

Expectations of the South Towards G8 – ?

Which problems and challenges – the civil
society perspective

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TAC

TECHNOLOGY AND COMMUNITY



G8 and Africa

“The theologian Reinhold Niebuhr wrote that a “valid moral outlook ... seeks no limits to the creative possibility of concern for others,” but that the same outlook “makes no claims that such creativity ever annuls the power of self-concern.” By supporting efforts to curb this HIV and AIDS and the pernicious new strain of drug-resistant tuberculosis in Africa, the G8 would not only demonstrate its moral leadership and concern for the fate of its neighbors, but would mitigate the risks posed to Europeans at home..”

~ Archbishop Emeritus Desmond Tutu

Honorary Chairperson, Global AIDS Alliance February 2007



Central Questions

- **Health: HIV/Aids in Africa:**
- **Responsibility of G8 and EU**
- **How to achieve the universal access promise made in Gleneagles?**
- **How to deal with the health worker crisis facing the fact that many high skilled health workers migrate to the EU, especially to the UK (brain drain)?**
- **Impact of HIV/Aids on economic, social and cultural development**
- **How to achieve / realize the MDGs and the right of health in times of HIV/Aids?**
- **How to plan and implement sustainable development projects and programmes in regions with high HIV prevalence?**
- **Have the promises towards Africa been fulfilled? What about the promises from Gleneagles and Kananaskis (Africa Action Plan)?**
- **What should and can we expect from the G8 summit? Which demands do we have towards the G8 concerning Africa??**

Central Questions

- Role of Other Players
- **How to evolve emerging donor states in the discussion, like China or India for example**
- ***Is the new approach of a “three-partner-alliance: between a developed , a developing and threshold country the right way to meet current challeges like , poverty, HIV and AIDS and climate change***
- ***Which attitude to adopt towards the role of the private sector and private donors***

Expectations from the South

- **As Germany presides over both the G8 and the EU this year, we believe it is a historic opportunity for Germany to deliver on the 2005 Gleneagles commitment to universal access to AIDS treatment, prevention and care by 2010.**
- **Two years since the G8 made this bold promise, we are concerned to note that no additional funds have been made available to scale up the world's response.**
- **We are gravely concerned that the world has lost the momentum of the 3 by 5 campaign to rapidly scale-up treatment and with only three years to 2010 the G8 is on the brink of squandering its legacy of having played a leadership role in introducing/promoting the Universal Access goal**
- **We have made great strides together in these past seven years—hundreds of thousands of African men, women and children are now receiving ART and are living healthy and productive lives.**
- **As the G8 leaders meet in June we are demanding that the G8 and African Governments keep the promises they made and specific targets they agreed to in Gleneagles in 2005 and Abuja in 2006 respectively to universal access to a comprehensive package of AIDS treatment, prevention and care.**
- **These are commitments that have been endorsed by all heads of states—they have yet to be implemented.**
- **In this statement we put our reasons for concern, make specific demands to be met before the end of 2007, and give TACs and the rest of civil society's own commitment to do our part in this most critical global effort**

TAC

Why do we have these concerns?

- Once again prevention seems to be pitted against treatment instead of both interventions seen as mutually reinforcing and equally important.
- The war chest to fight AIDS is pitifully short of funds.
- UNAIDS estimates that the global AIDS response needs \$20-23 billion per annum, but we are \$8 billion short in 2007 and \$10 billion short annually from 2008-2010.
- Only 26 of over 100 countries have provided targets linked to costed national plans for key HIV/AIDS interventions. This first universal access deliverable was due in December 2006.
- While we urge each of our countries to fulfil their responsibility we remain concerned about the lack of global targets for the international community.
- WHO is not sufficiently funded to maintain a strong focus on AIDS treatment scale-up while attending to multiple other critical priorities. Without sufficient funding to fulfill policy, normative, and technical responsibilities on a global, regional, and country level, there is no chance that near universal access to AIDS treatment will happen by 2010.

Why do we have these concerns?

- The Global Fund which has been instrumental in the scale-up of treatment access in recent years continues to be constrained by the charity of tightfisted donors and a lack of a predictable and long-term funding mechanism.

- Some AIDS policy makers and advocates are pitting treatment and prevention as competitors for resources rather than understanding that only a comprehensive response that integrates treatment, prevention and care will reverse the pandemic.

- Parts of the United Nations system and many country governments are not demonstrating the political will to sustain and build upon the momentum and foundations of the 3 by 5 initiative..

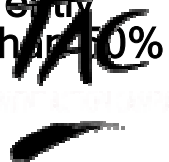
Demands from the South

More resources

- G8 must deliver a funding plan for their commitment to UA to AIDS treatment, prevention and care at their June meeting
- The funding plan must ensure additional, predictable and sustainable AIDS funding to achieve the universal access goal by 2010
- All countries must submit their fully costed UA plans including yearly target by June 2007, for Africa this must be in line with the agreements at Abuja one year ago
- Costed national plans for dealing with TB, including MDR and XDR TB, are developed immediately
- WHO, in partnership with UNAIDS, must review the treatment scale-up targets and plans, ensure that they are both ambitious and realistic, and declare a single, unified global target for universal access to treatment by 2010.

Africa Position

- All targets must be equivalent or greater to the targets set in Abuja, Nigeria in May 2006 as part of the African Common Position on Universal Access,
- This included targets for coverage of ART and prevention of mother-to-child prevention services (MTCT) of at least 80% by 2010. Most countries on the continent currently have less than 30% coverage, and only three countries in Africa have greater than 50% coverage, of ART



What G8 – must do

- **Financing UA:** ensure scale up to UA is fully and sustainably financed by an agreed comprehensive long term funding plan for UA, enlarge GF to reach targeted resources for AIDS, TB & Malaria(US\$18-21 billion for 2008-10)
- **Strengthen Health System:** Enable health systems to effectively deliver comprehensive services throughout supporting the recently adopted Africa Health Strategy, address health worker shortages by improving training and retention of health workers in the South and making health profession attractive and worthwhile in the North – ensure macroeconomic policies are supportive of a public service able to achieve UA and exceed MDGs..
- **Affordable medicines:** Increase access to generic medicines by removing trade barriers blocking access to medicines, support collective management of intellectual property rights through patent pools for essential medicines
- **Supporting Women:** Achieve UA to comprehensive SRH by 2010 to reduce new infections, maternal mortality and eliminate disproportionate burden on women's lives,dramatically strengthen the legal, health and economic sectors responses to GBV, stigma and discrimination against all people, ensure equitable access to productive resources, secure women's property and inheritance rights.
- **Support children** with improved paediatric medicines, and comprehensive support for all children made vulnerable by HIV and AIDS including OVCs, provide adequate education, legal protection, nutrition, prevent child labour.



Africa's Role – Ensuring Commitments

- African CSOs must continue to monitor and play a watch dog role- we need to critique, cajole , organise and mobilise all people to be vocal on the need for UA.
- The Treatment Action Campaign and other organizations will employ a combination of internationally recognized “best practice” techniques, as well as tailored, on-the-ground methods.
- Treatment literacy coordinators and adherence counselors are considered to be “at the centre” of ART programming.
- African countries must also meet the 15% target for national spending on health that they agreed to at Abuja in 2001.
- “TAC activists stressed that grassroots mobilisation was the key to their success. This was done through AIDS awareness and treatment literacy campaigns in schools, factories, community centres, churches, shebeens (informal/illegal drinking places) and through door-to-door visits in the African townships. By far the majority of TAC volunteers were poor and unemployed African women, many of them HIV-positive mothers desperate to gain access [to] life-saving drugs for themselves and their children.”

– *Steven Robins. AIDS Activism, Science and Citizenship*



Conclusions – Who should pay?

- The roots of the AIDS epidemic in Africa are embedded in structures of social inequality that run deep into a history of exploitation and oppression.
- Colonialism, apartheid, migrant labor, cheap labor reservoirs in rural areas, unequal social investment and the social, political, economic and cultural inequality of women have all created vulnerability to HIV infection.
- These inequalities and systemic fault lines limit access to prevention, treatment and care services for millions of male migrant workers, their families in rural areas and their partners in urban areas.
- Women cannot protect themselves; they find themselves economically dependent on men, their families, or the state. In this context, the question is not to address or shift the blame to the private sector, the state, households or individuals. Accepting the responsibility for all the costs of the epidemic is a duty that governments (locally and globally) and companies (local and multinational) must share.

Conclusions – Who should pay?

- Wealthier households and middle class citizens in the North and South, like you and myself, have a moral duty and economic self interest to pay for prevention and treatment; as well as to improve health and social services.
- Not paying will result in unpredictable social dislocation that will affect the wealth and security of countries, companies and households; because the drivers of the epidemic will fuel phenomenal death rates of able-bodied adults of peak working and reproductive age.
- Paying now will allow us to substantially mitigate the impacts in worst-affected countries and the continent of Africa. It will also allow us to stem the epidemic in Russia, China, Brazil and India as well as smaller countries worldwide.
- Given the clear and devastating effects of the epidemic in sub-Saharan Africa, further global foresight is of critical importance.

A Shared Responsibility

Actors	Responsibilities
National Governments	Expand tax bases Create employment Implement a comprehensive plan for public health, social security and HIV/AIDS Enforce human rights policies and good governance Wealthier national governments should contribute an increased percentage of GDP to global public goods in accordance with the MDGs
Companies (local and global)	Commit a percentage of profit to increased taxation for public health & HIV/AIDS Implement work-place policies on prevention & treatment Practice good corporate governance Engage in further advocacy efforts to encourage good governance globally

A Shared Responsibility

Actors	Responsibilities
International Agencies	<p>Intergovernmental agencies must promote human rights based, universal public health access and act with increased courage, daring and urgency based on the principle that <i>everyone has an equal right to life, dignity and health</i></p> <p>This includes the World Bank, IMF, Global Fund, PEPFAR, UNAIDS, WHO, UNICEF, WFP, and other international and regional institutions</p> <p>Create a global mechanism to reward public and private R&D efforts.</p>
Foundations	<p>Coordinate sustainable efforts to promote civil society, activism, and advocacy.</p> <p>Increase expenditure on vaccine, microbicide (vaginal and anal), and neglected disease research and development</p>

A Shared Responsibility

Actors	Responsibilities
Wealthier Households	Commit a percentage of income to a comprehensive societal response to the epidemic and universal health coverage Volunteer resources
All citizens	Protect ourselves, protect others, reduce harm Join civil society groups in further advocacy efforts and service delivery Get tested, get treated, practice safer sex