



stop **AIDS** campaign



Italian Network Against AIDS

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G8 RETREATS ON SAVING LIVES

(Hokkaido, Japan) A coalition of HIV/AIDS and health organizations responded to the G8 Development and Africa Communiqué released today: “The G8 must respond to the AIDS crisis with a dramatic increase in additional resources but today they responded with a step backwards,” said Asia Russell of Health GAP, a US NGO campaigning for global AIDS treatment access.

An existing commitment from the 2007 G8 Summit to spend \$60 billion ‘over the coming years’ on AIDS, tuberculosis, malaria and health systems strengthened has been weakened by this G8 meeting into a broad health spending pledge over five years, that is completely inadequate when compared to developing countries’ needs.

Conservative estimates of the G8 fair share of funding for AIDS, tuberculosis, malaria and health systems strengthening alone are at least \$173 billion over 5 years. (See *briefing note on the G8 fair share for funding AIDS, tuberculosis malaria and health systems, attached.*) “The G8 has negotiated countless hours over this pledge—only to commit to a target and timeline that do not require the massive increases in health spending needed now to fight the world’s leading killers,” said Paola Giuliani of the Italian Network Against AIDS.

Additional G8 announcements today on Development and Africa:

On the promise to reach universal access to HIV treatment, prevention and care by 2010

What the G8 agreed: a restatement of the 2005 commitment to reach universal access by 2010.

What is needed: “The AIDS crisis in Africa is an emergency, and reaching universal access by 2010 will require a quadrupling of spending over current levels. A restating of existing commitments is not a sufficient response by the G8,” said Masaki Inaba of the Africa Japan Forum. “We call on donors to use the UN High Level Meeting on the MDGs in September to pledge the billions that are needed to keep their universal access promises, in particular through the Global Fund and other effective multilateral mechanisms.”

On the shortage of health care workers, the G8 agreed to: “Work towards” reaching the WHO threshold of 2.3 professional health workers per 1,000 people.

“Year after year the G8 has merely acknowledged the health worker crisis. Solving this crisis will require billions in additional funding—to double the health workforce in Africa and to reach the minimum target of 2.3 professional health workers per 1,000 people. The G8’s vague promise to ‘work towards’ that goal is hollow to millions living with HIV in Africa,” said Emmanuel Trenado of AIDES, a French AIDS NGO.

HIV related travel restrictions the G8 agreed to: Work to ‘review’ HIV travel restrictions ‘with a view to facilitating travel.’

“Russia and the USA’s travel ban on people with HIV is a disgrace. Instead of eliminating travel restrictions—a pledge contained in earlier drafts—this G8 commitment provides an excuse for the US and Russia to continue to violate the human rights of HIV positive people,” said Emmanuel Trenado.

For more information contact: Asia Russell, Health GAP: +81 80 2126 4340
Paola Giuliani, Italian Network Against AIDS, +81 (0) 90 1745 9873
Emmanuel Trenado, AIDES, +81 (0) 801 970 7810

The G8's \$60 billion pledge: Not enough money and too much time

In Heiligendamm in 2007 the G8 leaders committed to spend at least \$60 billion on AIDS, TB, malaria, and strengthening health systems. This announcement was met with skepticism by civil society—because it was an insufficient sum, and because the timeframe on this pledge was open ended.

G8 leaders in Hokkaido have debated the timeline for delivering on this promise. Civil society is clear: \$60 billion for the wealthiest nations is too little money over too much time to fund the commitment from the G8 that millions of people in Africa and the rest of the developing world urgently need.

G8 Fair Share	2008	2009	2010	3 years
AIDS ^a	12.4	18.6	26.0	57.0
TB ^b	3.2	3.2	3.2	9.7
Malaria ^c	2.52	2.52	2.5	7.5
Health Systems ^d	4.8	4.9	5	14.7
	22.9	29.2	36.8	89.0

Over 3 years, the \$60 billion is only approximately 2/3 what is needed for all three diseases and health systems strengthening.

G8 Fair Share	2008	2009	2010	2011	2012	3 yrs	4 yrs	5 yrs
AIDS ^a	12.4	18.6	26.0	27.9	29.1	57.0	84.9	114.1
TB ^b	3.2	3.2	3.3	3.3	3.3	9.7	13.0	16.3
Malaria ^c	2.5	2.5	2.5	4.5	4.5	7.5	12.0	16.5
Health Systems ^d	4.8	4.9	5.0	5.4	6.1	14.7	20.1	26.2
	22.9	29.2	36.9	41.1	43.1	89.0	130.1	173.2

Over 4 years, \$60 billion is less than half of what is needed for all three diseases and health systems strengthening; over 5 years it is simply paltry.

Since the 2007 G8 Summit, this inadequate pledge has been further weakened to include additional health spending priorities. Delivering on this pledge over three years would basically result in only a slight increase over existing health spending, despite the gaps between countries' health needs and current G8 funding commitments.

a. From UNAIDS *Universal Access Resource Needs Estimates*, 2007 (note: revised epidemiological estimates may decrease these projections by approximately 5%), G8 share based on total need multiplied by G8 share of GNI at 62% (World Development Indicators database, World Bank, 11 April 2008)

b. From World Health Organization, *Global Plan to Stop TB and MDR/XDR Plan* and *M/XDR-TB Global Response Plan*, G8 share based on Commission for Macroeconomics and Health apportionment multiplied by G8 share of high income country GNI.

c. For 2008-10 from World Health Organization, *Estimated global resources needed to attain international malaria*, 2007 and 2011-12 based on Draft *Global Business Plan*. G8 share based on G8 % of high income country GNI multiplied by total gap.

d. Costing derived from estimates based on WHO, *World Health Report 2006*, GHWA Education Task Force, *Scaling Up, Saving Lives*, 2008; projections of domestic spending derived from data in the Education Task Force report, the World Health Report 2006. G8 share based on G8 percentage of high-income country GNI multiplied by total funding gap.

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