

## GLOBAL HEALTH

**Recommendations:** To create the kind of world that President Obama spoke about in his inaugural address and restore American leadership, we ask the United States to urge the G8 Summit to adopt the following commitments:

- 1. Fund Efforts to Achieve Millennium Development Goals 4<sup>1</sup> and 5<sup>2</sup>** - The G8 nations must commit to fund fully its share of resources for strategies and programs that focus on reducing maternal, newborn, and child mortality and morbidity in developing countries to accelerate achievement of the MDGs.
- 2. Honor Commitments to the Global Fund and Achieve Millennium Development Goal 6<sup>3</sup>** - Pledges to the Global Fund are approximately \$5 billion short of the planned scale up mentioned in the 2007 G8 communiqué. The US must pay its fair share and leverage this to ensure the G8 nations work together to fill the Global Fund gap while living up to commitments on AIDS, TB and Malaria more broadly. Fully finance the G8 fair shares of the Global Fund to Fight AIDS, Tuberculosis and Malaria and work collaboratively with international coordinating bodies for the three diseases.
- 3. Open Accountability** - Establish a mechanism to monitor its progress on meeting its health commitments, as agreed at the 2008 G8 Summit.
- 4. Bolster Health Systems in Developing Countries** - Honor 2008 commitments to strengthen the health system and grow the health workforce in developing countries

As U.S. nonprofit organizations and implementing agencies, we strongly urge the United States to press its G8 partners to honor their commitments to help the world's poorest. As you focus on the worldwide financial meltdown, it is imperative now more than ever to assist the world's most vulnerable people. We applaud the G8's endorsement of the "Toyako Framework for Action on Global Health" at the 2008 Summit in Japan and recognize that U.S. leadership has enabled a doubling of health aid since 2000.

### **1. Funding for MDG 4 and 5**

Leaders in Japan emphasized the need for "greater focus" on maternal, newborn, and child health and stated that reproductive health should be made "widely accessible." As the G8 noted in its 2008 Leaders Declaration, "in some developing countries,

achieving the MDGs on child mortality and maternal health is seriously off-track, and therefore, in country-led plans, the continuum of prevention and care, including nutrition should include a greater focus on maternal, newborn and child health. Reproductive health should be made widely accessible.”

Though the developing world has shown some progress, MDGs 4 and 5 represent the MDGs least likely to be met by 2015. Nearly 10 million deaths of mothers and children under 5, including 4 million newborns, occur each year, and most of these deaths are from preventable and treatable causes. Despite the availability of cost-effective life-saving interventions, such as insecticide-treated bed nets, nutritional supplements, and vaccines, many countries lack universal coverage of key newborn, child, and maternal health interventions necessary to achieve MDGs 4 and 5. Accelerated scale-up of coordinated, life-saving interventions is essential, and G8 countries should commit that no low income country with a credible implementation plan to improve newborn, child, and maternal health should fail through lack of donor resources.

In addition, there is growing consensus about the interventions required to save the lives of women during pregnancy and childbirth. These include family planning, skilled care at birth, and emergency obstetric and newborn care, all within the context of a strong health system. Increasing coverage and utilization of these interventions will significantly reduce the number of women who die of preventable causes during pregnancy and childbirth, ultimately improving the health and well-being of women, newborns and children globally.

Also fundamental to achieving MDGs 4 and 5 is access to improved nutrition, safe drinking water, and adequate sanitation. Malnutrition among pregnant mothers has pervasive effects on the short-term and long-term health of the mothers and their children, as undernourished children and mothers are more susceptible to diseases spread through contaminated water used for bathing and drinking, such as diarrhea. Moreover, malnutrition is a major underlying factor in a third of all child deaths.

Maternal, newborn and child survival are critical to development efforts around the world. Death and disability continue to undermine efforts to improve education, productivity and economic growth. Financial commitments to maternal and child health are needed. The Partnership for Maternal, Newborn and Child Health estimates that an additional \$10.2 billion is needed annually from donors and national governments to ensure universal coverage of basic commodities and services to achieve MDGs 4 and 5 to reduce maternal and child mortality by 2015.

## **2. Honor Commitments to the Global Fund and Achieve MDG 6 Goals**

2010 is the halfway point to the date set to achieve the Millennium Development Goals and is thus an important time to mark progress and increase efforts to make sure that promises are kept. The mobilization of resources for the Global Fund is instrumental for meeting Millennium Development Goal 6 of achieving universal treatment access and the halting and reversal of the spread of HIV/AIDS and other infectious diseases. But Global Fund financing also plays an integral part in helping countries to meet additional Millennium Development Goals, in particular MDG 3<sup>4</sup> (ensure gender equality), MDG 4 (reduce childhood mortality), and MDG 5 (reduce maternal mortality/universal access to reproductive health). When countries fulfill their financial promises to the Global Fund, they are also fulfilling their promise to meeting these MDGs, as well as those aimed at eradicating poverty, hunger and gender inequality.

Combating HIV/AIDS, malaria and tuberculosis and achieving MDG 6 requires commitment to common global strategies that support local stakeholder implementation of the '3 ones' one coordinating mechanism; one plan and one M&E system at country level. As it relates to tuberculosis, the G8 should ensure funding and other commitments contribute to the Global Plan to Stop TB 2006-2015, a business plan for confronting tuberculosis internationally, which was endorsed by G8 governments. One third of the world's population is estimated to be infected with tuberculosis, and TB is the number one killer of people living with HIV/AIDS. The deadly synergy between HIV/AIDS and TB and the explosion of extensively drug-resistant tuberculosis (XDR-TB) are undermining progress made and billions invested in the fight against both HIV/AIDS and TB in southern Africa. Progress is undermined by inadequate tools including a TB drug that has not been further developed in 40 years, standard diagnostic tests that have changed little in over a century and lack of an effective vaccine. The Global Plan to Stop TB 2006-2015, still faces large annual funding gaps related to drug-resistant TB and research and development of new TB tools.

Decades of progress in global health stand to be undone if we do not act now. The G8 should also endorse the Global Malaria Action Plan, a strategy for preventing, controlling and eliminating malaria, and ensure commitments remain consistent with this strategy. Though proven, inexpensive interventions are available, such as treated bed nets and anti-malaria combination therapies, the lack of coverage results in approximately 1 million deaths a year from malaria, 85% of which are children. In order to achieve a dramatic reduction in malaria-related death and illness and mitigate the deadly synergy between HIV/AIDS and malaria, support for a scaling up for impact will be required, enabling countries to control, sustain and eventually eliminate the disease; additionally, research and development is needed to develop new and better tools to prevent and treat malaria. The G8 must also support patent pools for essential medicines and prioritize removing trade barriers that block access to medicines.

The Global Fund has met with unprecedented success in scaling up life-saving programs and is on track for high-quality proposals to meet the \$6-8 billion yearly size discussed in the 2007 G8 Heiligendamm communiqué. But to do so, it faces a \$5 billion gap for 2009 and 2010. The United States must increase its commitment for 2009 and put a bold pledge into the 2010 budget to show renewed commitment to multilateralism and paying our 1/3<sup>rd</sup> fair share. The United States should then leverage this funding to convince other G8 countries to fill this gap. Taking leadership in multilateral efforts, the United States should announce its willingness to host the Global Fund international replenishment conference in early 2010 which will set the agenda for 2011 and beyond.

### **3. Accountability**

In monitoring progress towards the G8's health commitments, as agreed at the 2008 G8 Summit, it is imperative that a follow-up mechanism be used in order to hold G8 countries accountable to their commitments with resolution. While engaging civil society, this transparent monitoring mechanism should indicate where G8 progress is insufficient to achieve its goals and serve as a tool to develop a strategy to accelerate progress to sufficient levels.

### **4. Health Systems**

Without trained health workers on the ground to attend patients, and appropriate health systems to manage the millions of Africans suffering from AIDS, tuberculosis,

malaria and other neglected diseases, and to reduce the horrific levels of newborn, child and maternal death, progress cannot be made. The G8 must provide ambitious, achievable and specific benchmarks to bolstering African health systems – and must abide by them.

*This paper is not endorsed by the InterAction Board or its members.*

**Contributors** *(The following organizations contributed to this health policy statement):*

Global Health Council  
Johns Hopkins University Center for Communications Programs (JHUCCP)  
PATH  
Physicians for Human Rights  
Population Action International (PAI)  
Save the Children  
U.S. Fund for UNICEF  
World Vision

For questions or feedback please contact:

**Joanne Manrique**

**Global Health Council**

**202-833-5900 x3232**

[jmanrique@globalhealth.org](mailto:jmanrique@globalhealth.org)

**or**

**John Ruthrauff**

**Senior Manager of Member Advocacy**

**InterAction**

**202-552-6523**

[jruthrauff@interaction.org](mailto:jruthrauff@interaction.org)

**Endnotes**

1. **MDG 4, Reduce child mortality:** Reduce by two thirds the mortality rate among children under five years old.
2. **MDG 5, Improve maternal health:** Reduce by three quarters the maternal mortality ratio.
3. **MDG 6, Combat HIV/AIDS, malaria and other diseases:** Halt and begin to reverse the spread of HIV/AIDS.
4. **MDG 3, Promote gender equality and empower women:** Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.