G8 Summit 2007
Heiligendamm

A Review of the Work of the G8 in the Field of Tackling the Three Pandemics
HIV/AIDS, Tuberculosis and Malaria

Content

I. Introduction

1. HIV/AIDS, tuberculosis and malaria are the three most devastating global infectious disease challenges of our time and together cause the death of 6 million people every year. They pose a serious threat to the security, stability and economic development of countries and intensify poverty, gender inequalities, marginalization and vulnerability. Successfully addressing these three diseases will be crucial in achieving the Millennium Development Goals until 2015.

2. The Millennium Development Goal that aims at halting and beginning to reverse the spread of HIV/AIDS as well as halting and beginning to reverse the incidence of malaria and other major diseases remains a key goal not only for the Group of Eight but for the whole international community. While significant progress has been achieved, much remains to be done.

3. The Group of Eight has always been committed to the fight against infectious diseases and to supporting the hardest-hit countries. In Okinawa in 2000, for the first time fighting HIV/AIDS, tuberculosis and malaria was prominently on the agenda of a G8 summit. At that time, the G8 committed to provide increased financial bilateral and multilateral aid, a commitment that also led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in 2001 at the time of the Genoa Summit. The Global Fund has to date leveraged pledges of more than US$ 10 billion to support the implementation of global strategies to control and eventually eliminate the three diseases.

4. The Group's focus on health in past years also led directly to strengthening of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other associated UN entities.

5. In Kananaskis in 2002, the G8 underlined the devastating consequences for Africa's development of diseases such as malaria, tuberculosis and HIV/AIDS and emphasized their ongoing commitments to combat these diseases.

6. In 2003 at Evian, the G8 agreed on a G8 Action Plan on Health aimed at enhancing close international cooperation on policies and methods in order to achieve the development goals set out in the Millennium Summit and at the World Summit on Sustainable Development. In the Action Plan, the G8 highlighted the need to strengthen the Global Fund, the need to strengthen health systems and to improve access to health care in poor countries, including to drugs and treatments at affordable prices, as well as the need to encourage research on diseases that mostly affect developing countries, amongst other issues.

7. Recognizing the urgent need for an effective vaccine in the fight against HIV/AIDS, at Sea Island in 2004, the G8 endorsed and called for the establishment of a Global HIV Vaccine Enterprise, a virtual consortium to accelerate HIV vaccine development by enhancing coordination, information sharing and collaboration globally.

8. The landmark decision of the G8 at the 2005 Gleneagles Summit to aim to come as close as possible to the goal of universal access to treatment by 2010 was a major step towards reaching the HIV/AIDS related MDGs. In 2006, the Political Declaration on HIV/AIDS adopted at the 2006 United Nations General Assembly High-Level meeting on HIV/AIDS broadened this goal to also cover comprehensive prevention programmes, care and support.

9. At the St. Petersburg Summit in 2006, the G8 adopted a separate statement on fighting infectious diseases in which they proposed key principles of a global strategy to tackle epidemics and highlighted their increasing efforts in addressing HIV/AIDS, tuberculosis and malaria. In addition they committed to a regular review of their work in the field of tackling HIV/AIDS, tuberculosis and malaria. This review is intended to give an overview of G8 actions to fulfil commitments made in previous years including financial contributions in the fight against these three diseases.

10. In Heiligendamm in 2007, the G8 recognised the need for substantial resources to realise the Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis on a sustainable basis. We committed our efforts towards these goals to provide at least a projected US$ 60 billion over the coming years to combat HIV/AIDS, malaria and tuberculosis and strengthening health systems, and invited other donors to contribute as well. As part of this commitment, the G8 pledged to work with other donors: to replenish the GFATM and to provide long-term predictable funding based on ambitious, but realistic demand-driven targets; to contribute substantially to work towards the goal of providing universal coverage of PMTCT programs by 2010; to work towards meeting the needed resources for paediatric treatments in the context of universal access till 2010; and to scale up efforts to reduce the gaps in the area of maternal and child health care and voluntary family planning. On malaria, we committed to individually and collectively over the next few years to 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.

11. We will conduct a regular review of actions taken to implement our commitments.

II. Combating HIV/AIDS

KEY G8 COMMITMENTS:

- Committed to the call for **scaling up** significantly towards the goal of **universal access to comprehensive prevention programmes, treatment, care and support by 2010** (St. Petersburg, 2006)
- Actively work with local stakeholders to implement the "**Three Ones**" principles in all countries (Gleneagles, 2005)
- Scale up support to address the **rising rates** of HIV infection among **young people**, particularly **young girls** and **women** (St. Petersburg, 2006)
- **Continued involvement of all relevant partners**, including civil society, the private sector and people living with HIV/AIDS, in the activities to tackle the HIV/AIDS pandemic and to reduce stigma and discrimination against people with this disease (St. Petersburg, 2006)
- Commitment to fight against HIV/AIDS through further actions in such areas as **institutional building, public private partnerships, human resource development, research activities** and **promotion of public health at the community level** (Evian, 2003)
- Work to ensure that all **children** left **orphaned or vulnerable** by AIDS or other pandemics are given **proper support** (Gleneagles, 2005)

1. In the more than 25 years since the first case was reported, AIDS has changed the world. It constitutes a global emergency as well as a serious threat to human security and poses an exceptional challenge to the development, progress, stability and security of societies and the world at large and therefore requires a comprehensive and global response.
   So far, more than 25 million people have died and today 40 million people are infected. About 95% of people living with HIV/AIDS live in developing countries; nearly two thirds of them are in Sub-Saharan Africa. The most striking increases in the number of people living with HIV over the past two years have occurred in Eastern Europe, Central Asia and East Asia. The devastating number of 4.3 million new infections in 2006 shows us that we have a long way to go to halt and reverse the spread of HIV. More commitment, ownership and especially action, both at the level of the individual countries themselves as well as at the international level, are needed to combat this pandemic successfully.

2. Young people (age 15 – 24) account for more than 40% of all new infections, with an alarmingly high number of new infections among young women and girls. Compared to 35% of women infected in 1985, women today account for almost half of all HIV infections globally. In Sub-Saharan Africa, women even account for almost 60% of all adults living with the disease, and in the age group of 15-24 year-olds they account for about 75%.

3. Children are among those most affected by the AIDS pandemic. In 2006 alone, 530,000 children were newly infected and 380,000 children under 15 died of AIDS. To date, 15.2 million children have lost at least one parent to

AIDS. Less than 5% of approximately 660,000 HIV-positive children in need of anti-retroviral medicine receive it; only 15 percent of children orphaned and made vulnerable by AIDS are receiving some kind of public support.

4. Worldwide, one in three women will be the victim of violence at some point in her lifetime, with rates reaching 70% in some countries. Even the threat of violence increases the risk of HIV infection. In particular, fear of violence can prevent women and adolescent girls from negotiating safer sex, or refusing unwanted sex.

5. Prevention of mother to child transmission coverage remains very low, with 90% of the 2.3 million children with HIV or AIDS having become infected from their mothers. Despite this being an intervention that is low cost and easy to implement, coverage has only reached 11% globally, though some countries have nearly achieved universal access for this intervention.

6. The global HIV and AIDS epidemic has evoked a wide range of reactions from individuals, communities and nations. There have been responses of compassion, solidarity and support. But the disease has also triggered silence, denial, fear, prejudice, and even violence. Across the world there are documented cases of people living with (or believed to be living with) HIV being rejected by their families and communities, denied access to healthcare, work and education, as well as freedom of movement. Stigma and discrimination undermine public health efforts to combat HIV and AIDS. Acts of discrimination deny essential, life preserving services to those most in need of it. As a result, people do not always receive the information or the means to protect themselves against HIV infection or do not receive appropriate treatment, care and support once they are HIV-positive.

7. Civil Society Organisations in general, and specifically those involving people living with HIV and AIDS, have a clear role in representing the interests of HIV positive people and affected communities and giving them a voice wherever decisions are being made that affect their lives. However, these organisations can suffer from insecure and insufficient funding, limiting their engagement. The meaningful involvement of people living with HIV and AIDS and other vulnerable groups requires real commitment to their involvement and close consultation with national governments.

8. Over the last years, global efforts have advanced - greater international political commitment has been accompanied by increased financial resources especially through expanded investments by bilateral G8 and other donors, the Global Fund, continued funding through World Bank loan and grant instruments, and contributions from private foundations. In 1996, when UNAIDS was launched, available HIV/AIDS funding in low and middle-income countries totalled US$ 300 million. By 2002, this amount had already jumped to US$ 1.7 billion and by 2003 an estimated US$ 4.7 billion was available for the HIV/AIDS response. In 2005, financial resources for HIV/AIDS amounted to US$ 8.3 billion, which is more than five times the funding available in 2001. In spite of this, there remain significant unmet needs and action is needed to reduce the global HIV/AIDS resource gap through greater domestic and

international funding to support scaled-up AIDS response in low and middle-income countries.

9. In 2005 at Gleneagles, the leaders of the G8 countries agreed to work with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of coming as close as possible to universal access to treatment for all those who need it by 2010. This goal was endorsed by the international community at the high-level meeting on HIV/AIDS of the 60th session of the United Nations General Assembly in September 2005. At the General Assembly High-Level meeting on HIV/AIDS in 2006, the UN Member States agreed to work towards the broadened goal of "universal access to comprehensive prevention programmes, treatment, care and support by 2010".

10. At St Petersburg, the G8 committed to support 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. Comprehensive programmes are usually most successful when they react appropriately to the epidemic and include interventions targeted at vulnerable groups, including men who have sex with men, injecting drug users, prisoners and sex workers.

11. The G8 contributed directly to WHO's "Three by Five" initiative, started in 2003 and aimed at providing antiretroviral treatment to three million people in low and middle income countries by 2005. Even though this ambitious goal could not be reached, this initiative served as a catalyst for change. By the end of 2005, about one million out of six million people in need of ART were under treatment which constitutes a five-fold increase since 2003. With CAN$ 100 million over two years, Canada was the largest direct donor to the "Three by Five" initiative, complementing extensive bilateral support from some other G8 donors, including the United States. According to the WHO, UNAIDS and UNICEF, by the end of 2006, more than two million people were receiving ART. Whilst this demonstrates continued progress (a 54% increase on the 1.3 million people on treatment a year earlier) it represents just 28% of the estimated 7.1 million people in need for treatment in low and middle-income countries. Access to treatment for children continues to lag behind provision for adults as coverage is only 15% of the need for paediatric treatment.

12. In April 2004, UNAIDS, the United Kingdom and the United States co-hosted a meeting at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves and endorsed the "Three Ones" principles[1]. Built on lessons learned over two decades, these principles aim at improving the ability of donors and developing countries to work together more effectively on a country-by-country basis. G8 leaders have committed to work with local stakeholders to implement the "Three Ones" harmonization principles in all countries.

[1] **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; **One** National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate; **One** agreed country-level Monitoring and Evaluation System.

13. In March 2005, France, the United Kingdom and the United States, together with UNAIDS, launched the Global Task Team process to harmonize interventions from multilateral donors against HIV/AIDS. This process led to the development of a technical support division of labour for the UN system under UNAIDS leadership and the establishment of a Joint Global Problem Solving and Implementation Support Team (GIST) to better identify and coordinate the needs of countries for technical assistance.

14. By December 2006, about 58% of Global Fund resources were used for funding HIV/AIDS programmes. With Global Fund resources, 1.8 million people are projected to receive antiretroviral treatment, 62 million persons will be reached with voluntary counselling and testing services for HIV prevention and more than one million orphans will be supported through medical services, education and community care. Already, the Global Fund and the United States President's Emergency Plan are supporting antiretroviral treatment for a combined 1.58 million people living with HIV/AIDS worldwide, as of March 2007. This represents a doubling in the total number of people receiving treatment in low- and middle- income countries over the past year.

15. Canada is committed to playing a leadership role in ensuring a comprehensive and integrated response to HIV/AIDS, particularly in developing countries. Canada works with partners at all levels, including Canadian civil society, the international community, and developing country partners, building on our experience of what works to deliver concrete results. Since 2000, Canada has contributed approximately CAN$ 800 million to the fight against HIV/AIDS, including CAN$ 530 million to the Global Fund, CAN$ 82 million for the International AIDS Vaccine Initiative (2004-2009), and CAN$ 30 million for the International Partnership on Microbicides (2004-2009). On World AIDS Day, December 1, 2006, Canada outlined a long-term, comprehensive approach to fighting HIV/AIDS globally and announced an initial CAN$ 120 million in new and concrete initiatives to combat the disease. Most recently Canada announced a commitment to the Canadian HIV Vaccine Initiative (CHVI), a collaborative initiative undertaken with the Bill & Melinda Gates Foundation.

16. At the end of 2004, the European Community and its Member States have developed and adopted a joint policy framework "*Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action*" followed in 2005 by a "*European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action 2007-2011*". This programme suggests for the first time collective action of the EC and the Member States to support country led programmes as well as action at global levels. HIV/AIDS is also identified as a cross-cutting priority for the "*European Consensus on Development*", the new policy framework adopted by the European Union in 2005, which includes commitments from all Member States to increase ODA resources to a level of at least 0.51% of their GNI by 2010, and at least 0.7% by 2015.

17. In addition to its contribution of US$ 978 million to the GFATM to date, France is setting up three platforms of four cross-disciplinary experts in Africa and Asia to assist the implementation of programs financed by the GFATM. This expertise would be mobilised, at the request of the Country Coordinating

Mechanism (CCM), to contribute to the definition of programs, to assist the implementation and to reduce bottlenecks. Over the last three years, France has spent US$ 880 million for the fight against HIV/AIDS. At the last G8 meeting, France has committed to spend US$ 1 billion for health in Africa per year. France is deeply involved in innovative financing and wishes that UNITAID (France contributed US$ 220 million) will largely contribute to scale up access to treatment.

18. Germany is currently bilaterally active in over 40 countries with internationally acknowledged innovative approaches in the field of combating HIV/AIDS and supports health sector reforms in 14 countries with comprehensive programmes. In 2007, the German government launched an Action Plan to realize its HIV/AIDS control strategy for the period 2007-2010. In addition, German development cooperation designed a new mode of delivery with the BACKUP Initiative (Building Alliances, Creating Knowledge, Updating Partners) in the Fight against HIV/AIDS, launched in 2002 with the aim of providing technical support to facilitating better access to global funds available for tackling these diseases in recipient countries. It helps partner countries with developing the prerequisite capacities to apply for the resources available and deploying them effectively once received. Since 2002, Germany has committed an average of € 300 million annually to combating HIV/AIDS, malaria and tuberculosis and health system strengthening. In light of the dramatic developments of the HIV/AIDS pandemic, Germany will increase its spending to € 400 Million in 2007. In addition, Germany recently committed € 4 billion for fighting HIV/AIDS in the period 2008 to 2015.

19. In addition to its contribution to GFATM (equivalent of US$ 821 million to date), Italy has funded, starting on 2003, the research and development of a possible vaccine for HIV for an amount of € 60 million. Testing is to take place in Italy and South Africa. Italy has also funded on the bilateral channel technical assistance projects and training in favour of the countries that are most hardly hit by the HIV/AIDS epidemic. The Italian bilateral contribution in the two year period 2005-2006 for the fight against HIV/AIDS in Africa is of € 40 million including € 6 million in support of the WHO.

20. In addition to its contribution of US$ 662 million to the GFATM to date, Japan is providing bilateral assistance in about 40 countries including African nations mainly in the field of HIV prevention under the “Health and Development Initiative” which aims to provide comprehensive assistance amounting to US$ 5 billion for the five years (2005-2009). 100 Japanese Overseas Cooperation Volunteers (JOCV) in HIV/AIDS field have been dispatched annually to implement prevention and education activities since 2006. Japan has also been conducting HIV/AIDS awareness-raising campaign in more than 20 large-scale infrastructure projects supported through yen-loans.

21. Russia worked with other parties concerned with the fight against HIV/AIDS, Tuberculosis and Malaria. As part of its G8 Presidency, Russia hosted an international conference entitled “*Global Challenges- Global Actions: Putting Forward G8 Initiatives in the Fight against Infectious Diseases*” in Moscow in December 2006. There, Russia took the opportunity to urge the international

community to honour their commitments to fight infectious diseases as outlined at the G8 Summit in St. Petersburg.

22. The United Kingdom has committed to spend at least £1.5 billion on HIV/AIDS related work over the period 2005-2008. For the past 10 years the UK has been the fourth largest provider of condoms, supporting the distribution of about 150 million condoms annually. The UK has also committed to spend £150 million between 2005 and 2008 to meet the needs of children affected by AIDS. In 2006, the UK committed £1.75 million over 3 years to strengthen global networks of people living with HIV and AIDS and to build their and their organisations' capacity to contribute to the development and implementation of effective AIDS policies and programmes.

23. In 2003, the United States announced the President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment ever by a single nation towards an international health initiative. Over five years, more than US$ 18 billion (US$ 3 billion above the initial commitment) will be used in a multi-faceted approach to combat HIV/AIDS around the world. From 2004, when United States global AIDS spending amounted to US$ 2.3 billion, the United States spending has doubled to US$ 4.6 in 2007. For 2008, the President has requested US$ 5.4 billion. The President announced on 30 May 2007 his intention to double the initial US$ 15 billion commitment, with a new proposal for US$ 30 billion over the next five years. As of 31 March 2007, PEPFAR has supported treatment for over 1.1 million people including more than one million in Africa. The Emergency Plan has also provided support and care for nearly 4.5 million people, including care for more than two million orphans and vulnerable children. Approximately 18.7 million counselling and testing sessions have been held for men, women and children.

24. As of 2007, the international drug purchase facility UNITAID, launched by France, the United Kingdom and other countries, will allocate US$ 35 million for paediatric antiretroviral treatments against AIDS to cover 100.000 children by the end of 2007, while aiming at treating the 600.000 children who need them by 2010, and US$ 45 million for second line antiretroviral treatments to cover 65.000 people by the end of 2007. Purchasing volumes and long term financial commitments are expected to dramatically lower prices of these drugs.

25. There has been a large increase in support for international HIV/AIDS work by private foundations and other private donors. Such new resources have significantly enhanced bilateral and multilateral efforts. The G8 applauds these donors' generosity and commitment.

III. Combating Tuberculosis

KEY G8 COMMITMENTS:

- 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 and call upon all donors and stakeholders to contribute to its effective implementation (St. Petersburg, 2006)
- Help to meet the needs identified by the **Stop TB Partnership** (Gleneagles, 2005)
- Seek to promote **unified coordination for activities** with regard to the HIV/AIDS and TB **co- infection** (St. Petersburg, 2006)

1. Today, an estimated 2 billion people, which equals one third of the world's total population, carry the TB bacillus that causes tuberculosis - one in ten of those infected will eventually become sick with the disease in their lifetime. Although a curable disease, TB still kills about 4400 people every day, mostly young adults in their most productive years. The number of new cases is growing by about 1% per year, with the fastest increase in Sub- Saharan Africa. In 2005, African ministers of health declared TB to be a regional emergency. Although Africa, with 29% of all TB cases, has the highest rates per capita, half of all new cases occur in six Asian countries: Bangladesh, China, India, Indonesia, Pakistan and the Philippines.

2. The development of multi-drug resistant TB (MDR-TB) poses a special challenge. MDR-TB is a form of TB which evolved as a result of inappropriate prescription practices and treatment regimens administered by medical providers, the interruption of drug supply, a failure to monitor and support patients on therapy, non-adherence to treatment by patients and the lack of implementation of infection-control precautions. MDR-TB does not respond to standard drug treatment. On top of this, a new form of extensively drug-resistant TB (XDR-TB) has developed which is extremely difficult to treat successfully and is highly lethal especially among HIV-infected patients. The total number of multi-drug resistant cases worldwide, including those of XDR-TB, is estimated at more than 400,000.

3. TB is a leading cause of death among HIV-infected people. In 2005, 8.8 million people developed TB disease worldwide, including 650,000 cases of people co-infected with HIV/AIDS. The interaction of HIV and TB is causing significant levels of mortality and morbidity: a quarter of a million TB deaths are HIV-related, most of them occurring in Africa. Collaborative TB-HIV efforts are a critical component in the response to HIV/ADS, yet only 7% of TB patients receive testing for HIV and the percentage of people with HIV/AIDS who are tested for TB is, at 0.5%, even lower. MDR-TB and XDR-TB pose a major risk, potentially negating the impact and effectiveness of ARVs on HIV/AIDS.

4. G8 members have played a critical role in supporting actions that have helped stabilize global TB incidence rates through their contributions to the Global

Fund and the WHO as well as through bilateral support to endemic countries. In addition, G8 members have been instrumental in the establishment of the Global Drug Facility/ Green Light Committee, the Stop TB Partnership and other WHO mechanisms that have supplied 10 million high quality first and second line patient treatments in six years.

5. WHO's DOTS strategy (**D**irect **O**bserved **T**reatment **S**hort- course), the internationally recommended strategy for TB control which underpins the Stop TB Strategy, has been adopted by 187 countries and more than 26 million TB patients were treated by DOTS programmes over eleven years from 1995 to 2006. Global reporting of progress against global TB control targets for 2005 indicate a case-detection rate of 60% (compared to the 70% target) and a treatment success rate of 84% (compared to the 85% target).

6. In 2006, the Stop TB Partnership launched the Global Plan to Stop TB (2006-2015) to address the full range of challenges in the global fight against TB which serves as a blueprint for the implementation of the Stop TB Strategy. The Plan sets out essential activities required to achieve the international 2015 targets, including enhanced measures against strains of drug resistant diseases and HIV-TB co-infection; the systematic improvement of laboratory networks, surveillance and monitoring; the development of reliable drug supply mechanisms; and enhanced research and development into new diagnostics, drug treatment regimes and a vaccine.

7. Currently, the Global Fund uses approximately 17% of its resources for funding of TB programmes. These grants are helping to detect 5 million additional cases of infectious TB and cure 2.8 million people under the DOTS strategy. Global Fund grants also support treatment of 24,000 patients with MDR-TB. Through 2007, the Global Fund will have committed some US$ 1.4 billion to TB grants. TBTEAM (TB Technical Assistance Mechanism) facilitates technical assistance to countries during proposal preparation, grant negotiation and implementation of Global Fund grants. This support includes ongoing technical support by onsite international TB experts, regular or ad hoc visits from international TB experts, and capacity building activities. TBTEAM is hosted in the WHO Stop TB Department and is a network of Stop TB partners, including national TB programmes, local and international NGOs, financial partners, and WHO at country, regional and global levels. This network shares information among all levels and determines appropriate technical support in consultation with all interested parties.

8. Canada has provided CAN$ 235 million to direct TB control programs since 2000 in partnership with a range of TB control partners. These include multilateral organizations such as the WHO as well as domestic and international NGOs such as World Vision Canada and the International Union Against TB and Lung Disease (IUATLD). Canada was the founding donor of the Global TB Drug Facility (GDF) which was established by the Stop TB Partnership to improve access to high quality anti-TB drugs in resource poor countries that experience drug shortages and/or drugs of poor quality. Total support to the GDF to date is over CAN$ 100 million. Canada's TB control programs focus on high TB burden and high prevalence countries in Africa and Asia. Programs emphasize cost-effective interventions that target

vulnerable populations and those people with limited access to modern health care services. Canadian support for TB programs to date has helped treat and cure over 4 million TB patients resulting in more than half a million lives being saved.

9. Germany supports projects which are based on WHO's DOTS strategy and supports partner countries in the implementation and expansion of DOTS programmes with a focus on Central Asia and Caucasus and has committed € 45 million since 2000. An additional € 20.6 million for five projects will be made available for the above mentioned regions shortly. Germany's multilateral contributions, mainly to the GFATM and the WHO, amount to more than € 50 million.

10. Italy supports the fight against TB through a variety of channels, such as GFATM, WHO, Stop TB Partnership, EU, bilateral programmes and co-financing of NGO's initiatives. Since 2003, Italy disbursed € 5 million for technical assistance in African Countries, and € 2 million for the control and fight against TB in Afghanistan.

11. For human resources development related to TB, Japan has been providing the training for more than 1700 health personnel in about 100 countries, including African nations, over the last 40 years. Under the "Health and Development Initiative" which aims to provide comprehensive assistance amounting to US$ 5 billion for the five years (2005-2009), Japan supports national DOTS strategy including strengthening of laboratory capacity in 22 high burden countries for the effective implementation of the Global Plan to Stop TB. Japan contributed, to date, US$ 662 million to the GFATM.

12. The United Kingdom supports TB through a variety of channels including bilateral country programmes and through support to international organisations and partnerships such as the Global Fund to Fight AIDS, TB and Malaria (GFATM), World Bank, European Commission, WHO, the STOP TB Partnership, our support to countries and our support to research. The UK has committed £100m to the GFATM for 2007, subject to performance. This takes our total commitment to the GFATM to £359 million. DFID is also a founder member of UNITAID to which the UK has made a 20-year commitment. UNITAID is already providing additional funding for the purchase of drugs for TB. The UK also supports the Stop TB Partnership and provided additional funds to the partnership in 2006 to help address the emergence of extensively drug resistant TB in Southern Africa. The UK also supports research on TB including for the development of new drugs.

13. The United States has been a strong supporter of TB efforts globally, through both bilateral assistance and multilateral contributions, including to the GFATM. Between 2000 and 2006, the United States Agency for International Development (USAID) committed approximately US$ 500 million to building strong TB programs in countries with a high burden of TB. For Fiscal Year (FY) 2007, the United States has allocated almost US$ 90 million through USAID for such programs, as well as US$ 120 million in HIV/AIDS funding in FY 2007 specifically for TB/HIV work (the latter representing a nearly five-fold increase since 2005). In addition, during the years 2005-2006 the United

States Government spent US$ 305 million through the United States Department of Health and Human Services (HHS)/National Institutes of Health (NIH) to discover and develop new prevention, diagnosis and treatment strategies to address drug-sensitive, MDR and XDR tuberculosis. Urgent research needs are being identified and addressed by NIH, the HHS/Centres for Disease Control and Prevention (CDC), and USAID to aggressively confront the continuing challenge of TB in developing countries where practical diagnosis and treatment are urgent priorities.

14. As of 2007, the international drug purchase facility UNITAID, launched by France, the United Kingdom and other countries, will allocate US$ 20 million for treatments against multi-resistant tuberculosis. This is expected to lower the prices of 20% and scale up access to those treatments for the 450.000 people who need them. UNITAID will also purchase paediatric treatments against tuberculosis, with the objective of reaching 2/3 of the 900.000 children who need them by 2010. Finally, UNITAID will, in partnership with the GDF, create a Strategic Rotating Stockpile for first line anti-TB drugs in order to avoid shortage and will contribute to stabilize the market. This new program, which shall begin to be implemented in September 2007, shall also ensure access to first TB drugs to 740 000 patients in 18 countries. UNITAID's commitment for this action shall reach US$ 19 million in 2007 and US$ 3.9 million in 2008.

IV. Combating Malaria

KEY G8 COMMITMENTS:

- Collaborate with governments, private sector companies and non-governmental organizations in public-private partnerships to **expand malaria interventions and programmes** (St. Petersburg, 2006)
- 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** (St. Petersburg, 2006)
- 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 (St. Petersburg, 2006)
- Support activities of public and private entities to **save children** from the disease (St. Petersburg, 2006)
- Contribute to the **additional 1.5 billion a year** needed annually to help ensure access to anti-malaria insecticide treated **mosquito nets**, adequate and sustainable supplies of **Combination Therapies**, including Artemisinin, presumptive treatment for **pregnant women** and **babies** and **household residual spraying** and the **capacity** in African **health services** to effectively use them (Gleneagles, 2005)

1. More than 1 million people die of malaria each year. Most of them are children who, together with pregnant women, people living in emergency situations and people living with HIV/AIDS, are particularly vulnerable to this devastating disease. South and Central America, South and East Asia, the Caribbean, Oceania, Central Asia and the Middle East are all affected by malaria, but Africa, where it is estimated that 90% of all malaria deaths occur, remains the hardest hit. Even though no vaccine exists for malaria to date, the disease is preventable and treatable.

2. The estimated cost for supporting the minimal set of malaria interventions required to effectively control malaria is around US$ 3.2 billion per year for the 82 countries with the highest burden of malaria, but only a fraction of that sum is available.

3. Artemisinin Combination Therapies (ACTs) are extremely effective against malaria but have been much more expensive than other more commonly used anti-malarial drugs, many of which have lost their effectiveness due to resistance issues. Artemisinin is used in combination with other drugs to delay the onset of resistance. Approximately 60% of all malaria treatment is in the private sector. Yet only about 5% of malaria treatments in the private sector are for ACTs. Most private sector treatment for malaria is with drugs of limited effectiveness.

4. The G8 contribute significantly to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which began disbursement for malaria control in 2003 and has ever since been an important international funding source. After the

disbursement of US$ 200 million between 2003 and 2004, the Global Fund approved commitments for malaria control for 2005-2006 that total US$ 881 million. Currently, around 24% of Global Fund resources are used to fund malaria programmes. The Global Fund is the largest financier of insecticide-treated bed nets in the world and also the main financial engine globally behind the scale-up of ACTs - the Global Fund is helping to deliver 264 million artemisinin-based combination drug treatments for drug-resistant malaria.

5. The G8 also strongly support the Roll Back Malaria Partnership through contributions to the WHO, UNICEF, UNDP and the World Bank, which collectively launched this coordinated global approach in 1998.

6. In 2005, the World Bank launched the Global Strategy and Booster Programme for Malaria Control as a renewed commitment to achieve the global Roll Back Malaria targets. This multi- year effort foresees a commitment of US$ 500 million to US$ 1 billion over the next five years. It was also translated into a specific plan for Bank support for malaria control efforts in Africa with the goal of cutting Africa's 850,000 malaria deaths in half by 2010 and in half again by 2015. This is in line with the targets set in 2000 by African leaders in the Abuja Declaration. The programme helps affected countries pay for preventive measures such as insecticide- treated bed nets as well as medications to prevent and treat malaria.

7. In 2006, the G8 reaffirmed their commitment to support the development of new, safe and effective drugs, the creation of a vaccine and the promotion of the widest possible availability of prevention and treatment to people in need. The WHO in December 2006 launched a new global strategy entitled "Malaria Vaccine Technology Roadmap" which aims for an effective malaria vaccine by 2025. The Roadmap also identifies the development and licensing of a first-generation malaria vaccine by 2015 as an interim target.

8. Since 2003, Canada has provided more than CAN$ 35 million for the distribution of long-lasting insecticide treated mosquito nets in Africa. Over a three-year period, it is estimated that close to 128,000 children's lives will be saved. In 2005-06, Canada disbursed approximately CAN$ 52 million to the Canadian Red Cross and the Global Fund. In 2006-07, Canada disbursed approximately CAN$ 42 million for malaria programming through UNICEF and the Global Fund and in 2007 an additional CAN$ 20 million was committed to the Canadian Red Cross. Other anti-malaria projects include CAN$ 10.5 million to the WHO's Regional Office for Africa to support selected countries to increase collaboration between traditional and modern medicine and to integrate the practice of traditional medicine into national health systems for the management of malaria and other priority diseases.

9. Besides its contribution to the GFATM, Germany supported the fight against malaria through WHO's Roll Back Malaria Initiative as well as WHO's department for Communicable Diseases with more than € 3 million from 1999 to 2006. However, the German government does not support bilateral measures which include Dichlor-Diphenyl-Trichlorethan (DDT), giving preference to the Stockholm Convention's goal of reducing and ultimately eliminating the use of DDT.

10. In 2005, Japan pledged to provide 10 million long lasting insecticide-treated bed nets (LLINs) for African countries with serious malaria prevalence by 2007 and 8 million nets have already been distributed by the end of fiscal year 2006. The anti-malaria programs such as distribution of LLINs, training and awareness-raising were integrated as precautionary measures in some irrigation projects. The use of such nets is expected to prevent the deaths of up to 160,000 children in Africa. Japan supported with yen-loan the technology transfer by a private company, Sumitomo Chemical, Co. Ltd. to a local company in Tanzania with aim of reducing cost and increasing availability. Japan has contributed, to date, US$ 662 million to the GFATM.

11. The United Kingdom supports countries to develop strong and sustainable health services to address all causes of illness including malaria. This allows countries to invest in training and expansion of the number of health workers. The UK channels its support through a variety of different channels including through international organisations and partnerships and through its bilateral programmes where the UK provides direct support to malaria control in several countries. For example, in Nigeria the UK has committed £50 million to improve malaria control through providing subsidized bed nets for the poor and vulnerable, appropriate ACT treatment for children and intermittent preventive treatment of pregnant women. It aims to directly prevent 220,000 deaths. Much malaria treatment takes place in the private sector yet only 5% of malaria treatments in the private sector are for ACTs. The Roll Back Malaria partnership is exploring a global subsidy for ACTs so as to make the drugs widely available at an affordable price, in both public and private outlets. The UK supports the Roll Back Malaria (RBM) initiative, having contributed £49 million to date.

12. The United States supports the fight against malaria through significant bilateral and multilateral contributions, including to the GFATM. In 2006, the United States launched the President's Malaria Initiative (PMI), a five-year, US$ 1.2 billion program in fifteen of the hardest-hit countries in Africa. Through PMI, by the end of 2007, 30 million people are projected to benefit from long-lasting insecticide-treated mosquito nets, indoor residual spraying with insecticides to control mosquitoes, intermittent preventive treatment in pregnancy and treatment with artesmisinin-combination therapy. PMI is led by the United States Agency for International Development (USAID) and implemented with the Department of Health and Human Services (HHS)/Centres for Disease Control and Prevention (CDC) and others. PMI works with host countries and in coordination with international partners, non-governmental organizations, faith-based and community groups, and the private sector. For more than 40 years, the United States Government has been a major supporter of malaria vaccine research and development, with programmes supported by the HHS (the National Institutes of Health and CDC), the Department of Defense and USAID. The United States Government provides around US$ 45 million each year for malaria vaccine development research.

13. As of 2007, the international drug purchase facility UNITAID, launched by France, the United Kingdom and other countries, will allocate US$ 20 million

for the scaling up of Artemisinin combined therapies, supported by the GFTAM, which will provide treatment to more than 12 million new patients and lower prices, which are ten times more expensive than traditional treatments.

14. Private foundations, partnerships, industry and other private donors in G8 countries are making a critical contribution toward combating malaria, both in financing and providing bed nets, drugs and other interventions, and in researching new drugs and vaccines. Faith-based and other community groups, including in Africa and elsewhere, are helping to ensure that vital interventions reach those who need them.

V. Strengthening of Health Systems

KEY G8 COMMITMENTS:

- Building the capacity of health care systems in poor countries through **recruitment, training** and **deployment** of public and private health workers (St. Petersburg, 2006)
- Ensure our actions **strengthen health systems** at **national** and **local** level and **across all sectors** (Gleneagles, 2005)
- Address health system capacity by supporting the **establishment** of **reliable** and **accountable supply chain management** and **reporting systems** (Gleneagles, 2005)
- Investing in improved health systems in partnership with African governments, by helping Africa train and retain doctors, nurses and community health workers
- Work with national African governments to create enabling environment where its most capable citizens, including healthcare workers, see a long- term future on the continent (Gleneagles, 2005)
- Supporting and encouraging the **twinning of hospitals** and other health organizations between G8 and African countries (Kananaskis, 2002)

1. Equitable and pro- poor health systems that are accessible and provide affordable and high quality services on a sustainable basis are key in the fight against the three diseases but continue to be a critical challenge for many countries. This includes the establishment of effective administrative, organisational and managerial (including supply chain) structures, as well as an adequate number of well- trained health workers. Unfortunately, the crisis in human resources for health is global, with 75 countries having fewer than 2.5 health workers per 1000 population. Africa is the continent facing the greatest shortage of health professionals. The reasons are many and complex, with lack of professional training, lack of capacity building, poor working conditions, lack of incentives (especially to work in under- served and poverty- stricken areas), the pull of more attractive proposals abroad, conflict and governance shortcomings, lack of social protection coverage and high health worker mobility being at the core of the problem.

2. The shortfall in human resources marks one of the most important bottlenecks to the provision of adequate health care. The global demand for skilled health workers can result in the emigration of a substantial number of skilled health workers from source countries. While Sub-Saharan Africa is now staggering under the highest infectious disease burden in the world, it retains only 1.3% of the world's health-care practitioners. Moreover, recent WHO surveys show that the intention to migrate is especially high among health workers who are living in regions hit hardest with HIV/AIDS.

3. In 2005, the G8 agreed to ensure that their actions strengthen health care systems in African developing countries, including by helping governments to create enabling environments so that there are sufficient numbers of trained

health workers to serve the needs of the people. Our support should back health systems at national and local levels and across all sectors. Since then, the G8 have continuously supported the work of country Ministries of Health, the WHO and the World Bank.

4. Following up on the G8 declaration in St Petersburg, France organised the "*International Conference on Health Protection in Developing Countries- Breaking the Vicious Circle of Disease and Poverty*" in Paris (15-16 March 2007). This meeting, which aimed at raising the interested decision-makers' awareness about the challenges of expanding public, private and community-based health financing and insurance coverage in developing countries, gathered 50 countries, 35 Ministers and 12 international and regional organizations. France has, since then, joined the Consortium ILO-GTZ-WHO on Social Health Protection and is working closely with Germany on the follow-ups to the Paris conference, including the preparation of the international conference that will take place in Berlin in 2008.

5. Some G8 countries and other bilateral and multilateral donors as well as developing countries and health initiatives take part in the international "Scaling Up for Better Health" initiative that aims at accelerating progress in the implementation of the Paris Declaration in the health sector and towards achieving the health related MDGs through increased coordination and mobilisation of resources for health systems.

6. At the St Petersburg Summit, Canada announced a commitment of CAN$ 450 million between 2006 -2016 to support country-led efforts to strengthen health systems, improve health outcomes and make concrete progress towards the Millennium Development Goals in Africa.

7. In December of 2005, the European Commission issued the first EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries as a response to the planned decade of action on human resources proposed by the 57th World Health Assembly (Resolution WHA 57.19), which began in 2006. Council Conclusions on an EU-wide Action Programme with respect to human resources for health have been adopted at the European Council in May 2007.

8. In addition, the European Commission and EU member states including France, the United Kingdom and Germany as well as the United States and Canada, strongly support Ministries of Health in developing countries and global health initiatives such as the Global Health Workforce Alliance and the Health Metrics Network.

9. Measures against the shortage of health workers in developing countries are a key component of health system strengthening in general and are therefore an integral part of all health programmes supported by German development cooperation. In 14 cooperation countries, health sector promotion is a priority area of development cooperation. The German approach emphasizes policy dialogue and technical support with partner countries as a long term measure to build effective and sustainable institutions and governance structures. A major topic is the support of developing health financing systems including

health insurance schemes. Moreover, Germany offers professionals who got trained in Germany help with their reintegration upon return to their home country. Germany also works together with relevant organizations and partnerships such as inter alia the WHO, the Global Health Workforce Alliance and the Scaling up for Better Health process.

10. Italy, along with initiatives aiming at pandemics cure and prevention, strongly supports national health systems, particularly in Ethiopia, Burkina Faso, Uganda, South-Africa, Niger, Mozambique, Tanzania, DRC, Sudan and Swaziland. Italy's goal has always been to increase performances of the health structures of the beneficiary countries both at central and local level, to provide skills to health workers, to increase delivery standards of the health system as a whole.

11. In Japan's global health initiative, "Health and Development Initiative", assistance for strengthening health system and capacity development of health workers are one of the main pillars based on the recognition that local health systems are the basis of national health sector and are indispensable for sustainable development. To this end, Japan has been supporting the formulation of medium- and long-term strategy for human resources development for health and providing trainings to those involved in national and local health care including doctors, public health nurses and health related volunteers. Regarding Japan's assistance to Africa, Japan announced in May 2006 its action plan called "Japan's Action Plan in Combating Infectious Disease in Africa". Under the action plan, Japan promotes health research, trains researchers, and strengthens information exchange. This effort is led by core medical institutions established through Japan's assistance in the east and west of the continent and in partnership with the WHO and other organizations.

12. The United Kingdom works in close partnership with developing country ministries of health, ministries of finance and other partners in the health sector such as non-profit health care providers and UN agencies. Where possible, the UK provides flexible aid direct to governments that can be used to finance the full range of health system strengthening. The UK works hard to make its support as long term and predictable as possible. DFID's bilateral support in health rose by 50% over the four years from 2002/03.

13. The United States supports both rapid health improvements and long-term sustainable health systems in the public and private sectors, while recognising that health improvements can show more rapid effects, including on lives saved. United States investments in addressing health systems constraints, including those specific to particular diseases and other public health threats, support country leadership and translate directly in measurable improvements in health. To support efforts by countries to mobilize fully available resources for health care, and in cooperation with the WHO, the UNITED STATES Government is developing best practices for "task shifting", e.g., moving tasks from higher-skilled to lower-skilled health workers, including community health aides, where appropriate. The US Government also supports efforts to involve faith-based and community organisations to increase national healthcare

capabilities, including through training community health workers to complement the work of higher-skilled health workers.

VI. Research and Development

KEY G8 COMMITMENTS:

- 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, TB, 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** (St. Petersburg, 2006)
- Call for wider recognition of the rapidly increasing problem of **antimicrobial-drug resistance** that has already rendered a growing number of infectious diseases harder and more costly to treat with available drugs and encourage increased mobilization of efforts to **address this problem** of global dimensions (St. Petersburg, 2006)
- Strengthen **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 (St. Petersburg, 2006)

1. Progress in medical research and development is an important prerequisite for better health care systems and better treatment possibilities worldwide. The G8 partners provide extensive funding for health research and development with global benefits. According to the Global Forum for Health Research, public and private sources from G8 countries collectively accounted for over 80% of global investments in research and development for health in 2003 (the latest data available)[2]. This research benefits and improves health outcomes for the entire global community.

2. New diagnostics, drugs and vaccines are urgently needed in the fight against HIV/AIDS, tuberculosis and malaria, especially given the development of multi-drug resistant TB and the HIV-TB co-infection. The WHO and the EU with its Framework Programme of the European Community for Research and Technological Development as well as other organizations are highly active in the field of research and development with respect to the three diseases.

3. In 2004 at Sea Island, we endorsed and called for the establishment of a Global HIV Vaccine Enterprise, to accelerate the development of an HIV vaccine by enhancing coordination, information sharing, and collaboration globally. Recent activities that support the Enterprise's Scientific Strategic Plan have helped move the Enterprise from a planning phase to one of implementation. Key stakeholders include the Bill and Melinda Gates Foundation, the United States Centre for HIV/AIDS Vaccine Immunology, funded by the HHS/NIH, the European and Developing Countries Clinical Trials Partnership and the Canadian HIV Vaccine Initiative, funded by the

[2] Global Forum for Health Research, Monitoring Financial Flows for Health Research 2006: The changing landscape of health research for development, Edited by Andrés de Francisco and Stephen Matlin, Geneva 2006.

Government of Canada. In 2006, the G8 reaffirmed their determination to bring the Global HIV Vaccine Enterprise to fruition and agreed to the need to enhance the scientific and technical capacities in this area at the global, regional and national levels. They welcomed a proposal to establish a regional coordination mechanism to promote HIV vaccine development in the countries of Eastern Europe and Central Asia.

4. The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunization) works to improve access to new and underused vaccines for people and children in poor countries. A unique public-private-partnership, it increases widespread use of vaccines bringing together partners from national governments, the donor community, the vaccine industry, WHO, UNICEF and others.[3]

5. Product development public private partnerships (PDPs) are making important contributions to research activities for the development of new drugs, vaccines, microbicides and diagnostics. There is no standard definition for a PDP, but there are 15-20 organisations that could be classed as PDPs. The majority of funding for PDPs comes from philanthropic foundations, governments and private industry; the UK and the US are among the largest government donors of PDPs, although some other governments are increasing their support. The International AIDS Vaccine Initiative (IAVI), the first PDP, was established in 1996 to target the neglected diseases of disproportionate impact on the world's poor. IAVI's mission is to promote the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. Since its foundation it has enabled the development and evaluation of a wide range of candidate vaccines. The UK was the first government to fund IAVI and has committed £20 million over the period 2005-2008. The United States Agency for International Development is currently engaged in a five-year cooperative agreement with planned total funding of up to US$ 155 million.

6. In February 2007, Canada committed CAN$ 111 million to the Canadian HIV Vaccine Initiative (CHVI), a collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation. The initiative will contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine and address critical research gaps identified by the Global HIV Vaccine Enterprise. Canada has also committed US$ 200 million to support a pilot Advance Market Commitment (AMC) for a pneumococcal vaccine. The pilot AMC is designed to make a pneumococcal vaccine available 13 years earlier than expected, saving 5.4 million lives by 2030. Canada has committed CAN$ 82 million for the International AIDS Vaccine Initiative (2004-09), CAN$ 30 million for the International Partnership for Microbicides (2004-09) and CAN$ 200 million for the GAVI Alliance (2000-07). The Global Health Research Initiative (GHRI) is a Canadian initiative aimed at coordinating and building upon Canada's global health research activities such as building capacity in Africa to conduct research related to HIV prevention. Canada is a founding member and strong supporter of the UNICEF/UNDP/ World Bank/WHO Special Program for Research and Training in Tropical

[3] For a detailed list of G8 contributions to the GAVI Alliance, please look at Annex III.

Diseases (TDR), which has made malaria one of its key research areas. Since 1999, Canada has contributed over $9.8 million to TDR.

7. For the networking and coordination of European national programmes with partners in the south, the European and Developing Countries Clinical Trials Partnership (EDCTP) were founded in 2003. It aims at the development and testing of new clinical tools against HIV/AIDS, tuberculosis and malaria. This innovative partnership serves as a pilot programme based on the first application of Article 169 of the Treaty, the most advanced instrument for the integration of European Research. The funding comes from three different sources, namely the European Commission and the EU Member States that each provide € 200 million as well as expected similar contributions from other international institutions, charities and industry. In addition, the EC has supported the International Partnership for Microbicides with €4.2 million, and the EU research programme EDCTP supported large scale clinical trials with approximately €15 million in 2005-2006.

8. Through National HIV/AIDS Research Agency (ANRS), Pasteur Institute, Research and Development Institute (IRD) and other research centres, France has committed US$ 178 million over the last three years in the field of research. For 2007 and 2008, France supports the International Partnership for Microbicides (IPM).

9. Germany supports the EDCTP. In addition, Germany supports the International Partnership for Microbicides (IPM). In 2006, a contribution of € 1 million was committed to be disbursed in 2007 and 2008 for a vaginal ring safety and acceptability study. An additional contribution of € 1 million is envisaged to be disbursed in 2007 and 2008.

10. Italy is deeply engaged in the research for the production of vaccines and the development of new drugs to fight AIDS, TB and Malaria. A vaccine against HIV/AIDS is being tested. Regarding TB, Italy is working both for the development of new vaccines, in cooperation with some developing countries, among which Angola and Nigeria, and for contrasting the resistance to drugs.

11. The United Kingdom government has committed to increase its support to drug and vaccine development through the DFID 2006 white paper and currently supports: Medicines for Malaria Venture (MMV), the International Partnership for Microbicides (IPM), the Microbicides Development Programme (MDP), the Drugs for Neglected Diseases Initiative (DNDI) and the Global Alliance for TB Drug Development (GATB). UK funding for microbicides now totals £50 million; total UK support for AIDS vaccine research is £38 million since December 1999; the UK will provide funding to the World Health Organisation (WHO) Special Programme for Research and Training in Tropical Diseases (£4.5 million from 2005-2008) and the Global Alliance for TB Drug Development (£6.5 million from 2005-2008).

12. The United States' public and private funding for health research, including support for extramural research and researchers outside the United States, accounted for 50% of global investments for health research and development in 2003, according to the Global Forum for Health Research. HHS and USAID

provide significant public funding for biomedical, translational, behavioural and public health research on HIV/AIDS, TB and malaria. HHS/ National Institutes of Health (NIH) alone, in 2006, provided US$ 3.8 billion to support research on these diseases. In the Fiscal Years 2005 and 2006, the US through HHS/NIH spent almost US$ 6 billion to support HIV/AIDS research and US$ 308 million to discover and develop new prevention, diagnosis and treatment strategies to address drug resistant TB. In 2006, HHS/NIH funding for HIV vaccine research, much of which was internationally focused, amounted to US$581 million. In FY2007, HHS/NIH expects to spend around US$2.9 billion on research related to HIV/AIDS, US$ 150 million on TB research, and US$ 100 million on malaria research. The United States Government, through USAID and HHS, is also providing financial and in-kind support to the Global Alliance for TB Drug Development, the Medicines for Malaria Venture. Through the HHS/NIH, the United States also directly supports biomedical and behavioural researchers around the world, by supporting peer-reviewed scientific research at universities, medical schools, hospitals, and research institutions, training research investigators, and developing and disseminating credible health information based on scientific discovery, throughout United States and around the world. HHS/NIH support for extramural research outside the United States was approximately US$ 800 million in Fiscal Year 2006.

VII. Financing

KEY G8 COMMITMENTS:

- Work with other donors and stakeholders in the effort to secure funds needed for the 2006-2007 GFATM replenishment period (St. Petersburg, 2006)

1. In order to successfully fight the three diseases HIV/AIDS, tuberculosis and malaria and to strengthen health systems in general, funding should be multi-year, long-term, predictable and sustainable.

2. The Global Fund is a unique global public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership among governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases. The role of the Global Fund has significantly increased with the support from the G8. To date, the G8 contributed 87% of the total funds of US$ 7.1 billion, the United States, at over US$ 2 billion, is the largest contributor to the Global Fund while the European Commission and the EU Member States collectively provide the majority of the funds:

    - **United States** US$ 2 billion
    - **France** US$ 772 million
    - **Japan** US$ 662 million
    - **European Commission** US$ 638 million
    - **United Kingdom** US$ 456 million
    - **Italy** US$ 821 million
    - **Canada** US$ 431 million
    - **Germany** € 323,5 million
    - **Russia** US$ 32 million

3. As of 31st December 2006, the Global Fund had signed grants agreements for 410 programs in 132 countries with a total commitment of US$ 5.3 billion. As of December 2006, 770,000 people have begun antiretroviral treatment through Global Fund-supported programs, a more than 40 percent increase over six months earlier. The Global Fund and PEPFAR are supporting ART treatment for a combined 1.58 million people worldwide, as of March 2007. Global Fund-supported programs to combat malaria expanded distribution of insecticide-treated bed nets to 18 million as of end of 2006. In addition, tuberculosis programs have detected and treated more than 2 million TB cases under DOTS, the internationally approved TB control strategy.

European Commission

- By 2006, the European Commission has contributed US$ 638 million to the Global Fund. The EC announced an additional pledge for 2007 amounting to approximately US$ 100 million, and proposed additional € 300 million over the following three years, in conformity with its budget procedures.
- During the period of implementation of the sixth Framework Programme for Research (2002-2006), the European Commission has committed more than € 450 million in the fight against HIV/AIDS, tuberculosis and malaria. These funds were devoted to cover various basic/pre-clinical research projects for the three diseases as well as to clinical research (phase I-III) ones and research-oriented capacity building activities in Africa, by means of the EDCTP pilot programme.
- Overall, the Commission has in the last 4 years allocated more than €1.1 billion to assist partner countries confronting the three diseases through a wide array of financial instruments (with an average of € 280 million per year), which represents an almost four-fold increase from the annual average in the period 1994-2002.

Canada

- Since 2000, Canada has contributed approximately CAN$ 800 million to the fight against HIV/AIDS.
- Canada has provided CAN$ 530 million to the Global Fund since its inception.
- To fight malaria, Canada committed CAN$ 60 million between 2002-2007 to the WHO, the Red Cross and CARE International.
- Canada has provided CAN$ 235 million since 2000 for the fight against TB, including almost CAN$ 102 million for anti-TB drugs as the founding donor of the Global Drug Facility.
- At the 2006 G8 Summit in St. Petersburg, Canada announced CAN$ 450 million (2006-2016) in new funding to support country-led efforts to strengthen health systems in Africa.
- In February 2007, Canada committed CAN$ 111 million to the Canadian HIV Vaccine Initiative (CHVI), a collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation.
- Canada committed US$ 200 million to support a pilot Advance Market Commitment for a pneumococcal vaccine.
- Canada gave CAN$ 82 million for International AIDS Vaccine Initiative (2004-09), CAN$ 30 million for the International Partnership for Microbicides (2004-09) and CAN$ 200 million for the GAVI Alliance (2000-07).

France

- Global Fund: Between 2005 and 2007, France has contributed € 680 million.
- IFFIm: France pledged to commit € 372,800,000 over 20 years for the first bond issuance; furthermore, appropriations were voted by the French Parliament up to € 920,000,000 to cover the remaining bond issuances.
- UNITAID: Between 2006 and 2007, France has contributed € 195 million.
- United Nations (UNAIDS, WHO, UNFPA, UNICEF): Between 2006 and 2007, France has contributed € 114,3 million.
- Bilateral aid for health: between 2005 and 2007, France has contributed € 536,9 millions.

Germany

- Since 2003, Germany has committed € 300 million annually to combating HIV/AIDS, malaria and tuberculosis and health system strengthening in this context. In 2007 the German Government will increase its contribution to € 400 million thus totalling € 1.6 billion in the 2003 to 2007 period. This figure includes bilateral commitments as well as contributions to multilateral institutions and the European Commission.
- In view of the dramatic development of the AIDS pandemic, Germany committed to increase this amount substantially and will provide € 4 billion for the period till 2015. Annual commitments will rise to around € 500 million.
- German contributions to the Global Fund for the period 2002 – 2007 will total around € 323,5 million. In addition, German development cooperation designed a new mode of delivery with the BACKUP Initiative (Building Alliances, Creating Knowledge, Updating Partners) in the fight against HIV/AIDS, tuberculosis and malaria, launched in 2002 with the aim of providing technical support to facilitating better access to global funds available for tackling these diseases in recipient countries. It helps partner countries with developing the prerequisite capacities to apply for the resources available and deploying them effectively once received.

Italy

- Italy has contributed US$ 821 million to the GFATM since its establishment.
- Italy is with a total of US$ 635 million the largest donor to the pilot Advance Market Commitment (AMC).
- Italy has disbursed an additional amount of € 114 million to fight the three diseases over the period 2000-2006 on the bilateral channel. This amount includes special contributions to WHO Global Malaria Programme, Stop TB Department and the HIV/AIDS Department for technical assistance to African countries most affected by the pandemics.
- The total value of the Italian bilateral ODA on health, over the period 2000-2006, is above € 400 million.

Japan

- After pledging in 2005 to contribute US$ 500 million in the coming years, Japan has contributed US$ 316 million for 2006-2007 to the Global Fund, totalling Japans contribution to US$ 662 million.
- Japan launched the “Health and Development Initiative” in June 2005 aiming to provide comprehensive assistance amounting to US$ 5 billion for the five years (2005 to 2009) to combat infectious diseases, including HIV/AIDS, tuberculosis and malaria, and other threats to health in developing countries, thereby achieving health-related MDGs out of which about US$ 1.2 billion have been disbursed during the fiscal year 2005.
- In 2005, Japan pledged to provide 10 million long lasting insecticide-treated bed nets (LLITN) for African countries with serious malaria prevalence by 2007 under the HDI and 8 million nets have been already distributed by the end fiscal year 2006.
- Japan has committed to dispatch annually about 100 Japanese Overseas Cooperation Volunteers (JOCV) in HIV/AIDS sector and promote prevention and education activities.

Russian Federation

- Russia has set aside almost US$ 1.9 billion for the years 2006-2010 for an emergency programme for targeting HIV/AIDS and viral hepatitis, including for efforts on prevention, treatment, research and development.
- The Russian Government intends to spend in the next 3 years about US$ 60 million for research of HIV-vaccine and establishment of regional cooperation on HIV-vaccine research in Eastern Europe and Central Asia as it was decided during St. Petersburg's Summit. These efforts will go in line with the global activities to develop safe, effective and accessible HIV vaccine.
- In 2006, the Russian Government has allocated US$ 20 million for support World Bank Booster Malaria Program in Africa, and intends to expand its activities to contribute to fight against malaria in other regions, including Central Asia.
- In October 2006 the Russian Government took a decision to reimburse to the Global Fund US$ 217 million, which were distributed to fund projects in Russian Federation.
- In 2006, the Russian Government has approved the concept of the Russian international development assistance framework. Total Russian contribution to the international development assistant programs in the area of fighting infectious diseases may achieve the amount of US$ 450 million between 2006 and 2011.

United Kingdom

- The UK has committed to spend £1.5 billion on HIV and AIDS between 2005/06 and 2007/08. Of this, £150 million will be used to meet the needs of children affected by AIDS.
- The UK has contributed £259 million since the Global Funds was established, with £100 million of pledged commitments pending disbursement.
- The UK has committed £1.38 billion to IFFIm over 20 years.
- At the AMC launch in February 2007, the UK committed to fund US$ 485 million, about a third of the financing.
- The UK's 20 year commitment to UNITAID starts with €20 million (approx. £15 million) in 2007 and, subject to performance, rises to €60 million (approx. £40 million) a year by 2010.

United States of America

- The United States budget for Fiscal Year 2007 (FY 2007) includes approximately US$ 4.6 billion for the President's Emergency Plan for AIDS Relief, including an estimated US$ 724 million contribution to the Global Fund, and the Administration has requested over US$ 5.4 billion for FY 2008. The President has announced his intention to double the initial US$ 15 billion commitment over five years, with a new US$ 30 billion proposal for the next five years.
- The United States Department of Health and Human Services (HHS) budget for FY 2007 includes over US$ 287 million for TB domestic and international programs and research, with a request for roughly the same in FY 2009. The United States Agency for International Development (USAID) FY 2007 budget allocates about US$ 90 million for TB, with a similar amount requested for FY 2008. The President's Emergency Plan for AIDS Relief includes US$120 million in FY 2007 for TB/HIV work.

- The USAID FY 2007 budget allocates US$ 248 million for malaria assistance. The Administration's FY 2008 request for USAID includes US$ 388 million for malaria. The HHS FY 2007 budget includes US$ 109 million for malaria work, with the same amount requested for FY 2008.
- The United States has thus far contributed US$ 512 million to the Global Fund out of funds appropriated for FY 2006, and as noted above expects to contribute US$724 million to the Global Fund in FY 2007.

Other Initiatives:

- Some G8 countries and other donors are contributing to the International Finance Facility for Immunisation (IFFIm) that provides funding for new and underused vaccines and strengthening immunisation and health services, by bringing forward the financing available and ensuring they are long-term and predictable. An anticipated IFFIm investment of US$ 4 billion is expected to prevent five million child deaths between 2005 and 2015, and more than five million adult deaths in the future.
  Commitments to IFFIm up to June 2007:

  - **United Kingdom** pledged to commit £1,380,000,000 over 20 years
  - **France** pledged to commit € 372,800,000 over 20 years for the first bond issuance; furthermore, appropriations were voted by the French Parliament up to € 920,000,000 to cover the remaining bond issuances
  - **Italy** pledged to commit € 473,450,000 over 20 years

- In September of 2006, France, United Kingdom, Brazil, Chile and Norway, joined since by some other donors, launched UNITAID, an international drug purchase facility, which is aimed at scaling up access to drugs and diagnostics to fight AIDS, malaria and tuberculosis for people who need them most in developing countries. It is funded primarily through innovative financing mechanisms such as the air-ticket solidarity levy. This additional and predictable funding, used to global purchasing, is expected to substantially lower prices of drugs and diagnostics. The UNITAID budget will exceed US$ 300 million in 2007. Commitments to UNITAID:

  - **France** allocates 90% of the proceeds of an air-ticket solidarity levy on a long term basis to UNITAID (€ 35 million in 2006 and € 160 million in 2007)
  - **United Kingdom**'s long-term financial commitment over a 20 year period has provided € 20 million (approx. £15 million) in 2007 and, subject to the outcome of a joint assessment of the performance of UNITAID, will gradually rise to € 60 million per annum (approx. £40 million) by 2010.

- In February of 2007, the governments of Canada, Italy, Russia and the United Kingdom, together with Norway and the Bill and Melinda Gates Foundation, committed US$ 1.5 billion to launch the first Advance Market Commitment (AMC) to foster research and development of vaccines against diseases mostly affecting poor countries. The first pilot AMC will target pneumococcal disease and is expected to save the lives of 5.4 million children by 2030.

Possible options for future AMCs include malaria and tuberculosis. Commitments to the AMC pilot:

- **Italy**: US$ 635 million
- **United Kingdom**: US$ 485 million
- **Canada**: US$ 200 million
- **Russia**: US$ 80 million

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Annex I

This annex gives an overview of G8 contributions to some international organizations, initiatives and partnerships and aims at illustrating some of the financial contributions of the G8. However, this does not reflect all health related G8 financial contributions to all institutions working in the field of tackling HIV/AIDS, tuberculosis and malaria.

UNAIDS
Contribution Table 2001 – 2006 – Core and Non-core Funds (in US Dollars)

	2001	2002	2003	2004	2005	2006	Total paid to date
United States of America	18,450,000	21,400,000	17,890,000	26,350,000	27,308,000	29,760,000	**225,457,500**
United Kingdom	4,995,783	5,714,544	5,648,792	16,073,394	40,173,519	28,882,833	**128,307,178**
Japan	7,220,000	7,228,245	5,045,680	3,330,885	3,330,885	3,330,885	**52,668,257**
Canada	2,646,910	4,006,502	4,472,382	8,595,392	4,805,808	6,676,225	**44,507,038**
Germany	1,241,396	2,091,708	3,430,338	1,767,117	2,514,487	2,430,593	**21,437,340**
France	1,261,363	1,175,089	1,355,500	553,483	2,641,644	2,230,416	**20,620,993**
Italy	1,901,279	1,970,443	1,781,473	2,713,704	1,254,705	-	**12,464,943**
Russian Federation	500,000	500,000	500,000	500,000	499,972	499,969	**4,499,941**
European Commission	-	813,677	664,324	296,912	323,415	411,124	**3,260,669**

Annex II

UNFPA
Regular Funds Contribution Table 2002 – 2005 (in US Dollars)

	2002	2003	2004	2005
Canada	8,254,916	9,027,356	9,632,353	11,572,581
France	1,122,625	1,436,985	1,492,762	2,930,194
Germany	13,680,122	16,037,871	17,704,075	19,127,333
Italy	3,004,695	2,628,571	2,818,627	2,509,410
Japan	39,517,000	39,517,000	39,517,000	37,491,151
Russian Federation	150,000	150,000	150,000	150,000
United Kingdom	26,635,552	30,221,465	36,789,071	36,469,076

UNFPA
Other Funds Contributions Table 2002 – 2005 (in US Dollars)

	2002	2003	2004	2005
Canada	14,457,572	2,441,462	2,318,998	6,125,876
France	730,360	-	-	3,310,112
Germany	1,068,990	1,928,508	1,220,729	9,461,095
Italy	-	347,828	-	
Japan	1,029,161	1,000,000	1,000,000	6,646,893
Russian Federation				
United Kingdom	7,956,597	7,529,028	4,996,150	30,478,468
European Commission				15,184,734

Annex III

GAVI

United States	US$ 353.21 million over 6 years
Canada	US$ 158.94 million over 7 years
United Kingdom	US$117.61 million over 7 years
France	US$ 18.09 million over 3 years
European Commission	€ 44 million over 4 years
Germany	US$ 10.5 million over 2 years

IFFIm

United Kingdom	£1,380,000,000 over 20 years
France	€ 372,800,000 over 20 years and has authorised an additional maximum total of € 920,000,000 over 20 years
Italy	€473,450,000 over 20 years

Annex IV

UNITAID

France	Pledged € 160 million in 2007
United Kingdom	Pledged €20 million over 20 years; subject to outcome of a joint assessment of the performance of UNITAID, will gradually rise their commitment to € 60 million by 2010

Advance Market Commitment Pilot

Italy	US$ 635 million
United Kingdom	US$ 485 million
Canada	US$ 200 million
Russia	US$ 80 million

Annex V

Contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria

	2001-2005 (in US$)	2006 (in US$)	2007 (in US$)	Total paid to date (in US$)
United States	1.495.617.529	512,328,526	-	2.007.943.053
France	485.822.700	287.062.313	403.225.806	1.176.110.819
Japan	346.520.013	130.148.228	186.006.798	662.675.039
European Commission	521.394.461	117.153.200	-	638.547.661
United Kingdom	339.934.998	116.487.000	-	456.421.998
Italy	460.620.273	180.375.000	180.375.000	821.370.273
Canada	210.267.796	221.199.788	-	431.467.584
Germany	198.322.103	88.114.680	68.460.363	354.897.146
Russia	20.000.000	10.000.000	2.500.000	32.500.000