

<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.

CONTACT:

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Signatures (as of June 20, 2008)

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

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