Health Accountability:
The G8's Compliance Record from 1975 to 2009

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December 28, 2009

On June 25-26, 2010, the Group of Eight (G8) leaders will convene in Hunstville, Canada, for their 36th annual summit.[1] Four broad areas have been outlined by the host for their agenda: the global economy, climate change, development and democratic governance. Under the development theme, Canadian prime minister Stephen Harper (2009), who will chair the summit, has identified that the G8 can help to "maintain international attention on the social dimensions of development — health, education and the critical areas of maternal and childhood wellbeing." Thus health is on the agenda. However, in what way and at what depth health is there remain to be determined.

When Canada officially takes over the G8 chair on January 1, 2010, the agenda and details for the Muskoka Summit will begin to unfold. Items and issues may be added and removed from the agenda. Decisions will be made about what will be dealt with by the Group of Twenty (G20) summit, taking place in Toronto on June 26-27, immediately following the G8 summit. Officials will have to remain ready to consider issues, crises and situations that arise and require the leaders' attention.

Health has long received attention from the G8. But how well has the G8 governed the area? By examining and analyzing the G8's record of 35 years, this research report offers an overview of the G8's health governance. It covers the G8's six functions of domestic political management, deliberation, direction setting, decision making, delivery and development of global governance. It pays particular attention to members' decision making on commitments related to health and to the delivery of those decisions, for such compliance is the ultimate test of the effectiveness of any international institution in the world. It is critical to know if the leaders are keeping the promises they make.[2]

This report finds that the G8 has been a relatively effective centre of global health governance, from its pioneering decision-making start in 1980 through to the present. The G8's performance is distinguished by the large number of commitments it has made, above all at the summits in 2006 (with 61) and 2007 (with 43). Moreover, its members have complied with these commitments to a substantial degree, at an average solid B level of 77% (or an overall average compliance score of +0.54 on a scientific scale ranging from –1 for no compliance or action

[1] The G8 includes the Canada, France, Germany, Italy, Japan, Russia, the United States, the United Kingdom and the European Union. Russia began participating at the leaders' level in 1998; before then it was referred to as the Group of Seven (G7). For the purposes of this report, however, the term G7 is used only in reference to the period up to and including 1997.

[2] The compliance results for this study are drawn largely from the research of the G8 Research Group at the University of Toronto, available from the G8 Information Centre website at <www.g8.utoronto.ca/compliance>.

opposite to that the commitment commands through 0 for partial or "in progress" compliance to +1 for full compliance; see appendices A and B).

Others may assess how well other international institutions — notably those of the United Nations galaxy, such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF) — govern health, make commitments and induce their member countries to comply with the commitments they make. This report does not attempt to analyze why those institutions do or do not keep their commitments.

For purposes of this G8-focused analysis, the issue area of health is defined in a broad but bounded way. It includes health itself, infectious diseases, medical research and development, health systems and workers, health education, including sexual and reproductive education, improved health as a function of development, health promotion, and medication and treatment. It also includes references to the established health institutions and organizations, such as the WHO and UNAIDS. It also includes the wider issues of intellectual property, the environment and debt relief as they directly relate to health.

An Overview of G8 Performance in Health Governance

Since its 1975 start, the G7/8 summit has done little to help its leaders directly manage their domestic politics and policy on health (Kirton and Guebert 2009). But the G8 has deliberated on health from an early stage. It did so first in 1979 when the G7 leaders stated they would place more emphasis on cooperating with developing countries to tackle malnutrition. It made a similar comment the following year. The leaders also turned their attention to the issue of health in the context of nuclear safety in 1980 and 1981. From 1983 to 2009, the G7/8 deliberated on health regularly, covering a wide range of issues including HIV/AIDS, polio, malaria, tuberculosis, neglected tropical diseases, health systems, health workers and pandemics.[3] The attention given to health greatly increased in 2006 and 2007 but declined again in 2008 and 2009.

Commitments

In 1980, the G7 issued its first specific, measurable, future-oriented collective decisions, or commitments, on health (see appendices C and D). Since its first health commitment in 1980 through to 2009, the G7/8 has made 234 such commitments, for an annual average of eight commitments over 30 years. These commitments, in a ratchet-like rise, peaked first at the French-hosted Lyon Summit in 1996, again at the U.S.-hosted Denver Summit in 1997 and then again at the Japanese-hosted Okinawa Summit in 2000. It peaked at even higher levels at Canada's 2002 Kananaskis Summit and Russia's St. Petersburg Summit in 2006, before declining at the recent summits of Germany's Heiligendamm Summit in 2007, Japan's Toyako-Hokkaido Summit in 2008 and Italy's L'Aquila Summit of 2009. The summits of 2006 to 2009 account for more than 50% of the total health commitments made by the G8, indicating that health is becoming more important on the G8's agenda. However, the all-time high of 61 health commitments made in 2006 has fallen far and fast to only nine in 2009.

As Appendix C shows, these commitments have covered an ever broadening range of component issues. By 2009, the cumulative number of individual health issues covered reached 39. The greatest broadening, or bursts of decisional innovation as new health issues became G8

[3] See official documents released at the annual G7/8 summits available from the G8 Information Centre website at <www.g8.utoronto.ca/summit>.

commitments, came at the 1996 Lyon Summit, the 1997 Denver Summit, the 2000 Okinawa Summit and the 2006 St. Petersburg Summit. In contrast, other summits, such as the 2002 Kananaskis Summit and the 2007 Heiligendamm Summit, generated numerous commitments but did less to extend the range of health topics where promises were made.

Over the period of 1980 to 2009, the G8 has concentrated its health-related decision making on the core issues of HIV/AIDS (41 commitments), multiple diseases (17), medicine (14), polio (14), diseases in general (13), malaria (13), the Global Fund to Fight AIDS, Tuberculosis and Malaria (12) and research (10). It has also reacted to health outbreak events, such as severe acute respiratory syndrome (SARS) in 2003 and avian influenza in 2006. The G8 has given very little attention to children's and maternal health.

Compliance

There has long been good reason to believe that G8 members comply with their health commitments and do so quickly, within a year of the summit that made them. The pioneering study of compliance with G7 decisions, conducted by George von Furstenberg and Joseph Daniels (1991), examined the compliance record of G7 members on their economic and energy commitments from 1975 to 1989. They found that overall compliance was positive, although less robust in certain areas than others.

Subsequently, Ella Kokotsis (1999) examined the compliance record of the United States and Canada — the G7's most and least powerful members respectively — from 1988 to 1995 on sustainable development commitments in three health-related areas: climate change, biodiversity and developing country debt relief. Again she found that G7 members' compliance was generally positive, with a net score of +26% on the scale of –100% to +100%. The U.S. produced less impressive results, with a compliance rate of only +11%, while Canada did much better, with a compliance rate of +50%. Overall compliance was much higher on developing country debt at +73% than for climate change at +34% or biodiversity at –13%.

Since 1996 the G8 Research Group based at the University of Toronto has conducted an annual compliance assessment of the G8 summit's priority commitments. It has also completed compliance assessments of specific health commitments. As with the Kokotsis study, these assessments assign each country a score of +1 if a country complies completely or almost completely with the commitment; 0 if a country partially complies or remains a "work in progress"; and –1 if a country makes no effort to comply or if it does the opposite of what the commitment states.

The G8 has complied with its 49 currently measurable health commitments of the 234 it made from 1983 to 2008 at an overall level of +54%, or about three quarters of the way up the scale ranging from –100% to +100% (see appendices A and B). Compliance has always been positive. But it has varied widely from year to year, with scores ranging from +11% to 100%. The most recent summits produced overall compliance scores of +72% in 2007 and +11% in 2008, continuing the trend of producing very different results. And looking back since the last Canadian-hosted summit in 2002, this wide variation of health compliance has persisted, from a low of +11% in 2008 and a high of +80% in 2003. This suggests that the G8's health compliance is by no means routine or guaranteed.

All G8 members, old and new, have compliance in the positive range (see Appendix B). Compliance has been led by the above average performance of the United States and Canada (both +78%), the United Kingdom at +73%, the European Union at +65% and France at +58%.

They have been followed by the below average performance of Japan at +46%, Germany at +40%, Italy at +25% and Russia at +24%.

Across the component issues where the G8 has generated a large number of commitments, its record of compliance has varied a great deal (see Appendix A). For its large volume issues, it has done best on HIV/AIDS (+69%), tuberculosis (+62%) and the Global Fund (+58%). It has performed less well, if still positively, on polio (+41%), multiple diseases (+21%) and health workers (+36%). Across all issues (of whatever commitment volume), it has done best on research (+100%), malaria (+100%), general diseases (+100%), mother to infant transfer of HIV (+100%) and SARS (+78%). It has performed most poorly on tropical diseases (–33%). The one assessed commitment on children has a compliance scale of +33.

Compliance Catalysts

Preliminary research has shown that particular "cocktails" of compliance catalysts can help to improve G8 compliance. Compliance with finance and development commitments increases when G7 finance ministers deal with the issue before and after the leaders make a commitment, when leaders set a one-year timetable for compliance and when they place the commitment in a priority position at the summit itself (Kirton 2006a; Kirton, Roudev, Sunderland et al. 2010). On climate change, compliance increases when leaders give a commitment priority placement and when they do not invoke international law. Involving the most relevant international organization improves Canadian compliance, but harms U.S. compliance on climate change.

On health, compliance increases when leaders embed in their commitments a one-year timetable for completion, when they invoke the help of the WHO (the core international organization in this case) and when they do not invoke any other international organizations (Kirton and Guebert 2009; Kirton, Roudev, Sunderland et al. 2010; Kirton, Roudev and Sunderland 2007; Kirton and Kokotsis 2007). A more refined analysis has suggested that G8 health compliance overall and for all members excluding Japan and Russia decreases when the commitment refers to past promises. Beyond this one common catalyst, it appears that each G8 member responds to a distinct combination of compliance catalysts. The most common is priority placement, which raises compliance for Japan, Germany, Britain and Italy. Total catalysts raise compliance for the U.S., Canada and Russia, for which priority placement works not at all. Reference to the WHO as the core international organization raises compliance significantly for Japan and Britain but for no other G8 member. Reference to another international organization raises compliance for Japan but reduces it for the United States. Setting a one-year deadline and specifying an implementing agent raises Russian compliance. Telling countries who should do it, by specifying an implementing agent, pushes Canadian compliance down.

Conclusions

These conclusions should be treated tentatively, given that they are based on only 49 health commitments assessed for compliance thus far, relative to the 234 that have been made. However, the preliminary evidence suggests that G8 health governance has been worth doing, even if it the results have varied widely from year to year, from issue to issue and from country to country. Further work will be done to come to more confident conclusions about the G8's comprehensive health record and what can be done to improve compliance with the health commitments the G8 summit makes.

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Appendix A:
Compliance with Health Commitments by Issue Area, 1983-2008

Commitment[a]	Average	U.S.	Japan	Germany	UK	France	Italy	Canada	Russia	EU
Average	54%	78%	46%	40%	73%	58%	25%	78%	24%	65%
Research	100%	100%	NA	NA	NA	NA	100%	100%	NA	NA
1983-23	1.00	1	NA	NA	NA	NA	1	1	NA	NA
Development	0%	100%	0%	100%	100%	–100%	–100%	–100%	NA	NA
1997-55	0.00	1	0	1	1	–1	–1	–1	NA	NA
HIV/AIDS	69%	100%	22%	22%	80%	100%	56%	100%	–13%	100%
1997-26	1.00	1	NA	NA	1	1	NA	1	NA	NA
1998-23	0.33	1	0	0	1	1	–1	1	–1	1
1998-24	0.11	1	–1	–1	1	1	–1	1	–1	1
1999-38	0.63	1	1	–1	1	1	1	1	0	NA
2000-36	1.00	1	1	1	1	1	1	1	NA	1
2002-109	1.00	1	NA	NA	NA	1	NA	1	NA	NA
2002-116	0.50	1	1	1	–1	1	1	1	–1	NA
2004-(b)1	0.56	1	–1	1	1	1	1	1	–1	1
2005-40	1.00	1	1	1	1	1	1	1	1	1
2006-27	0.50	1	–1	–1	1	1	1	1	1	NA
2007-229	1.00	1	1	1	1	1	1	1	1	1
2007-246	1.00	1	1	1	1	1	1	1	1	1
Multiple diseases	21%	0%	67%	0%	0%	0%	0%	0%	33%	100%
1999-39	0.00	0	0	0	0	0	0	0	0	NA
2000-23	0.43	0	1	0	NA	NA	0	1	0	1
2005-5	0.25	0	1	NA	NA	NA	NA	–1	1	NA
Aging	83%	100%	100%	100%	100%	100%	50%	100%	0%	100%
2000-76	0.67	1	1	1	1	1	0	1	–1	1
2003-3	1.00	1	1	1	1	1	1	1	1	1
Malaria	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
2000-38	1.00	1	1	1	1	1	1	1	NA	1
Tuberculosis	62%	100%	67%	33%	67%	33%	33%	100%	50%	67%
2000-37	1.00	1	1	1	1	1	1	1	NA	1
2005-46	0.67	1	1	0	1	0	0	1	1	1
2006-36	0.22	1	0	0	0	0	0	1	0	0
Global Fund	58%	67%	67%	33%	50%	67%	33%	83%	67%	50%
2001-26	0.75	0	0	1	1	1	1	1	1	NA
2002-119	0.25	0	0	0	0	0	1	1	0	NA
2003-10	0.89	1	1	0	1	1	1	1	1	1
2005-42	0.33	1	1	0	0	0	–1	0	1	1
2006-31	0.56	1	1	0	0	1	0	1	1	0
2007-227	0.67	1	1	1	1	1	0	1	0	0
Intellectual property	59%	50%	50%	50%	100%	50%	50%	50%	50%	100%
2001-28	1.00	1	1	1	1	1	1	1	1	1
2006-247	0.13	0	0	0	1	0	0	0	0	NA
Medicine	38%	33%	67%	0%	67%	33%	0%	100%	0%	0%
2002-117	0.38	0	1	0	1	0	0	1	0	NA
2003-115	0.13	0	0	0	0	0	0	1	NA	0
2007-244	0.63	1	1	0	1	1	0	1	NA	0
Children	33%	100%	0%	0%	100%	0%	–100%	100%	0%	100%
2002-124	0.33	1	0	0	1	0	–1	1	0	1
General Disease	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA
2003-xx	1.00	1	1	1	1	1	1	1	NA	NA
Polio	41%	80%	0%	80%	80%	–20%	–40%	80%	40%	75%
2002-11	0.00	0	0	0	0	0	0	0	0	NA
2003-13	1.00	1	1	1	1	1	1	1	1	1
2004-(c)3	0.44	1	0	1	1	–1	–1	1	1	1
2005-44	0.11	1	–1	1	1	–1	–1	1	–1	1
2006-43	0.44	1	0	1	1	0	–1	1	1	0

Mother-infant HIV transmission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2002-118	1.00	1	1	1	1	1	1	1	1	1
Workers	36%	33%	33%	33%	0%	100%	0%	33%	100%	33%
2002-110	0.00	0	0	0	0	NA	NA	0	NA	0
2005-38	0.29	0	1	0	–1	1	NA	0	NA	1
2007-264	0.67	1	0	1	1	1	0	1	1	0
SARS	78%	100%	100%	0%	100%	100%	100%	100%	0%	100%
2003-14	0.78	1	1	0	1	1	1	1	0	1
Education	33%	100%	0%	0%	100%	100%	–100%	100%	–100%	100%
2007-233	0.33	1	0	0	1	1	–1	1	–1	1
Health systems (infectious disease)	56%	100%	00%	100%	100%	100%	100%	100%	00%	–100%
2008-118	0.56	1	0	1	1	1	1	1	0	–1
Tropical diseases	–33%	100%	00%	–100%	100%	–100%	–100%	00%	–100%	–100%
2008-127	–0.33	1	0	–1	1	–1	–1	0	–1	–1

Notes: Detailed reports are available from the G8 Information Centre website at <www.g8.utoronto.ca/evaluations>.
SARS = severe acute respiratory syndrome.
[a] Numbers following the years refer to commitments as identified by the G8 Research Group and listed in Appendix D.

Appendix B:
Compliance with Health Commitments by Year, 1983-2008

Commitment[a]	Average	U.S.	Japan	Germany	UK	France	Italy	Canada	Russia	EU
Average	54%	78%	46%	40%	73%	58%	25%	78%	24%	54%
1983 U.S. (host)	100%	100%	NA	NA	NA	NA	100%	100%	NA	NA
1983-23	1.00	1	NA	NA	NA	NA	1	1	NA	NA
1997 U.S. (host)	36%	100%	0%	100%	100%	–50%	–100%	00%	NA	NA
1997-26	1.00	1	NA	NA	1	1	NA	1	NA	NA
1997-55	0.00	1	0	1	1	–1	–1	–1	NA	NA
1998 UK (host)	22%	100%	–50%	–50%	100%	100%	–100%	100%	–100%	100%
1998-23	0.33	1	0	0	1	1	–1	1	–1	1
1998-24	0.11	1	–1	–1	1	1	–1	1	–1	1
1999 Germany (host)	31%	50%	50%	–50%	50%	50%	50%	50%	00%	NA
1999-38	0.63	1	1	–1	1	1	1	1	0	NA
1999-39	0.00	0	0	0	0	0	0	0	0	NA
2000 Japan (host)	83%	80%	100%	80%	100%	100%	60%	100%	–50%	100%
2000-36	1.00	1	1	1	1	1	1	1	NA	1
2000-23	0.43	0	1	0	NA	NA	0	1	0	1
2000-37	1.00	1	1	1	1	1	1	1	NA	1
2000-38	1.00	1	1	1	1	1	1	1	NA	1
2000-76	0.67	1	1	1	1	1	0	1	–1	1
2001 Italy (host)	88%	50%	50%	100%	100%	100%	100%	100%	100%	100%
2001-26	0.75	0	0	1	1	1	1	1	1	NA
2001-28	1.00	1	1	1	1	1	1	1	1	1
2002 Canada (host)	41%	50%	43%	29%	29%	43%	33%	75%	00%	67%
2002-11	0.00	0	0	0	0	0	0	0	0	NA
2002-109	1.00	1	NA	NA	NA	1	NA	1	NA	NA
2002-110	0.00	0	0	0	0	NA	NA	0	NA	0
2002-116	0.50	1	1	1	–1	1	1	1	–1	NA
2002-117	0.38	0	1	0	1	0	0	1	0	NA
2002-118	1.00	1	1	1	1	1	1	1	1	1
2002-119	0.25	0	0	0	0	0	1	1	0	NA
2002-124	0.33	1	0	0	1	0	–1	1	0	1
2003 France (host)	80%	83%	83%	50%	83%	83%	83%	100%	75%	80%
2003-xx	1.00	1	1	1	1	1	1	1	NA	NA
2003-3	1.00	1	1	1	1	1	1	1	1	1
2003-10	0.89	1	1	0	1	1	1	1	1	1
2003-13	1.00	1	1	1	1	1	1	1	1	1
2003-14	0.78	1	1	0	1	1	1	1	0	1
2003-115	0.13	0	0	0	0	0	0	1	NA	0
2004 U.S. (host)	50%	100%	–50%	100%	100%	00%	00%	100%	00%	100%
2004-(b)1	0.56	1	–1	1	1	1	1	1	–1	1
2004-(c)3	0.44	1	0	1	1	–1	–1	1	1	1
2005 UK (host)	41%	67%	67%	40%	40%	20%	–25%	33%	60%	100%
2005-5	0.25	0	1	NA	NA	NA	NA	–1	1	NA
2005-38	0.29	0	1	0	–1	1	NA	0	NA	1
2005-40	1.00	1	1	1	1	1	1	1	1	1
2005-42	0.33	1	1	0	0	0	–1	0	1	1
2005-44	0.11	1	–1	1	1	–1	–1	1	–1	1
2005-46	0.67	1	1	0	1	0	0	1	1	1
2006 Russia (host)	37%	80%	00%	00%	60%	40%	00%	80%	60%	00%
2006-27	0.50	1	–1	–1	1	1	1	1	1	NA
2006-31	0.56	1	1	0	0	1	0	1	1	0
2006-36	0.22	1	0	0	0	0	0	1	0	0
2006-43	0.44	1	0	1	1	0	–1	1	1	0
2006-247	0.13	0	0	0	1	0	0	0	0	NA

2007 Germany (host)	72%	100%	60%	80%	100%	100%	20%	100%	40%	60%
2007-227	0.67	1	1	1	1	1	0	1	0	0
2007-229	1.00	1	1	1	1	1	1	1	1	1
2007-233	0.33	1	0	0	1	1	–1	1	–1	1
2007-244	0.63	1	1	0	1	1	0	1	NA	0
2007-246	1.00	1	1	1	1	1	1	1	1	1
2007-264	0.67	1	0	1	1	1	0	1	1	0
2008 Japan	11%	100%	00%	00%	100%	00%	00%	50%	00%	–100%
2008-118	0.56	1	0	1	1	1	1	1	0	–1
2008-127	–0.33	1	0	–1	1	–1	–1	0	–1	–1

Notes: Detailed reports are available from the G8 Information Centre website at <www.g8.utoronto.ca/evaluations>.
[a] Numbers following the years refer to commitments as identified by the G8 Research Group and listed in Appendix D.

Appendix C:
Health Commitments by Issue, 1980-2009

Year	Compliance[a]	Total	Health and Safety	Research	Development	HIV/AIDS	Medicine	Narcotics	Children	Diseases	World Health Organization	Aging	Malaria	Multiple diseases	Tuberculosis	General health	Awareness	Partnership	Strategy	Biotech	Global Fund	Intellectual property
1980	NA	1	1																			
1981	NA	1	1																			
1983	1.00 (1)	1		1																		
1991	NA	1			1																	
1996	NA	6		1	1	1	1	2														
1997	0.36 (2)	7			1	2			1	1	1	1										
1998	0.22 (2)	4				2					1		1									
1999	0.31 (2)	3				1								2								
2000	0.83 (5)	15		1		2	2					1	1	2	1	1	1	1	1	1		
2001	0.88 (2)	5			1									1							2	1
2002	0.41 (8)	19		1		5	1		1					1				1			2	
2003	0.80 (6)	16		2		1	4			1	1	1		1							3	
2004	0.50 (2)	10				4																
2005	0.41 (6)	13				2							1	1	1	1				1	1	
2006	0.37 (5)	61		2		8	2			7	1		5	6	1					1	2	1
2007	0.72 (6)	43		2		10	4		1	1	1		4	1				1			2	
2008	0.11 (2)	19				1			2	2			1	1		3			2			
2009	NA	9				2			1	1				1								
Total/Average	0.54 (49)	234	2	10	4	41	14		6	13	5	3	13	17	3	5	1	3	3	3	12	2

Continued…

Year	Compliance[a]	Total	Polio	Technology	Workers	Mother-infant HIV transmission	Services	SARS	Education	Health systems	Avian influenza	Natural disasters	Information exchange	Financial institutions	Antivretrovirals	Measles	Funds	Public health	Management	Reproductive	Tropical disease
1980	NA	1																			
1981	NA	1																			
1983	1.00 (1)	1																			
1991	NA	1																			
1996	NA	6																			
1997	0.36 (2)	7																			
1998	0.22 (2)	4																			
1999	0.31 (2)	3																			
2000	0.83 (5)	15																			
2001	0.88 (2)	5																			
2002	0.41 (8)	19	2	2	1	1	1														
2003	0.80 (6)	16	1					1													
2004	0.50 (2)	10	5						1												
2005	0.41 (6)	13	1		2				1	1											
2006	0.37 (5)	61	3		1				2	1	8	3	2	1	1	3					
2007	0.72 (6)	43	1	1	2	2			2	2							4	1	1		
2008	0.11 (2)	19	1		2					2										1	1
2009	NA	9			1					1			2								
Total/Average	0.54 (49)	234	14	3	7	3	1	1	6	7	8	3	4	1	1	3	4	1	1	1	1

Notes: There were no health commitments made by G8 leaders in the years that do not appear. SARS = severe acute respiratory syndrome.
[a] The number in parentheses refers to the number of commitments measured for the year in question.

Appendix D:
Health Commitments

1980-25. We will continue to give the highest priority to ensuring the health and safety of the public and to perfecting methods for dealing with spent fuels and disposal of nuclear waste.

1981-25. In most of our countries progress in constructing new nuclear facilities is slow. We intend in each of our countries to encourage greater public acceptance of nuclear energy, and respond to public concerns about safety, health, nuclear waste management and nonproliferation.

1983-23. We have agreed to strengthen cooperation in protection of the environment, in better use of natural resources, and in health research. (LD)

1991-41. In addition to its own domestic efforts, South Africa also needs the help of the international community, especially in those areas where the majority have long suffered deprivation: education, health, housing and social welfare. We will direct our aid for these purposes.

1996-42. Giving more explicit priority to sustainable development and the alleviation of poverty. This should mean adequate ODA funding of essential sectors such as health and education, basic infrastructures, clean water schemes, environmental conservation, microenterprises, agricultural research and small-scale agriculture, with for example the help of IFAD.

1996-95. We draw attention to the measures already undertaken in each of our countries to encourage the scientific community in its search for remedies to these diseases [infectious diseases]. We pledge to pursue this effort at the national level, while at the same time promoting international cooperation among research teams in this field.

1996-96. Moreover, we will continue to extend various kinds of assistance programs, in particular for the benefit of the countries hardest hit by HIV/AIDS and other infectious diseases.

1996-97. We will continue to work to ensure the availability of safe and effective treatments for these all-too-often fatal diseases.

1996-98. Drugs represent a serious threat for our younger generations' future, our citizens' health and the integrity of our societies. We are determined to intensify our efforts in order to fight against any kind of drug trafficking and all forms of criminality in connection with it, including money laundering.

1996-99. [Drugs represent a serious threat for our younger generations' future, out citizens' health and the integrity of our societies]. We therefore urge all States to fully comply with their obligations under international conventions dealing with drugs abuse and illicit traffic in psychotropic substances, and are ready to strengthen our cooperation with all countries involved in this fight against drugs.

1997-21. Our governments will explicitly incorporate children into environmental risk assessments and standard setting and together will work to strengthen information exchange, provide for microbiologically safe drinking water, and reduce children's exposure to lead, environmental tobacco smoke and other air pollutants [health of children].

1997-24. In the coming year, our governments will promote more effective coordination of international responses to outbreaks; promote development of a global surveillance network, building upon existing national and regional surveillance systems; and help to build public health capacity to prevent, detect and control infectious diseases globally including efforts to explore the use of regional stocks of essential vaccines, therapeutics, diagnostics and other materials.

1997-25. Central to this work will be strengthening and linking existing activities in and among each of our countries, with developing countries, and in other fora, especially the World Health Organization.

1997-26. We will work to provide the resources necessary to accelerate AIDS vaccine research, and together will enhance international scientific cooperation and collaboration.

1997-27. The Joint United Nations Program on HIV/AIDS (UNAIDS) must help expand the scale and quality of the response to HIV/AIDS. As a group and with others, we will work to assure that it has resources adequate to fulfill its mandate.

1997-55. We will work with African countries to ensure adequate and well-targeted assistance for those countries which have the greatest need and carry out the necessary broad-based reforms. This assistance will include support for democratic governance, respect for human rights, sound public administration, efficient legal and judicial systems, infrastructure development, rural development, food security, environmental protection and human resource development, including health and education of their people.

1997-106. One of the most important challenges we face is responding to the economic, financial and social implications of the changing demographics in our aging societies. It could significantly affect our pension and health care costs and influence our public budgets; reduce public and private savings, and affect global flows of capital. We therefore pledge to undertake structural reforms that will address these issues.

1998-21. to enhance mutual cooperation on infectious and parasitic diseases and support the World Health Organisation's efforts in those areas.

1998-22. We support the new initiative to 'Roll Back Malaria' to relieve the suffering experienced by hundreds of millions of people, and significantly reduce the death rate from malaria by 2010.

1998-23. We will also continue our efforts to reduce the global scourge of AIDS through vaccine development, preventive programmes and appropriate therapy, and by our continued support for UNAIDS.

1998-24. We welcome the French proposal for a 'Therapeutic Solidarity Initiative' and other proposals for the prevention and treatment of AIDS, and request our experts to examine speedily the feasibility of their implementation

1999-38. We are concerned at the continuing global spread of AIDS. We reaffirm the need to continue efforts to combat AIDS at the national and international level through a combined strategy of prevention, vaccine development and appropriate therapy.

1999-39. We also pledge to continue our national and international efforts in the fight against infectious and parasitic diseases, such as malaria, polio and tuberculosis, and their drug resistant forms.

1999-40. In particular we will continue to support the endeavors of the World Health Organization and its initiatives "Roll Back Malaria" and "Stop TB".

2000-23. implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and TB

2000-36. [We therefore commit ourselves to working in strengthened partnership with governments, the World Health Organization (WHO) and other international organizations, industry (notably pharmaceutical companies), academic institutions, NGOs and other relevant actors in civil society to deliver three critical UN targets] reduce the number of HIV/AIDS-infected young people by 25% by 2010

2000-37. [We therefore commit ourselves to working in strengthened partnership with governments, the World Health Organization (WHO) and other international organizations, industry (notably pharmaceutical companies), academic institutions, NGOs and other relevant actors in civil society to deliver three critical UN targets] reduce TB deaths and prevalence of the disease by 50% by 2010

2000-38. [We therefore commit ourselves to working in strengthened partnership with governments, the World Health Organization (WHO) and other international organizations, industry (notably pharmaceutical companies), academic institutions, NGOs and other relevant actors in civil society to deliver three critical UN targets] reduce the burden of disease associated with malaria by 50% by 2010

2000-39. [In order to achieve this ambitious agenda, our partnership must aim to cover] Mobilizing additional resources ourselves, and calling on the MDBs to expand their own assistance to the maximum extent possible;

2000-40. Giving priority to the development of equitable and effective health systems, expanded immunization, nutrition and micro-nutrients and the prevention and treatment of infectious diseases;

2000-41. Promoting political leadership through enhanced high-level dialogue designed to raise public awareness in the affected countries;

2000-42. Committing to support innovative partnerships, including with the NGOs, the private sector and multilateral organizations;

2000-43. Working to make existing cost-effective interventions, including key drugs, vaccines, treatments and preventive measures more universally available and affordable in developing countries;

2000-44. Addressing the complex issue of access to medicines in developing countries, and assessing obstacles being faced by developing countries in that regard;

2000-45. Strengthening cooperation in the area of basic research and development of new drugs, vaccines and other international public health goods.

2000-46. “We will convene a conference in the autumn this year in Japan to deliver agreement on a new strategy to harness our commitments.”

2000-47. “We will take stock of progress at the Genoa Summit next year and will work with the UN to organize a conference in 2001 focusing on strategies to facilitate access to AIDS treatment and care.”

2000-76. Pursue healthy ageing policies that permit a continued high quality of life;

2000-79. “We will work to strengthen our support for their capacity building to harness the potentials of biotechnology, and encourage research and development as well as data and information sharing in technologies, including those that address global food security, health, nutritional and environmental challenges and are adapted to specific conditions in these countries.”

2001-7. We support a meaningful replenishment of IDA and, in that context, we will explore the increased use of grants for priority social investments, such as education and health.

2001-26. To meet that commitment and to respond to the appeal of the UN General Assembly, we have launched with the UN Secretary-General a new Global Fund to fight HIV/AIDS, malaria and tuberculosis. We are determined to make the Fund operational before the end of the year. We have committed $1.3 billion.

2001-27. In the context of the new Global Fund, we will work with the pharmaceutical industry and with affected countries to facilitate the broadest possible provision of drugs in an affordable and medically effective manner.

2001-28. At the same time, we reaffirm our commitment to strong and effective intellectual property rights protection as a necessary incentive for research and development of life-saving drugs.

2001-56. We have decided today to forge a new partnership to address issues crucial to African development. We are committed to promoting this objective with our African partners and in multilateral fora—in the UN, the World Bank and the IMF, and in the new Round of WTO negotiations. Our partnership will support the key themes of the New African Initiative, including:
• Democracy and political governance
• Prevention and reduction of conflict
• Human development, by investing in health and education, and tackling HIV/AIDS, TB and malaria, including through the Global AIDS and Health Fund
• Information and communications technologies
• Economic and corporate governance
• Action against corruption
• Stimulating private investment in Africa
• Increasing trade within Africa and between Africa and the world
• Combating hunger and increasing food security

2002-11. We underlined the devastating consequences for Africa's development of diseases such as malaria, tuberculosis and HIV/AIDS. In addition to our ongoing commitments to combat these diseases, we committed to provide sufficient resources to eradicate polio by 2005.

2002-107. Supporting African initiatives to make best use of ICT to address education and health issues; and,

2002-109. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting programmes that help mothers and children infected or affected by HIV/AIDS, including children orphaned by AIDS;

2002-110. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting the strengthening of training facilities for the recruiting and training of health professionals;

2002-111. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting the development, adoption and implementation of gender-sensitive, multisectoral HIV/AIDS programs for prevention, care, and treatment;

2002-112. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting high level political engagement to increase awareness and reduce the stigma associated with HIV/AIDS;

2002-113. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting initiatives to improve technical capacity, including disease surveillance;

2002-114. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting efforts to develop strong partnerships with employers in increasing HIV/AIDS awareness and in providing support to victims and their families;

2002-115. [Helping Africa combat the effects of HIV/AIDS — including by] Supporting efforts that integrate approaches that address both HIV/AIDS and tuberculosis; and,

2002-116. [Helping Africa combat the effects of HIV/AIDS — including by] Helping to enhance the capacity of Africa to address the challenges that HIV/AIDS poses to peace and security in Africa.

2002-117. [Supporting African efforts to build sustainable health systems in order to deliver effective disease interventions — including by] Pressing ahead with current work with the international pharmaceutical industry, affected African countries and civil society to promote the availability of an adequate supply of lifesaving medicines in an affordable and medically effective manner;

2002-119. [Supporting African efforts to build sustainable health systems in order to deliver effective disease interventions — including by] Continuing support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and working to ensure that the Fund continues to increase the effectiveness of its operations and learns from its experience;

2002-120. [Supporting African efforts to build sustainable health systems in order to deliver effective disease interventions — including by] Supporting African efforts to increase Africa's access to the Global Fund and helping to enhance Africa's capacity to participate in and benefit from the Fund;

2002-121. [Supporting African efforts to build sustainable health systems in order to deliver effective disease interventions — including by] Providing assistance to strengthen the capacity of the public sector to monitor the quality of health services offered by both public and private providers; and,

2002-122. [Supporting African efforts to build sustainable health systems in order to deliver effective disease interventions — including by] Supporting and encouraging the twinning of hospitals and other health organizations between G8 and African countries.

2002-123. [Accelerating the elimination and mitigation in Africa of polio, river blindness and other diseases or health deficiencies — including by] Providing, on a fair and equitable basis, sufficient resources to eliminate polio by 2005;

2002-124. [Accelerating the elimination and mitigation in Africa of polio, river blindness and other diseases or health deficiencies — including by] Supporting relevant public-private partnerships for the immunization of children and the elimination of micro-nutrient deficiencies in Africa.

2002-125. [Accelerating the elimination and mitigation in Africa of polio, river blindness and other diseases or health deficiencies — including by] Supporting health research on diseases prevalent in Africa, with a view to narrowing the health research gap, including by expanding health research networks to focus on African health issues, and by making more extensive use of researchers based in Africa.

2003-3. We reaffirm our commitment to implement pension and health care reforms, as we face a common challenge of ageing populations.

2003-10. We agreed on measures to strengthen the Global Fund to fight AIDS, Tuberculosis and Malaria and other bilateral and multilateral efforts, notably through our active participation in the donors' and supporters' conference to be hosted in Paris this July.

2003-11. We agreed on measures to improve access to health care, including to drugs and treatments at affordable prices, in poor countries.

2003-12. We agreed on measures to encourage research on diseases mostly affecting developing countries.

2003-13. We agreed on measures to mobilise the extra funding needed to eradicate polio by 2005.

2003-14. We agreed on measures to improve international co-operation against new epidemics such as SARS.

2003-86. Promote sustainable agricultural technologies and practices, including the safe use of biotechnologies among interested countries, that contribute to preventing famine, enhancing nutrition, improving productivity, conserving water and other natural resources, reducing the application of chemicals, improving human health and preserving biodiversity.

2003-111. We commit, with recipient countries, to fulfil our shared obligations as contained in the Declaration of Commitment on HIV/AIDS for the 2001 United Nations General Assembly Special Session.

2003-112. We reiterate our commitment to fight against AIDS as well as Tuberculosis and Malaria as agreed in Okinawa, 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. We sill strengthen our efforts in this fight, both bilaterally and multilaterally.

2003-113. We reaffirm our support for the Global Fund to fight AIDS, Tuberculosis, and Malaria.

2003-114. We welcome and support the proposal to host, in collaboration with the Global Fund, an international donors' and supporters' conference bringing together governments, international organisations, NGOs and members of the private sector active in this field in Paris in July.

2003-115. We will work to develop an integrated approach that will facilitate the availability and take-up of discounted medicines for the poorest in a manner that is fair, efficient and sustainable.

2003-116. We will also work with developing countries to encourage greater uptake of such offers of free and discounted drugs, as are now being made.

2003-117. We will take the steps necessary to prevent the diversion of those medicines away from the countries or regions for which they were intended.

2003-119. In particular we will work with developing countries to increase their own ability to contribute to research and development on these diseases, including to create incentives and the necessary regulatory systems to support ethical and safe clinical trials.

2003-120. We will continue to work closely with the World Health Organisation, to undertake research and investigation at a high level and to develop appropriate means of international cooperation.

2004- (G8 Plan of Support for Reform)16. Supporting community-based, demand-led adult literacy programs and programs outside the formal education system that couple literacy courses with lessons on health, nutrition, and entrepreneurial skills.

2004- (G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise) 1. We endorse this concept and call for the establishment of a Global HIV Vaccine Enterprise.

2004- (G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise) 2. We call on all stakeholders in the Global HIV Vaccine Enterprise to complete the development of this strategic plan by our next Summit.

2004- (G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise) 3. The United States, in its role as president of the G8, will convene later this year a meeting of all interested stakeholders in the Enterprise to encourage their collaborative efforts in HIV vaccine development. This meeting should clarify how the strategic plan is to be implemented.

2004- (G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise) 4. We support this conference becoming an annual event and we look forward to a report on the follow-up of the Initiative at the next G8 Summit.

2004 (G8 Commitment to Help Stop Polio Forever) 1. We will take all necessary steps to eradicate polio by 2005.

2004 (G8 Commitment to Help Stop Polio Forever) 2. To ensure that polio does not reemerge, we will work to ensure the full integration of necessary measures in national health strategies and structures in the post-eradication period through 2008.

2004 (G8 Commitment to Help Stop Polio Forever) 3. We are determined to close the 2005 financing gap by the 2005 G8 Summit through contributions from the G8 and other public and private donors.

2004 (G8 Commitment to Help Stop Polio Forever) 4. We will also remain engaged with the governments of the six polio-endemic countries and the nine countries in which polio is now spreading to urge them to take stronger steps to contain and destroy the polio virus.

2004 (G8 Commitment to Help Stop Polio Forever) 5. We will also engage other donors and organizations to help support and encourage these countries.

2005-5. to boost investment in health and education, and to take action to combat HIV/AIDS, malaria, TB and other killer diseases

2005-32. Life expectancy is increasing in every continent except Africa, where it has been falling for the last 20 years. We will continue to support African strategies to improve health, education and food security.

2005-33. To unlock the vast human potential of Africa, we will work with Africa to create an environment where its most capable citizens, including teachers and healthcare workers, see a long-term future on the continent.

2005-35. Working with African governments, respecting their ownership, to invest more in better education, extra teachers and new schools. This is made more crucial by the number of teachers dying from AIDS.

2005-38. Investing in improved health systems in partnership with African governments, by helping Africa train and retain doctors, nurses and community health workers.

2005-39. We will ensure our actions strengthen health systems at national and local level and across all sectors since this is vital for long-term improvements in overall health, and we will encourage donors to help build health capacity.

2005-40. With the aim of an AIDS-free generation in Africa, significantly reducing HIV infections and working with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010.

2005-41. We will also work with them[WHO, UNAIDS and other international bodies] to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support.

2005-42. We will work to meet the financing needs for HIV/AIDS, including through the replenishment this year of the Global Fund to fight AIDS, TB and Malaria; and actively working with local stakeholders to implement the '3 Ones' principles in all countries.

2005-43. We note continuing work to explore establishing an International Centre for Genetic Engineering & Biotechnology centre in Africa to help research into vaccines for the diseases that are afflicting the continent.

2005-44. Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the $829 million target and mobilising the support of others.

2005-45. Working with African countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies from this preventable and treatable disease.

2005-46. Helping to meet the needs identified by the Stop TB Partnership. We also support the call for a high-level conference of Health Ministers for TB in 2006.

2006-1. improved international cooperation on the surveillance and monitoring of infectious diseases, including better coordination between the animal and human health communities, building laboratory capacities, and full transparency by all nations in sharing, on a timely basis, virus samples in accordance with national and international regulations and conventions, and other relevant information about the outbreaks of diseases;

2006-2. intensification of scientific research and exchanges in the area of infectious diseases, with a special attention given to involving scientists from developing countries in international scientific research programs;

2006-3. support for efforts by the relevant international organizations to respond effectively to outbreaks of avian influenza and to help the global community prepare for a possible human influenza pandemic, including timely implementation of the commitments made at the January 2006 Beijing International Pledging Conference on Avian and Pandemic Influenza;

2006-4. fulfillment of prior G8 commitments on the major infectious diseases, in particular by mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria; continuing to pursue as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010; supporting the Global Plan to Stop TB; providing resources in cooperation with African countries to scale up action against malaria; continuing to expand the Global HIV Vaccine Enterprise; and continuing our support for the Global Polio Eradication Initiative so that the planet can be declared polio-free within the next few years;

2006-5. improved access to prevention and treatment of diseases for those in need, through assistance programs focused on strengthening the capacity of health systems and the training, deployment, and retention of qualified health workers; and through innovative clinical research programs, private-public partnerships, and other innovative mechanisms;

2006-6. support for efforts by work with relevant international organizations to mitigate the health consequences of emergencies, including natural and man-made disasters, including through better coordination and capacity building.

2006-7. [Recent outbreaks of highly pathogenic avian influenza (H5N1) highlight the need for improved international cooperation in detecting such diseases and mounting an effective response.] In this regard, we support immediate implementation of the provisions of the revised International Health Regulations considered relevant to the risk posed by avian and pandemic influenza.

2006-8. [Recent outbreaks of highly pathogenic avian influenza (H5N1) highlight the need for improved international cooperation in detecting such diseases and mounting an effective response.] We will comply with the provisions, including those related to rapid and transparent notification, and to provision of essential information.

2006-9. [Recent outbreaks of highly pathogenic avian influenza (H5N1) highlight the need for improved international cooperation in detecting such diseases and mounting an effective response.] We will continue to support existing global networks working under World Health Organization (WHO) auspices, such as the Global Outbreak Alert and Response Network (GOARN).

2006-10. [We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by] enhancing information exchange and encouraging national governments to provide timely and reliable information in an open and transparent manner;

2006-11. [We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by] helping developing countries improve the capacity of their national systems for the surveillance and monitoring of infectious diseases, by providing technical assistance and training experts;

2006-12. [We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by] building preparedness for future emerging infectious diseases, including through future-oriented scientific and clinical research projects.

2006-13. [We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by] We will also seek to improve global and regional cooperation among experts to combat illegal wildlife trafficking, which is contributing to the spread of zoonotic diseases.

2006-14. [We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by] In this effort, we will aim to increase scientific cooperation with developing countries, encourage partnerships between experts and laboratories of developing and developed countries, and increase the scientific potential in countries of all income levels.

2006-15. [Fighting Highly Pathogenic Avian Influenza and Increasing Global Preparedness for a Human Pandemic] We will continue to provide full support for their efforts, and for those of the

international financial institutions such as the World Bank, the Asian Development Bank, and the International Monetary Fund.

2006-16. [Fighting Highly Pathogenic Avian Influenza and Increasing Global Preparedness for a Human Pandemic] We pledge to coordinate our international investments to fight the spread and impact of the disease.

2006-17. [In addition to ongoing initiatives, we will support such efforts through the following actions] working with the WHO, FAO, and other UN agencies to update global avian influenza and pandemic influenza control strategies and preparedness plans; establish standard operating procedures and logistical arrangements, using existing technical networks; and to encourage robust arrangements for the quickest possible reporting;

2006-18. [In addition to ongoing initiatives, we will support such efforts through the following actions] supporting efforts to increase worldwide production capacity for, and stockpiling of, antivirals;

2006-19. [In addition to ongoing initiatives, we will support such efforts through the following actions] working with pharmaceutical companies to examine options for increasing production capacities for vaccines, and encouraging development of next generation influenza vaccines;

2006-20. [In addition to ongoing initiatives, we will support such efforts through the following actions] supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research, by helping them to develop their national plans, build relevant infrastructure, train experts, strengthen veterinary services and laboratories and mitigate the socio-economic impact of control measures;

2006-21. [In addition to ongoing initiatives, we will support such efforts through the following actions] raising awareness among populations, and enhancing public education programs in all countries at risk;

2006-22. [In addition to ongoing initiatives, we will support such efforts through the following actions] exchanging timely information and samples, in accordance with national and international regulations and conventions, related to the occurrence of avian influenza in our countries on a timely basis with the international community, and developing and using best practices for influenza preparedness, surveillance and control;

2006-23. [In addition to ongoing initiatives, we will support such efforts through the following actions] using reference and national laboratories for the timely detection of avian influenza, and encouraging the establishment of additional laboratories in epidemic-prone regions. In this regard, we welcome the Russian proposal to establish the WHO Collaborating Centre on Influenza for Eurasia and Central Asia, subject to meeting all applicable WHO and other international standards, to enhance international capacity to counter the spread of the viruses in the region.

2006-24. We pledge our continued support to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the WHO, the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), the World Bank and other organizations, initiatives and partnerships actively working to fight these diseases.

2006-25. [In our response to HIV/AIDS, we will adhere to the following principles] further promotion of a comprehensive and well-balanced approach to tackling HIV/AIDS, which includes prevention, treatment and care;

2006-26. [In our response to HIV/AIDS, we will adhere to the following principles] 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;

2006-27. [In our response to HIV/AIDS, we will adhere to the following principles] scale up support to address the rising rates of HIV infection among young people, particularly young girls and women;

2006-28. [In our response to HIV/AIDS, we will adhere to the following principles] supporting 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;

2006-29. [In our response to HIV/AIDS, we will adhere to the following principles] facilitating access to prevention, treatment and care for the most vulnerable segments of the population;

2006-30. [In our response to HIV/AIDS, we will adhere to the following principles] building the capacity of health care systems in poor countries through recruitment, training and deployment of public and private health workers; and raising public awareness of the existing threat in all countries affected.

2006-31. We will work with other donors and stakeholders in the effort to secure funds needed for the 2006-2007 replenishment period and call upon all concerned to participate actively in the development of a four-year strategy, aimed at building a solid foundation for the activities of the Fund in the years ahead.

2006-32. The G8 members will work with governments and technical agencies to support the preparation of high quality, timely proposals for Global Fund AIDS, Tuberculosis and Malaria grants.

2006-33. We reaffirm our partnership with African nations and with the African Union, and will continue to work with them to deliver on the goals of the New Partnership for Africa's Development (NEPAD), to improve health systems overall and to fight infectious diseases.

2006-34. We remain committed to our Sea Island Summit initiative on creation of a Global HIV Vaccine Enterprise, and reaffirm our determination to bring it to fruition.

2006-35. We reaffirm the commitment we made at the Genoa Summit in 2001 to halt the spread of this disease.

2006-36. We will also 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, saving some 14 million lives over ten years, and call upon all donors and stakeholders to contribute to its effective implementation. The fight against malaria can save hundreds of thousands of lives, and bring new hope to countries that have been devastated by this terrible disease. To address this urgent situation, we:

2006–37. reaffirm our commitment to 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

2006-38. agree to strengthen malaria control activities and programs in African countries with the objective of achieving significant public health impact;

2006-39. will collaborate with governments, private sector companies and non-governmental organizations in public-private partnerships to expand malaria interventions and programs;

2006-40. 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;

2006-41. welcome efforts in the framework of the "Roll Back Malaria Partnership" and support activities of public and private entities to save children from the disease.

2006-42. Finally, we commit ourselves to a regular review of our work in the field of tackling these three pandemics.

2006-43. We urgently call for mobilization of financial support and will continue to work collectively and with bilateral and multilateral donors to close the funding gap for 2007-2008, and will continue to work with others towards securing the resources necessary to finish the program and declare our planet polio-free in the near future.

2006-44. The existing polio monitoring network is a valuable resource. We will work with other donors and stakeholders to maintain this network after polio has been eradicated, with a view to supporting other public health objectives, in particular those related to disease monitoring.

2006-45. We will continue our support for the Measles Initiative launched in 2001 and will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles in regions and countries, and its eventual elimination.

2006-46. We will assist the Global Measles Partnership and encourage the WHO to continue to implement its plans on measles prevention and elimination, as mandated by the World Health Assembly in 2004, and to propose measures donors and national governments should take to reach and maintain a high level of immunity to measles.

2006-47. In this regard, we agree to continue to support efforts by developing country partners, particularly in Africa, to ensure that initiatives to reduce the burden of disease are built on sustainable health systems.

2006-48. We will also continue to emphasize the training, deployment and retention of health workers in our health sector assistance programs

2006-49. In order to stimulate active involvement of the pharmaceutical industry, we are committed to strengthening 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.

2006-51. Given the potential for the breakdown of public health services as a result of natural and man-made disasters, we support actions aimed at improving the preparedness and capacity of healthcare systems to meet health challenges posed by emergencies, especially in developing countries.

2006-52. We commit to strengthen existing networks aimed at mitigating health consequences of natural and man-made disasters, including through effective use of rapid response teams, where appropriate, and helping disaster-prone developing countries build their own capacities in this area.

2006-212. We will work to support cross-sectoral approaches combining investments in education and other key areas such as poverty reduction, health and sanitation, water nutrition and infrastructure to achieve EFA goals, raising HIV/AIDS awareness in education systems.

2006-247. to create each G8 country a website providing business and individuals with information on mechanism available and procedures necessary to secure and enforce their intellectual property rights in that country, on threats posed by piracy and counterfeiting to public health, safety and the national interests of countries, consumers and business communities, as well as on measures taken at the national and international levels to combat intellectual property rights violations, and on relevant legislation and law enforcement practices.

2006-310. We will seek to enhance international capacities to monitor and respond to outbreaks of infectious diseases through establishment of new laboratories and strengthening WHO Global Outbreak Alert and Response Network.

2006-311. Aware of the threat posed by avian influenza, we will cooperate closely with each other and with relevant international organizations and other partners in preparing for a possible human influenza pandemic.

2006-312. We reaffirmed our commitments to fight HIV/AIDS, tuberculosis and malaria and agreed to work further with other donors to mobilize resources for the Global Fund to Fight AIDS, Tuberculosis and Malaria and to continuing to pursue as closely as possible to universal access to HIV/AIDS treatment for those who need it by 2010.

2006-313. We also resolved to support the Global Plan to Stop TB aimed to save up to 14 millions lives by 2015 and to provide resources in cooperation with African countries to scale up action against malaria.

2006-314. With the aim to monitor the progress in tackling these three major pandemics, we agreed to a regular review of our work in this field.

2006-315. We will also continue to support the Global Polio Eradication Initiative so that the planet can be declared polio-free within the next few years.

2006-316. We will further work through assistance programs focused on strengthening health care systems in developing countries.

2006-317. We will also promote research and development of new drugs and vaccines, through building public-private partnerships.

2007-19. We commit to strengthen cooperation in this critical area among the G8 and other countries, particularly the major emerging economies, as well as competent international organizations, notably the World Intellectual Property Organization (WIPO), WTO, the World Customs Organization (WCO), Interpol, the World Health Organization (WHO), the OECD, APEC, and the Council of Europe.

2007-146. We will focus on promoting growth and investments in order to combat poverty and hunger, to foster peace and security, good governance and the strengthening of health systems, and to assist the fight against infectious diseases.

2007-225. The G8 countries will scale up their efforts to contributing toward the goal of universal access to comprehensive HIV/AIDS prevention programs, treatment and care and support by 2010 for all, and to developing and strengthening health systems so that health care, especially primary health

care, can be provided on a sustainable and equitable basis in order to reduce illness and mortality, with particular attention paid to the needs of those more vulnerable to infection including adolescent girls, women and children.

2007-226. [We recognize that meeting this goal of universal access as well as realizing the Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis on a sustainable basis and strengthening of health systems will require substantial resources.] We will continue our efforts towards these goals to provide at least a projected US$ 60 billion over the coming years, and invite other donors to contribute as well.

2007-227. [We recognize that the level of demand to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) will increase substantially in the future as has been projected by the GFATM Board. In this regard, noting the conclusions of the April meeting of the GFATM Board, which estimated an additional demand approximately of US$ 6 billion by 2010 which might possibly reach US$ 8 billion,] G8 members pledge to work with other donors to replenish the GFATM and to provide long-term predictable funding based on ambitious, but realistic demand-driven targets.

2007-228. G8 partners will work with other stakeholders so that Global Fund resources continue to be used in alignment with existing national priorities and processes.

2007-229. Recognizing the growing feminization of the AIDS epidemic, the G8 in cooperation with partner governments support a gender-sensitive response by the GFATM, with the goal of ensuring that greater attention and appropriate resources are allocated by the Fund to HIV/AIDS prevention, treatment, and care that addresses the needs of women and girls.

2007-230. In the overall context of scaling up towards the goal of universal access and strengthening of health systems we will contribute substantially with other donors to work towards the goal of providing universal coverage of PMTCT programs by 2010.

2007-231. [The cost to reach this target, as estimated by UNICEF, is US$ 1,5 billion.] The G8 together with other donors will work towards meeting the needed resources for paediatric treatments in the context of universal access, at a cost of US$ 1,8 billion till 2010, estimated by UNICEF.

2007-232. We will also scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US$ 1,5 billion.

2007-233. The G8 will take concrete steps to support education programs especially for girls, to promote knowledge about sexuality and reproductive health and the prevention of sexually transmitted infections.

2007-234. The G8 will support the nationwide inclusion of appropriate HIV/AIDS-related information and life-skills information in school curricula, in the context of nationally owned sector plans as well as prevention information with regard to malaria and other relevant health topics.

2007: 235. The G8 will emphasize the importance of programs to promote and protect human rights of women and girls as well as the prevention of sexual violence and coercion especially in the context of preventing HIV/AIDS infections.

2007-237. The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs, to improve access to health care, including preventing mother-to-child transmission, and to achieve the Millennium Development Goals by adopting a multisectoral approach and by fostering community involvement and participation.

2007-238. We are committed to working toward further integration of efforts against TB and HIV/AIDS and the integration of DOTS-treatment and other comprehensive approaches necessary to control TB in our programs and activities in order to alleviate the burden of the co-pandemic.

2007-239. The G8 will make utmost efforts in cooperation with international organizations and partners to eradicate polio and will also work with others to close urgent funding shortfalls.

2007-240. As a priority, the G8 are committed to expand significantly their efforts to contributing to meet the Millennium Development Goal of having halted and begun to reverse the scourge of malaria.

2007-241. To this effect, we will work with African governments and donors to strengthen the effectiveness of their malaria control programs in Africa along the three main intervention lines of artemisinin combination therapy, effective case management, effective, tailored vector control strategies and bednets.

2007-242. G8 members, in support of national malaria control programs, using existing and additional funds, will individually and collectively over the next few years work to enable the 30 highest malaria prevalence countries in Africa (contributing to at least 80 percent of the global malaria deaths) 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.

2007-243. To accelerate implementation of the financial commitments we have undertaken at Gleneagles, we will work to reach this goal by mobilizing the private sector and its expertise and resources, enhancing public awareness, encouraging public-private partnerships, and urging non-G8 countries to do the same.

2007-244. We will support responding to those African countries that indicate that they require technical assistance and capacity building programmes for advancing their access to affordable, safe, effective and high quality generic and innovative medicines in a manner consistent with the WTO.

2007-245. The G8 reiterate their support for the work of WHO including its prequalification program and for regulatory authorities to help assure the safety, efficacy, and quality of pharmaceutical drugs, including those produced locally, in particular for second-line antiretroviral treatment and for the newly developed more effective treatment for malaria.

2007-246. The G8 reaffirm their commitment to scaling up towards “universal access” to comprehensive HIV prevention, treatment and care by 2010 and recognise the significant progress made by countries on target setting and planning, notably concerning enhanced availability of affordable antiretroviral treatment.

2007-247. We will therefore work with UNAIDS, WHO, WB and the GF to strengthen their efforts and work together with the African Union and African States, the innovative and generic pharmaceutical industry, private donors, civil society and other relevant stakeholders to help deliver next steps towards “universal access”.

2007-248. [In particular we will work with: African Governments] to strengthen and finance health systems and make them more efficient with constructive support of donors and the relevant international organizations such as WHO and World Bank,

2007-249. [In particular we will work with: African Governments] to contribute to the provision of affordable and quality medicines by eliminating or substantially reducing import tariffs and taxes with

the aim to exempt price-reduced or subsidised medicines from these levies as soon as possible and examining logistics and governance issues that may hinder access,

2007-250. [In particular we will work with: African Governments] to strengthen procurement practices, ensuring accountability and transparency and to review the currently existing drug and device registration policies with the aim of facilitating timely access to safe, affordable and effective HIV/AIDS drugs and medical devices,

2007-251. [In particular we will work with: African Governments] to develop country-led policies that can ensure effective coordination of donor health programs and identify technical assistance needs, with the support of the WHO, World Bank, UNAIDS, GFATM and other agencies.

2007-252. [In particular we will work with: International Organizations and donors] to support country-led efforts to improve coordination between all relevant stakeholders to develop costed, inclusive, sustainable, credible and evidence-based national AIDS plans which ensure effective links to health system strengthening,

2007-253. [In particular we will work with: International Organizations and donors] to intensify their efforts to assist countries in setting up a workable forecasting system for pharmaceutical demand,

2007-254. [In particular we will work with: International Organizations and donors] to respond constructively to requests by African developing countries without manufacturing capacities with regard to the use of the flexibilities referenced in the WTO Doha declaration on TRIPS and Public Health, while respecting WTO obligations,

2007-255. [In particular we will work with: International Organizations and donors] to continue to support investments in research and development of new medicines, microbicides and vaccines, including by promoting policies that encourage innovation.

2007-256. [In particular we will work with: the Pharmaceutical Industry] to continue to explore further initiatives to provide enhanced access to HIV-medicines at affordable prices and to review price policies with regard to second-line antiretroviral drugs.

2007-257. [In particular we will work with: the Pharmaceutical Industry] to consider supporting local production of HIV/AIDS pharmaceuticals by voluntary licences and laboratory capacities that meet international standards and strengthen regulatory, certification and training institutes.

2007-258. [In particular we will work with: the Pharmaceutical Industry] to build on their expressed commitment to increase investment in research and development of new medicines, microbicides and vaccines also by extending public-private partnership.

2007-259. As an important step to scaling up towards the goal of universal access to HIV/AIDS prevention, treatment, care and support in Africa, G8 members, in support of national HIV/AIDS programs globally, individually and collectively over the next few years will aim to employ existing and additional programs to support life-saving anti-retroviral treatment through bilateral and multilateral efforts for approximately five million people, to prevent twenty-four million new infections, and to care for twenty-four million people, including ten million orphans and vulnerable children.

2007-260. [In view of the G8 countries contributions to achieving the health related international goals we agreed in St. Petersburg to review the progress in this regard, including our financial commitments, in fighting the three diseases HIV/AIDS, tuberculosis and malaria, regularly.] We will undertake this monitoring exercise for the first time this year under the Presidency's guidance.

2007-261. The report will inform our activities and commitments and we affirm that we will continue this close monitoring process regularly. [referring to monitoring of financial commitments on HIV/AIDS, tuberculosis and malaria]

2007-262. In this context, the G8 will enhance coordination of bilateral and multilateral health partnerships with national health strategies (Scaling Up for Better Health process) and appeal to the World Bank and the WHO to support country driven harmonization processes in the health sector in cooperation with the African Development Bank and the African Union as well as other relevant international organizations.

2007-263. Based on the St. Petersburg declaration and noting the Paris conference in March 2007, the G8 support the establishment by African countries of sustainable financing of health systems.

2007-264. We will work with African states to address the different causes of this lack of human resource capacity within the health sector, including working conditions and salaries with the aim of recruiting, training and retaining additional health workers.

2007-265. We will also work with national governments as they endeavor to create an environment where its most capable citizens, including medical doctors and other healthcare workers, see a long-term future in their own countries.

2007-266. Furthermore, we will work with the Global Health Workforce Alliance, interested private parties, the OECD and the WHO to build the evidence base on health workforce management and international migration.

2008-102. We will work together, and with other countries, in a complementary manner, to address global health priorities and deliver on existing health commitments.

2008-111. G8 members are determined to honor in full their specific commitments to fight infectious diseases, namely malaria, tuberculosis, polio and working towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010.

2008-112. Building on the Saint Petersburg commitments to fight infectious diseases, the experts' report sets forth the 'Toyako Framework for Action', which includes the principles for action, and actions to be taken on health, drawing on the expertise of international institutions.

2008-113. We also agreed to establish a follow-up mechanism to monitor our progress on meeting our commitments.

2008-114. In view of sustainability we aim at ensuring that disease-specific and health systems approaches are mutually reinforcing.

2008-115. [In view of sustainability we aim at ensuring that disease-specific and health systems approaches] contribute to achieving all of the health MDGs.

2008-116. We emphasize the importance of comprehensive approaches to address the strengthening of health systems including social health protection, the improvement of maternal, newborn and child health, the scaling-up of programs to counter infectious diseases and access to essential medicines, vaccines and appropriate health-related products.

2008-117. We reiterate our support to our African partners' commitment to ensure that by 2015 all children have access to basic health care (free wherever countries choose to provide this).

2008-118. We reiterate our commitment to continue efforts, to work towards the goals of providing at least a projected US$ 60billion over 5 years, to fight infectious diseases and strengthen health.

2008-119. To achieve quantitative and qualitative improvement of the health workforce, we must work to help train a sufficient number of health workers, including community health workers and to assure an enabling environment for their effective retention in developing countries.

2008-120. The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.

2008-121. We will also support efforts by partner countries and relevant stakeholders, such as Global Health Workforce Alliance, in developing robust health workforce plans and establishing specific, country-led milestones as well as for enhanced monitoring and evaluation, especially for formulating effective health policies.

2008-122. We note that 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, new born and child health.

2008-123. Reproductive health should be made widely accessible.

2008-124. The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs, to improve access to health care, including preventing mother-to-child transmission, and to achieve the MDGs by adopting a multisectoral approach and by fostering community involvement and participation.

2008-125. As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010.

2008-126. To maintain momentum towards the historical achievement of eradicating polio, we will meet our previous commitments to maintain or increase financial contributions to support the Global Polio Eradication Initiative, and encourage other public and private donors to do the same.

2008-127. To build on our commitments made on neglected tropical diseases at St Petersburg, we will work to support the control or elimination of diseases listed by the WHO through such measures as research, diagnostics and treatment, prevention, awareness-raising and enhancing access to safe water and sanitation. In this regard, by expanding health system coverage, alleviating poverty and social exclusion as well as promoting adequate integrated public health approaches, including through the mass administration of drugs, we will be able to reach at least 75% of the people affected by certain major neglected tropical diseases in the most affected countries in Africa, Asia, and Latin America, bearing in mind the WHO Plan. With sustained action for 3-5 years, this would enable a very significant reduction of the current burden with the elimination of some of these diseases.

2008-128. We support ongoing work to review travel restrictions for HIV positive people with a view to facilitating travel and we are committed to follow this issue.

[In the current global financial crisis we reaffirm our commitment to address the health needs of the most vulnerable, especially women and children. In this regard,]

2009-147. We reaffirm our commitment to address the scarcity of health workers in developing countries, especially in Africa and we note the 2008 Kampala Declaration and the Agenda for Global Actions launched by the Global Health Workforce Alliance.

2009-148. We will also begin to address substantial gaps in knowledge about how to manage, organize and deliver health care in Sub-Saharan Africa through a variety of strategies, including by developing networks of researchers and by working with our African partners to establish a consortium of interdisciplinary centres of health innovation.

2009-149. As an enabling first step in developing the consortium, we will convene a planning meeting in late 2009 with African partners to establish a roadmap.

2009-150. We will work with partner countries and international institutions to promote well-functioning information systems.

2009-151. We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning.

2009-152. We will implement further efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for HIV/TB.

2009-153. We will combine this with actions to: combat TB and Malaria; address the spread of Neglected Tropical Diseases and work towards completing the task of polio eradication; improve monitoring of emerging infectious diseases.

2009-154. We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS.

2009-155. We reaffirm our existing commitments, including the US$ 60 billion investment to fight infectious diseases and strengthen health system by 2012.