

MAKE AIDS HISTORY

The G8 Must Take Action to Make AIDS History

We, the undersigned organizations, call on leaders of the G8 nations to make good on their existing promises and to commit additional resources to make AIDS, tuberculosis and malaria history through commitments on these key issues:

FUNDING THE FIGHT AGAINST HIV/AIDS

G8 countries have endorsed funding for a Global AIDS Vaccine Enterprise, and are debating mechanisms to increase overall donor aid, such as the International Finance Facility (IFF). But a G8 focus on vaccine research and development with no commitment to closing the massive funding gap is unacceptable. Likewise, discussion of a mechanism for increasing donor aid is not a substitute for immediate increases in donor country spending in order to fully fund the fight against AIDS, and address the needs of the 40 million people living with HIV around the world.

G8 leaders must:

- Immediately provide the funding needed to meet the goals of the WHO-led campaign to treat 3 million of the estimated 6 million HIV-positive people who are in urgent clinical need of HIV treatment by 2005 (“3 by 5”).
- Increase funding for HIV prevention, treatment, care and support, including palliative care, to reach a total of at least \$12 billion in 2005 and at least \$19.9 billion by 2007. Provide an additional \$6 billion annually to fund the fight against tuberculosis and malaria and \$4.4 billion to address the needs of orphaned and vulnerable children in sub-Saharan Africa.
- Fully fund the Global Fund to Fight AIDS, TB, and Malaria (GFATM) and commit to predictable annual financing based on donor country income and the GFATM's need. The GFATM requires more than \$2.3 billion in 2005 and \$3.4 billion in 2006 to finance grant rounds five and six, as well as grant renewals.

DEBT CANCELLATION TO FIGHT AIDS

The massive external debts owed by poor countries are greatly hindering the fight against HIV/AIDS. Billions of dollars are redirected to servicing debts, when these funds should be used to focus on urgent domestic issues, including addressing the AIDS crisis.

G8 leaders must:

- Immediately commit to 100% cancellation of the debts owed to the IMF and World Bank for all impoverished countries, without harmful or externally imposed economic conditions. Cancellation should be financed through the use of IMF gold reserves. As necessary, World Bank accumulated profits, provided that these do not penalize other developing countries, and additional voluntary contributions from wealthy countries should be considered for financing debt cancellation.
- The funding freed up from cancelled debt must be additional to donor funding needed to fight AIDS, tuberculosis and malaria.

HIV/AIDS TREATMENT AND ACCESS TO MEDICINES

Lack of access to HIV treatment and care results in 8500 deaths each day worldwide. G8 countries must lead the world's response to this catastrophe.

G8 leaders must:

- Ensure the treatment targets of the "3x5" campaign are met: 3 million people on treatment by the end of 2005.
- Commit to a timetable for expanding access to HIV/AIDS care in order to achieve universal access to free treatment by 2010.
- At minimum, change existing and pending bilateral and regional Free Trade Agreements to comply with the Doha Declaration on the TRIPS Agreement and Public Health to ensure that such agreements protect public health and promote access to medicines for all.
- Urge developing countries to use all available flexibilities to protect public health and promote access to medicines for all as reaffirmed by the Doha Declaration on the TRIPS Agreement and Public Health.

SUPPORT FOR HEALTH CARE WORKERS

An immediate obstacle preventing the scale up of access to HIV treatment, as well as tuberculosis and malaria, is the lack of trained health care workers in developing countries, particularly in African countries.

G8 leaders must:

- Commit sufficient resources, including funding for salary support and other recurrent costs, to ensure recruitment and retention of an adequate number of trained health care workers to deliver essential health interventions, including HIV prevention, treatment and care to all who need it, especially in remote and rural areas. Community-based approaches to health care delivery, led by women and men living with HIV/AIDS and their peers, should be given particular support and attention.
- Provide long-term investments to develop sufficient education capacity in developing countries to train needed numbers of health care workers, particularly to meet needs in remote and rural areas.
- Change the macroeconomic policies promoted by the IMF to ensure that IMF policies enable countries to allocate adequate funds to develop health systems necessary to recruit, train, and retain health workers, including through providing sufficient retention packages.

HIV PREVENTION

Comprehensive, accurate, science-based HIV prevention saves lives and should work in conjunction with treatment scale up efforts.

G8 leaders must:

- Support comprehensive HIV prevention interventions that are driven by scientific evidence and best practice, not ideology. End attacks on prevention interventions that are effective in fighting HIV, such as condom use and access to sterile syringes.
- Stop pitting funding and other support for HIV prevention against funding and support for HIV treatment. The success of the fight against the AIDS pandemic is dependent upon a massive scale up of both prevention and treatment efforts.

Signed by:

<list in formation>

Action Against AIDS, Germany
 Action AID International
 Action for Southern Africa (ACTSA), UK
 Africa Action, USA
 Africa Japan Forum, Japan
 AIDES, France
 AIDS Saint John, Canada
 Canadian HIV/AIDS Legal Network, Canada
 Christian Aid, UK
 European AIDS Treatment Group, Belgium

Global AIDS Alliance, USA
Global Network of People with HIV/AIDS (GNP+), Europe
Grupo de Trabajo sobre Tratamientos del VIH, Spain
Health GAP (Global Access Project), USA
Healthpartners, Kenya
Help the Hospices, UK
Interagency Coalition on AIDS and Development, Canada
Massive Effort Campaign, Switzerland
Oxfam International
People and Planet, UK
Physicians for Human Rights, USA
Stop AIDS Campaign, UK
Student Global AIDS Campaign, USA
Students Against Global AIDS, Canada
Students Partnership Worldwide, UK
Treatment Action Campaign (TAC), South Africa
UK Coalition of People Living with HIV and AIDS, UK
Volunteer Services International (VSO). UK