility to increase at least 4.25 million additional health workers globally, including 1 million for Africa.**

FUNDAMENTAL QUESTIONS

- On the \$60 billion commitment made last year on HIV/AIDS, TB and Malaria and strengthening health systems which countries will be putting up money and on what timeline? Will you announce this at the G8 meeting?
- Will the G8 make a firm commitment to ensure that \$ 10.2 billion is available each year for maternal and child health and that there is a plan to achieve water and sanitation MDGs?

This Statement was adopted by;

The Participants of the Break-Out Session for Global Health, Kyoto, the 23rd April 2008

Global Health Committee, Japan 2008 G8 Summit NGO Forum

Dorothy Shaw-Millman, the International Federation of Gynecology and Obstetrics, Canada

Elizabeth Anne Peterson, World Vision International, the US

Jill Sheffield, Family Care International, the US

Irungu Houghton, OXFAM GB, Kenya

Olayide Akanni, Journalists against AIDS (JAAIDS) Nigeria, Nigeria

Louis da Gama, Global Health Advocates, the UK

Matthew Kavanagh, Results Educational Fund, the US

Paola Giuliani, Action Aid Italia, Italia

Rachel Wilson, Path, the US

Steven Cockburn, End Water Poverty, the UK

Winstone Zulu, Stop TB Partnership, Zambia

<Ref.8> Recommendations for the Hokkaido Toya-ko G8 Summit Communique (June 14, 2008)

June 14, 2008

Poverty and Development Unit, 2008 Japan G8 Summit NGO Forum

Recommendations for the Hokkaido Toya-ko G8 Summit Communiqué

1. First Priority on Poverty and Development Issues for G8 Communiqué and Outcome Documents

ODA	The G8 must acknowledge that they are off track to meet their own key commitments on aid quantity and quality, and act to get back on track.
Food	<ol style="list-style-type: none"> 1. In recognition of the magnitude of the current food crisis and its prolonged negative impact on social development and the achievement of MDGs, the G8 must commit to meeting the financial needs in responding to food insecurity and nutrient needs of the people affected by the current food crisis. Food aid must be delivered faster and more effectively, and as "cash" allowing the local governments, relevant agencies, and NGOs to purchase products locally or within their region. Such food aid must focus especially on protecting children and pregnant/lactating mothers against long-lasting impact of malnutrition and hunger. 2. In recognition of the magnitude of the current food crisis and its prolonged negative impact on social development and the achievement of MDGs, the G8 must commit to meeting the financial needs in responding to food insecurity and nutrient needs of the people affected by the current food crisis. Food aid must be delivered faster and more effectively, and as "cash" allowing the local governments, relevant agencies, and NGOs to purchase products locally or within their region. Such food aid must focus especially on protecting children and pregnant/lactating mothers against long-lasting impact of malnutrition and chronic hunger.
Climate Change and Poverty	<ol style="list-style-type: none"> 1. The G8 must deliver adequate adaptation finance, delivered through the UN, and should not count this money towards aid budgets. 2. The G8 must agree to limit global warming to below 2 degrees. 3. The G8 should commit to reducing G8 countries' domestic carbon emissions by 25-40% by 2020.
Education	The G8 communiqué must reaffirm the pledge that 'no country seriously committed to the achievement of Education For All should be thwarted in this ambition for lack of resources' and should interpret this commitment as applying to conflict-affected and fragile states as well as strong performers.
Health	Noting the importance of tackling global health issues, G8 countries must ensure global health be a permanent agenda item of the G8. Adding to that, G8 must construct within the G8, a system that will annually monitor and evaluate the progress towards the attainment of global health commitments, which will be the responsibility of the G8 host country. Furthermore, to ensure that countries are held accountable, to hold a peer monitoring of progress towards fulfilling their commitments and to construct a mechanism that will advise countries not fulfilling their financial commitments.

2. Second Priority on Poverty and Development Issues for G8 Communiqué and Outcome Documents

(1) ODA

ODA	<p>1. Aid quantity Japan must lead the G8 to deliver a detailed emergency plan with annual budget increases to meet Gleneagles G8 promises and go further to reach 0.7% of GNI.</p>
	<p>2. Aid quality The G8 must act rapidly to increase aid quality, implementing and exceeding agreed targets contained in the Paris Declaration on Aid Effectiveness, especially increasing multi-annual predictable commitments and the amount of aid channelled through governments, use of country systems and mutual accountability.</p>
	<p>3. Accountability The G8 should agree to an independent monitoring mechanism of the G8 commitments on aid quantity and quality.</p>
	<p>4. Debt The G8 should agree on debt cancellation for all the countries that need it to reach the MDGs.</p>

(2) Education

Education	<p>1. The G8 must commit a minimum of \$15-16 billion per annum in aid to ensure the achievement of six goals of Education for All, a sum that includes provision for adult literacy, early childhood care and education, targeting the hardest-to-reach children and expansion of lower secondary education.</p>
	<p>2. The G8 should commit to this aid being given predictably and to finance recurrent costs, in order that 18 million teachers can be trained, hired and paid between now and 2015.</p>
	<p>3. The 2007 commitment to fill the FTI financing gap must be met: the G8 must report back on progress since last year, and should reaffirm the pledge that it will pay its fair share of the annual external financing requirement to enable FTI plans to be realised.</p>
	<p>4. The G8 should support the creation of an annual replenishment cycle for the Catalytic Fund of the FTI, and encourage the endorsement of a further 16 countries' plans in 2008 and 2009.</p>

(3) Health

Health	1. (Addressing Health Workers Shortage) G8 should support all 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 face the problem of health worker shortage. To achieve, by 2015, an additional 1.5 million health workers in Africa, or 4.6 million health workers globally. To include in the summit progress report, the creation of a midterm target, as well as the G8 countries to hold themselves responsible for recruiting, educating, training and retaining health workers. Furthermore, to include the creation of a comprehensive and time bound action and financial plan, with each country spelling out how much it will contribute over what timeframe.
	2. (Heiligendamm Pledge) G8 should create firm plans and timetables to show ' <i>who will pay how much when</i> ' for the US 60 Billion Dollar pledge made at the 2007 G8 Summit in Heiligendamm to fight the three infectious diseases(HIV/AIDS,TB, Malaria) and to Health System Strengthening. If the USD 60 Billion pledge is to be of any significance, the full amount must be paid by 2010 and must be made additional to contributions given to other existing commitments.
	3. (Measures for Infectious Diseases) G8 should recommit to the attainment of Universal Access to HIV/AIDS treatment, prevention and care by 2010 as once promised by all G8 countries at the 2006 St. Petersburg G8 Summit. To the creation of a comprehensive action plan which each country spelling out how much it will contribute, financially and technically over what time frame to attain this goal. Also, in emergence of HIV/TB co-infection, Multi-drug resistant (MDR) and extensively drug-resistant (XDR) TB, G8 countries should address these issues and support Global Plan to Stop TB which aims to halve TB prevalence and deaths by 2015 compared with 1990 levels.
	4. (MNCH) Measure to attain MDG 4 (reduction of the child mortality rate), MDG 5 (improvement of maternal health) and related child, maternal and reproductive health issues has been slow and has 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 US Dollars a year, as calculated by the World Health Organization (WHO) and the United Nations Fund for Population Fund (UNFPA), to achieve these goals.

(4) Food

Food	1. The G8 must introduce regulations on the flow of speculative money and to make futures trading on food more transparent. As one of the effective methods of such regulation, G8 must advance the discussion on establishing a commodity futures transaction tax whose revenue can then be made available for filling the financial gap for development aid.
	2. The G8 must increase its aid in agriculture development focused on small-scale and sustainable agricultural and livestock production, and must especially support the African governments in meeting the 2003 target to allocate at least a tenth of their spending to agriculture.

< Ref.9 > Action Alert for the 3rd Health Experts Meeting (June 8, 2008)

ACTION ALERT

Deliver Your Voices to “Health Experts” and Sherpas of Your Governments

**Contact: Global Health Committee, 2008 Japan G8 Summit NGO Forum
Takumo Yamada
Masaki Inaba**

Dear international colleagues

We are writing to share with you the latest intelligence gathered from various sources by the Global Health Committee of the Japanese NGO Forum on the G8 Summit 2008, and to call for a concerted civil society lobby action across the G8 countries and the EU.

This note contains the following information.

- 1. Call for Action**
- 2. What to push (at the proposed lobby meetings)**
- 3. Latest overall intelligence and political analysis (to back up your lobby work)**
- 4. Detailed Intelligence**

1. Call for Action

The Japanese NGOs working on global health towards the G8 Summit in Hokkaido would like to urge those of you who can to lobby your respective governments, preferably the officials attending the experts' meeting, or, if not then the sherpas or the sous-sherpas. This lobby work should ideally happen before the respective governments dispatch their health experts to the G8 health experts' meeting (11-12th June), and if this is not possible, then please lobby your sherpas before the Sherpa meeting (23-25th of June).

The attached is a civil society statement we are preparing in Japan, which we think might be useful for you to use when lobbying your governments, because it builds on the joint statement prepared by those international civil society actors who attended the Civil G8 Dialogue with the G8 and EU sherpas in late April, and incorporates the latest development that we are aware of.

2. What to really push

The attached statement outlines both the demands concerning the policy substance on MDGs 4, 5 and 6 and Health System Strengthening, and those for an accountability/follow-up process to be in place.

Of these, we can reasonably hope for

1. an outcome document separate from the overall G8 Communiqué
2. a permanent accountability/follow-up mechanism on existing and future G8 commitments on health to be put in place

So, while we would encourage you to push the respective health experts on all the points contained in the statement, we would particularly urge you to make sure that they hear our voices on the accountability aspects.

3. The latest overall intelligence and political analysis

(to supplement the call to action above)

1. Top line intelligence

Japan seems to be pushing hard for producing a G8 outcome document separate from the overall communiqué, outlining a comprehensive diagnosis of the related issues, with clear references to relevant existing G8 commitments. This document is supposed to reflect the discussions by the G8 health experts¹.

We also believe that this document is intended to include a concrete follow up mechanism on existing G8 commitments.

These are some concrete gains we can reasonably hope to win out of the Toya-ko summit. On the other hand, we think at this stage it is not very likely that all the right things contained in the document will be backed up by new money. On this, we need to be critical.

But important to note is that even the possible wins on the accountability mechanism is not guaranteed unless all the G8 governments are pushed by civil society across the G8 countries and the EU in a concerted manner, even this wins may be weakened.

See the detailed intelligence for more background.

2. Political Analysis and Proposal for a Civil Society Strategy

This is clearly Japan's own initiative, but it is also apparent that the US government is strongly backing Japan. This shows in the following aspects of the Japanese proposal.

- All of the four main policy recommendations by Prof. Takemi (former Senior Vice Minister of Health of Japan who has been behind the scene in the process) are included in the documents (as can be seen in the detailed outline of the contents of the health document)².
- On the other hand, the proposal is weak on aid coordination and harmonization, for which normally the EU countries are stronger advocates.

As the chair of this G8 Summit, Japan will likely hold onto this health proposal, as they have nothing major to sell on the other major issues on the agenda: food or climate change. The fact that the US is behind Japan on this makes it all the more likely.

We heard that EU countries are showing reluctance to the follow-up mechanism. Despite their stated reason being General Budget Support (see the detailed intelligence below), there may be political reason, which is the discomfort at the Japan-led and US-backed initiative, because objectively speaking, the EU countries have much to sell vis-à-vis Japan on their financial support to the health sector, e.g. their contribution to the Global Fund, and budget support alone seems like a weak argument against this follow-up idea.

¹ Some countries are not very keen for this G8 to produce such a document (especially Italy and Canada), questioning whether that was ever the mandate of the health experts meetings.

² The four recommendations are:

- Concrete national health plan, and establishment of a peer review mechanism to make name and shame possible among developing countries.
- Clear commitment to long-term financial commitment by donor countries for 20 years
- Commit to developing a common indicators and methodologies that they will accept for monitoring and evaluating their both bilateral and multilateral supports (linked to the strengthening of the WHO)
- Pilot projects to address health worker crisis within the human security framework

Given above, it seems our common strategy towards Toya-ko should be to:

- Secure the accountability mechanism, by getting the Europeans on board
- Do so by encouraging a language that the Europeans should propose to the Japanese on the mechanism (we will have to rely on our European colleagues for this)
- Make sure that this mechanism will also lead to mobilization of additional resources
- Make sure that aid coordination and harmonization become a central feature of this mechanism

4. Detailed intelligence

1. Japan, post-TICAD

- Commitment to double Japanese aid to Africa in 5 years (bilateral grants and TA only, excluding debt relief), announced at TICAD, was a best compromise possible within the government at the time (MOFA wants to see increase of overall aid budget, MOF against). Further political leadership on overall aid unlikely before Toya-ko.
- TICAD Action Plan contains higher-than-before ambition on the part of Japan on health. Wants to build the G8 agreement on this.
- Sense in the Japanese media that “Africa/Development” have now been dealt with and climate and food are the issues to work on towards Toya-ko
- Climate and food overshadowing other development issues globally

2. The contents of the proposed G8 outcome document on health

Leaders' communiqué will contain bite-size messages on health (written mainly by sous-sherpas. Development section would probably be around 10 pages, and health will be part of these 10 pages). The separate document on health (written by health experts, to be endorsed by the leaders), will be about 10 pages long, and reflect on the discussions at the G8 Health Experts meetings.

A second draft of the 2) has already been circulated among the G8 and EU health experts.

The substance of this second draft seems to contain the following sections:

- A. Current context (since Okinawa, progress made, the new challenges, etc etc. Not too much volume on this section as people know already)
- B. Guiding Principles
- C. Health System Strengthening
- D. Maternal, Newborn and Child Health
- E. Infectious Diseases
- F. Multi-sectoral cooperation
- G. International cooperation
- H. Appendices on follow-up on existing (and new) commitments

More in detail on each of the sections.

1. **Current context:** since Okinawa, progress made, the new challenges, etc etc. Not too much volume on this section as people know already.

2. **Guiding Principles**

- Human security framework (empowerment of the individual and community)
- Interconnectedness of MDGs 4-6
- the need to look towards post 2015 and to exceed the MDGs
- the importance of R&D
- Paris Declaration (ownership and coordination of various initiatives)

- G8 as an appropriate platform to ensure such coherence

3. Health System Strengthening

- Emphasis on health workers crisis
- Japan keen to support training, monitoring and evaluation. It has committed at TICAD to train 100,000 workers in Africa in 5 years.
- The 2.3/1,000 and 4.1/1,000 by 2015 targets to be mentioned as “aspirational targets” (i.e. not commitments) but some oppose to this idea.
- On monitoring and evaluation, will stress the importance of reliable info, which is also stressed by the WHO, Gates, Health-related NGOs. G8 generally agree on this, but will differ on details.
- Other components of HSS such as procurement of drugs, governance, will be mentioned but not to the same extent. Will be open to suggestions from other G8 governments.
- Will also touch upon the need for effective health measures in disasters.

4. MNCH

- PM Fukuda and his spouse particularly interested in this area.
- Japan pushing for universal access to reproductive health services, increased birth attendance by skilled birth attendants in Africa to 75% in five years, nutrition and continuum of care, incorporating the TICAD outcomes.
- US may resist this, especially on the language of “reproductive health”, depending on the political mood in the outgoing administration.

5. Infectious diseases

- Will acknowledge progress but also stress the need for continued support
- HIV/AIDS
 - Universal access to be clearly mentioned as commitment
 - issues such as restriction on travel to be mentioned as issues to be tackled.
- Tuberculosis
 - Global Stop TB Plan to be endorsed and supported.
 - Multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB and TB/HIV co-infection to be mentioned as issues to be tackled.
- Malaria
 - Will not go back on past commitments
 - Hightened political interests in the recent months might mean G8 governments might bring some new pledge. Japan unlikely to block this.
- Polio
 - Needs a “final push” to eradicate it – caution against reduced efforts
 - Aware that some countries were named and shamed at WHA on this.
- Neglected Tropical Diseases
 - US high interests, but Japan prefers a wider scope.
- measles

6. Multi-sectoral cooperation

- Stress the importance of collaboration with work on MDGs 1, 2, 3 and 7.
- Water and Sanitation
 - 20% of Japan’s aid to Africa is WATSAN-related. Intended to improve access for 6.5 million people. Japan likely to call on other G8 countries to scale up their watsan aid.
- Education
 - basic education: health education, nutrition, etc.
 - secondary and advanced education: crucial in increasing health personnel
- basic infrastructure
 - local roads, electricity, etc. related to health
- climate change

- WHO is currently interested

7. International cooperation

- stress the timing as mid-point to 2015, and towards 2010 Universal Access goals to nurture “a sense of urgency”
- call for some mechanism to better deliver aid, which would include H8, academics and NGOs in the process.

8. Appendices on follow-up on existing (and new) commitments

- a speed-up/follow-up mechanism to deliver existing commitments
- will attach a matrix to be publicised, to ensure accountability
- This matrix will show which G8 countries have committed how much/what by when, and the progress. May include new commitments, based on the “sense of urgency”.
- Largely two parts: existing G8 commitments on 1) health in general, 2) infectious diseases (incl. polio)
- Japan and the US keenly supportive of this.
- Europeans are reluctant, saying General Budget Support is hard to break down and trace into particular sectors (i.e., saying such a matrix would not do justice to their actual contribution)
- Japan trying to convince the Europeans, saying that this is going to be an annual report and the format can be improved in time to represent the reality better.
- The G8 is supposed to have agreed on a similar process at St Petersburg as a result of push by the Germans, but the Germans did not have enough time to get it in place for Heiligendamm. Japan calling “for this initiative to be rescued”.

ENDS

<Ref.10> We can no longer wait: Joint Statement on Global Health (June 23, 2008)

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 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.

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Signatures (as of June 20, 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

Argentina	Mulabi- Espacio Latinoamericano de Sexualidades y Derechos Foundation for Studies and Research on Women (FEIM)
Cameroon	Cameroon Coalition Against Malaria African Action on AIDS (AAA) Positive-Generation Reach Out Fogué Foguito Positive-Generation
Canada	Action Canada for Population and Development (ACPD) The Canadian HIV/AIDS Legal Network Interagency Coalition of AIDS and Development (ICAD) Results Canada Students Against Global AIDS Canadian Grandmothers for Africa
Comoro/France	Fédération des Associations Comoriennes de France
China	Beijing Aizhixing Institute Hong Guang Alliance
Democratic Republic of Congo	Conseil Mondial de Soins
France	AIDS Coalition to Unleash Power Paris (ACTUP Paris) AIDES Equilibres & Populations French Family Planning Movement Médecins du Monde France PLUS, Coalition Internationale Sida SIDACTION
Germany	Bread for the World German Foundation for World Population (DSW)
Ghana	African Media and Malaria Research Network (AMMREN) Ghana Voices for Malaria-free Future Project
India	Delhi Network of Positive People (DNP+) EMPOWER India JEEWAK WELFARE SOCIETY NAGPUR MAMTA -Health Institute for Mother and Child World Care Council, India
Italy	Associazione italiana donne per lo sviluppo Osseatorio Italiano sull'Azione Globale contro l'AIDS
Liberia	Millennium Campaign-Liberia
Kenya	Ambassadors of Change Youth Intercommunity Network WEM Integrated Health Service

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Kosovo	Little People of Kosova
Malawi	Youth Net & Counselling (YONECO)
Malaysia	Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)
Mexico	El Closet de Sor Juana
Myanmar	NGO Gender Group
Nepal	Nyaya Health
	Safe Motherhood Network Federation
Netherlands	International Civil Society Support
New Zealand	New Zealand Family Planning International
Nigeria	Association Of Civil Society Organisations in Malaria Immunization and Nutrition
	Communication for Development Centre
	Journalists against AIDS (JAAIDS) Nigeria
	Treatment Action Movement
Norway	the Norwegian heart and Lung patient Organization
	Norwegian Association for Sexual and Reproductive Health and Rights
(NSRR)	
Philippines	Positive Action Foundation of the Philippines Inc (PAFPI)
	The Development Action for Women Network (DAWN)
Republic of South Africa	Treatment Action Campaign (TAC)
	Oxfam GB Southern Africa-Regional Management Centre
Spain	Instituto de Cooperacio'n Social
Somalia	Somali socio cultural organization (SOSCO)
Sri Lanka	Community Development Services, Sri Lanka
Tanzania	Tanzania National Malaria Movement Trust
Trinidad and Tobago	Youth Advocacy Movement Trinidad and Tobago
Uganda	Care and Share Foundation
United Kingdom	VSO International
	Stop AIDS Campaign
	Student Stop AIDS Campaign
United States	Africa Action
	The American India Foundation
	Center for Women's Global Leadership
	Community HIV/AIDS Mobilization Project (CHAMP)
	Global AIDS Alliance (GAA)
	Health Global Access Project (Health GAP)
	Ipas
	Partners in Health
	Path
	Physicians for Human Rights (PHR)
	Population Action International
	Results Educational Fund (REF)
	Treatment Action Group (TAG)
	United States Coalition for Child Survival (USCCS)
Venezuela	Action Ciudadna Contra el SIDA (ACCSI) – LACCASO
Zimbabwe	Zimbabwe Association of Doctors for Human Rights
	Zimbabwe Association of Church Related Hospitals (ZACH)
Africa	African Civil Society Coalition on HIV/AIDS
	Africa Public Health Rights Alliance/ 15% Now! Campaign
	African Council of AIDS Service Organizations (AfriCASO)
	Afro Global Alliance International
	Princess of Africa Foundation
East Africa	Eastern African National Networks of AIDS Service Organizations
(EANNASO)	
Asia & Pacific	Asia and Pacific Council of AIDS Service Organizations (APCASO)
	Asian Harm Reduction Network (Thailand)
	Asia Pacific Network of Sex Workers (APNSW)
Europe	Action for Global Health
Latin America/Carribbean	Red Latinoamericana de Personas viviendo con VIH/SIDA (RedLA+)
International	Action Aid International

Ecumenical Advocacy Alliance
Family Care International
Global Health Council

International Council of AIDS Service Organizations (ICASO)
International Planned Parenthood Federation (IPPF)
International Treatment Preparedness Coalition (ITPC)
International AIDS Women Caucus (IAWC)
International Women's Health Coalition (IWHC)
Malaria Consortium
Open Society Institute
OXFAM International
Pathfinder International
United Youth Front International
United Methodist Church, General Board of Church & Society
World AIDS Campaign

Individuals ³

Javier Hourcade Bellocq, Board Member of the Communities living with HIV, Tuberculosis and affected by Malaria Delegation, the Global Fund to Fight AIDS, Tuberculosis and Malaria

Elizabeth Mataka, Board Member of the Developing Country NGO Delegation, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Vice Chair of the Board of the Global Fund, Special Envoy for AIDS in Africa of UN Secretary General)

Asia Russell, Board Member of the Developed Country NGO Delegation, the Global Fund to Fight AIDS, Tuberculosis and Malaria

Myung-Hwan Cho, President of AIDS Society of Asia and the Pacific

³ Additional Individual Signatures

Gladis Adriana Vélez Álvarez, Columbi (Columbia), Joel Bayubasire Djanda (Democratic Republic of Congo), Konjit Kefetew (Ethiopia), Swedi Ismail Martha Mesfin (Ethiopia), Victoria Tettey (Ghana), Lena Addy, James Frimpong (Ghana), Dr Komla Ofori (Ghana), Dr Atsu Seake-Kwawu (Ghana), Jashodhara Dasgupta (India), Ritu Kumar Mishra (India), Dr. Manmeet Kaur (India), Benson Williesham Milimo (Kenya), Azita Amireh (Iran), Sysavanh Phommachanh (Laos), Dr Geetha Rana (Nepal), Adamu Sa'adu Ajingi (Nigeria), Rose Iwueze (Nigeria), Dare Adeoye (Nigeria), Hajarat Suleiman (Nigeria), Dr Manzoor Butt (Pakistan), Ahmed Ali (Pakistan), Dr. John Theopista (Tanzania), Esther Opoka (Uganda), Margaret Nalugo (Uganda), Mavis Akotey, MacDonald Bubuama, Mbonny Wilson, Nchotu Regina Akwanui, Foluke Akingbade, Isaac Bwire, Crissy Mupuchi

< Ref.11 > Take the Leadership in Listing all Travel Restrictions for PLWHA (July 1, 2008)

July 1, 2008

Project RING, Japan AIDS and Society Association
Africa Japan Forum

Take the leadership in lifting all Travel Restrictions for People living with HIV/AIDS
= Voices of Civil Society to the G8 =

In the 2001, Declaration of Commitments on HIV/AIDS saw governments agree to “enact strengthen or enforce appropriate legislation, regulations and other measure to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS”. Yet, seven years after this commitment, well over 70 countries still place some form of travel restriction on those living with HIV/AIDS.

These restrictions are discriminatory, contributing to the stigmatization of people living with HIV/AIDS and are contrary to the commitments made through the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. Furthermore, they undermine HIV prevention and other efforts to stop the epidemic.

At the 2008 UN high level Meeting on AIDS in New York, 344 organizations signed a letter on HIV-related Travel Restrictions addressed to the UN Missions and Heads of State in Countries with Restrictions. In solidarity, we call on the leaders of the G8 to:

- Take the leadership to abolish all HIV-specific travel restrictions
- Ensure access to HIV prevention, treatment, care and support for mobile populations, both national and non-national
- Take up the issue of travel restriction with other governments where they are applied to your citizens seeking to travel
- State in the G8 common action framework on global health, a commitment to remove all travel restriction (denial of entry, stay and/or residence) of the people living with HIV/AIDS

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<Ref.12> Score Card on Global Health, Hokkaido Toya-ko Summit (July 9, 2008)

Score Card on Global Health, Hokkaido Toya-ko Summit 2008 (as of July 16, 2008)

Global Health Committee
2008 Japan G8 Summit NGO Forum

This score card shows the independent evaluations of the outcomes of G8 Toya-ko Summit on global health.

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2008 G8 Hokkaido Toya-ko Summit						
Report Card (Global Health)						
NAME: G8 Countries (US, UK, Italy, Canada, Germany, Japan, France, Russia)						
Number	Curriculum	Content	Financial Commitment	Comprehensive Grade	Details/Comments	
1	(Global Health Overall) Political commitment and financial resources necessary to attain the Millennium Development Goals (MDGs) by 2015 : Can we achieve MDGs by 2015?	B+	D	C	Good Points: the political will to select "health" as a major agenda as the most off-track targets of MDGs and organized a series of G8 Health Experts Meetings to issue the final outcome document as "Toya-ko Framework". Challenges: No mention about 0.7% target, and strong resistance from some G8 governments to include Gleneagles Commitment to increase ODA to 50 billion annually.	
2-1	(MDG 4) Decreasing the child mortality rate and improvement of nutrition and coverage of immunization, which requires an increase of USD 10.2 Billion annually, together with MDG 5(improving maternal health): Can we protect children?	C	F	C	Good Points: Clear mentions about nutrition and immunization. Challenges: No mention at all on financial issues	
2-2	(MDG 5) Improving maternal health and commitment to the realization of Universal Access to Reproductive Health Services, which requires an increase of USD 10.2 Billion annually, together with MDG 4 (decreasing child mortality): Can we improve maternal health?	C		D	Good Points: SRH was written as a prioritized agenda. Challenges: a backward from TICAD Action Plan which included Universal Access of SRH. No financial commitments at all.	
3	(MDG4/5) Recognition of the importance of continuum of care, commitment for increased proportion of births attended by skilled birth attendants, and prevention of mother to child transmission of HIV, which requires an increase of USD 10.2 Billion annually for both MDG 4 & 5	B		C	Good Points: Clear targets in skilled birth attendants and mentions on PMTCT. Challenges: No financial commitment at all	
4	(MDG 6) Comprehensive financial and action plan for the attainment of Universal Access to Prevention, treatment and care by 2010: Will the G8 seriously commit to fighting HIV/AIDS?	C	D	D	Good Points: Concrete and clear mentions on gender, vulnerable groups etc. on especially prevention. Challenges: No financial plans to disburse necessary budget to achieve UA.	
5	(MDG 6) Political commitment towards the removal of travel restrictions (denial of Entry, Stay and/or Residence) of HIV+ persons(MDG 6) HIV : Can they protect fundamental human rights of freedom of movement and residence for all?	D	D	D	Good Points: raised the issue in the G8. Challenges: It is necessary to mention legislative reform to abolish (or relax) travel restrictions but no clear mentions about it. We expect the G8 "follow" this issue and	
6	(MDG 6) Address the urgency of the emerging HIV/TB co-infection, multi-drug resistant (MDR) and extensively drug-resistant (XDR) TB, and the need to commit and support Global Plan to Stop TB : Can we respond to current and emerging global health concerns?	B	D	C	Good Points: Strong mentions on MDR/XDR-TB and HIV/TB Co-infection. Challenges: No financial commitments except 60 billion of Heiligendamm. No mention about TB in G8 Communiqué.	
7	(MDG 6 & Health Systems) The fulfillment of the USD 60 Billion pledge made at the 2007 G8 Summit in Heiligendamm for the three infectious diseases and Health System Strengthening by 2010. Commit fully to fully fund the Global Fund to fight AIDS, TB and Malaria so it grows to the size of USD 6-8 Billion by 2010: Can the G8 fulfill its commitments?	D	D	D	Good Points: clear set of the deadline. Challenges: If it is disbursed by 5 years it may mean decrease of the financing to the 3 diseases and HSS. Ambiguous explanation, such as "The 3 infectious diseases" to just "infectious diseases" and "health system strengthening" to "strengthen health"	
8	(Health Systems/Health Care Workers) Firm and time bound targets and financial commitments necessary to increase the number of health workers in developing countries: Can there be a numerical target and financial commitment?	B	D	C-	Good Points: firstly mentioned on this issue and set clear target "2.3/1000" Challenges: No mention about "4.1/1000" and "doubling HCW in Africa". Ambiguity on stopping brain drain.	
9	(Health Systems) The realization of Universal Access to comprehensive primary health care, including the removal of user fees in developing countries, and increase developing countries' health spendings by lifting/relaxing IMF macroeconomic restraint policies: Can we realize health for all?	B-	D	C-	Good Points: clear mention about children's access to "basic health care services", including free of charge. Challenges: No mention about improving access of PHC to women and vulnerable groups.	
10	(Follow Up Mechanism) Global health as a permanent agenda of the G8. To hold the G8 accountable, a mechanism that will annually monitor and evaluate the progress towards the attainment of global health commitments: Can they create a mechanism that will make them keep their promises?	A-	A-	A-	Good Points: a clear mechanism to evaluate the progress of G8 governments each. Challenges: Unknown if the future host countries can work along this mechanism. We put the high score with our expectation.	
General Score			Evaluation	Letter Grade	On wording and arrangement	On numerical targets, financial commitment, timelines, action and financial plans
Substance	Finance	General	Excellent	A	Deserving of high praise	Full financial and political commitment with a time bound concrete action and financial plan. Satisfactory target
B-	D	C-	Good	B	Positive/active direction	(1) acceptable (but still lacking) financial contribution target (2) Targets are acceptable, concrete and time bound action plan for the attainment has a positive outlook
			Average	C	Contains some inadequate/insufficient points	financial contribution is lacking, target timeline is ambiguous/unclear, problems with planning
			Below Average	D	Very problematic, highly inadequate/insufficient	contains only the issue or analysis of the issue, no clear of concrete financial and action plan. No time target.
			Failure	F	Missing/ completely lacking, thus impossible to evaluate	No mention of issue

PRESS RELEASE

Will Toya-ko Leave Its Mark in the Book of Global Health Legacies? The answer lays in the future leadership of Japan

Global Health Committee, 2008 G8 Summit NGO Forum

The success of the Okinawa Summit, once more: carrying the anticipation of civil societies working for global health, the G8 Hokkaido Toya-ko Summit officially convened. On July 9, 2008, two documents were released: the Communiqué on Development and Africa by the G8 leaders and the Toya-ko Framework for Action on Global Health, a report by the G8 Health Experts group.

Holding the legacy of bringing forth HIV/AIDS and other infectious diseases as a major agenda item within global health at the Okinawa Summit, this Toya-ko Summit attempted to attain health related Millennium Development Goals by shedding light to not only the infectious diseases, but to issues that still lack adequate measures and action such as maternal and child health and health workers shortage in developing countries. In November of last year, Foreign Minister Masahiko Koumura has called for a stronger engagement of the international community in Global Health by creating a common framework for action on Global Health. This led the Japanese Government to creating and holding G8 health experts group that has met three times since this February, setting the stage for the Toya-ko Summit.

“At this Toya-ko Summit, we should take special note that cooperation between the government and civil society has further developed throughout this health policy making process,” said Sumie Ishii, the chair of the G8 NGO Forum Poverty and Development Unit, “Japanese NGOs have made large contributions to the policy making process for the G8 Toya-ko Summit”.

However, the communiqué, as well as the framework for action, released at the Toya-ko Summit does not answer to the expectations of the civil society. On the issue of healthcare worker shortage in developing countries, the G8 countries have agreed to work towards the increasing health workforce coverage of 2.3 health workers per 1,000 people. However, progress on this issue was very limited, as this agreement came without any financial commitments to attain this target. On the issue of Maternal and Child health, which was perceived to make great progress, however, due to the difference of opinions among member countries, prevented any bold and concrete commitments to be made. The greatest barrier that the G8 countries could not overcome was the lack of their financial commitment to health.

Last year at the Heiligendamm Summit, the G8 countries committed to USD 60 Billion to fighting the three major infectious diseases and Health System Strengthening *over the coming years*. The time limit for achieving this goal was set for 5 years in this G8 communiqué. However, when calculating the total financial contributions necessary for various international mechanisms/organizations in the next 5 years to fighting the three infectious diseases and health system strengthening, a total of USD 170 Billion will be necessary. If the contributions of the eight major countries stop at 60 Billion, the current effort in fighting the three major infectious diseases and health system strengthening will only regress.

“The Framework for Action contains much about what the G8 ought to do, but without the necessary money, Africa, moreover the world, will not achieve health related MDG goals,” stated Masaki Inaba, chair of the Global Health Committee of the G8 NGO Forum Global Health Committee, “the G8 are expected to provide the financial contribution, yet at this G8 Summit, they have failed to do so”.

To evaluate the G8 on its progress in tackling global health issues, NGOs have created a report card, with five scores ranging from A to F. The overall score of the G8 was a C-. The only issue that received an A- is accountability. At the G8 Toya-ko Summit, the G8 countries agreed upon a mechanism to review their progress in meeting past commitments. However, there was no guarantee that this process will be carried over to Italy, Canada and beyond, nor was there any guarantee that this mechanism will be used effectively. In the end, this mechanism will be useless if it does not contribute and benefit the health of those living in the developing countries. Thus, civil society has given the A- with a certain hope. Whether the G8 Toya-ko Summit will leave its mark in the legacies of achievements in global health - it will all depend on the leadership of Japan.

**Survival Kit
Global Health and the G8**

2008 G8 Toya-ko Summit Process
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