

ISSUE OBJECTIVES FOR THE 2002 G8 KANANASKIS SUMMIT

- Infectious Diseases -

Introduction

Building on the momentum generated at Genoa and the successes of the Global Fund, the members of the G-8 nations will likely look to make the fight against infectious diseases a focal point in their development and aid strategy for the third world. The host country Canada, having set-forth development as a major initiative for the G-8 in Kananaskis, is likely to incorporate the fight against HIV/AIDS, tuberculosis, and malaria as well as the social roots of the HIV/AIDS epidemic as topics for discussion at this years conference. Specifically there is likely to be an increased focus on the Global Fund to fight HIV/AIDS, tuberculosis and malaria. The fund, which was created shortly before the 2001 conference in Genoa, has garnered much popular support and has become a crucially important tool in the fight against HIV/AIDS and will likely be at the center of any G8 initiative to combat these infectious diseases.

1. HIV/AIDS

With over 3 million people dying from HIV/AIDS during the last year alone, and an additional 40 million infected, HIV/AIDS will likely be an important issue for the summit of eight in Kananaskis.ⁱ These numbers are made all the more staggering given the demographic composition of these deaths and the effects that they are having on already fragile societies. According to UN figures, over half of those infected are under the age of 25 with approximately 1.7 young people in Africa becoming infected every year.ⁱⁱ Given these numbers and the prevalence of AIDS in Africa as well as the emergence of AIDS as an epidemic in Asia, it is likely that the discussions will focus on these two continents.

The context for talks on HIV/AIDS was largely set out before last years G8 summit with the creation of the Global Fund to combat HIV/AIDS, malaria and Tuberculosis as well as the 25-27 June UN resolution that called the AIDS epidemic “a global emergency.” Since that dramatic statement of intent, private citizens, the G8 countries and other nations have done some significant work in the fight against HIV/AIDS with total contributions to the fund now over the \$ 2 billion mark.ⁱⁱⁱ However, in a much publicized report by Tim France, Gorik Ooms and Bernard Rivers (21 April 2002) it was suggested that the world 48 “highly developed nations” (according the UN Human Development Index) should seek to contribute 0.035% of their GDP to the Global Fund. Heretofore no nation has reached that level - with the Netherlands (contributing at 97% of its proposed level), Sweden (73%) and Italy (57%) leading the way – and given that the fund was mandated to have an annual budget of \$7-10 billion there is still much room for the G8 to improve.^{iv}

One important factor that will determine the amount of progress made in the fight against AIDS will be the attitude of the United States. Despite being the largest contributor to the Global Fund (\$500 million total pledged to date)^v and providing an additional \$510

million in bilateral aid through USAID^{vi} the United States has not seemed willing to take a leadership role in support of the global fund, recently scaling back the more ambitious supplemental appropriation amendments in favour of an increase of \$100 million in contributions to the Global Fund. However, despite their initial hesitation, the Bush administration has not overturned Bill Clinton's executive order to loosen intellectual property rights on anti-retroviral drugs to prevent mother-child AIDS transmission. Finally, in the wake of September 11th, it is quite possible that the United States will take a less proactive stance on the fight against AIDS in favour of focusing its attention on the fight against terrorism.

2. Tuberculosis

Tuberculosis was responsible for 1.7 million deaths in 2000 and will be addressed along with HIV/AIDS at Kananaskis. Tuberculosis is a disease of the respiratory system and is spread by coughing or sneezing and is highly contagious with the World Health Organization estimating that "between 2000 and 2020, nearly one billion people will be newly infected, 200 million people will get sick, and 35 million will die from TB - if control is not further strengthened."^{vii}

Further, given that people with AIDS are more likely to contract Tuberculosis steps taken in fighting the former necessarily aid the fight against the latter. According to the World Health Organization TB accounts for about 15% of AIDS deaths worldwide and in Africa, HIV has been the single most important factor leading to the increased incidence of TB in the last ten years.^{viii}

The international community has heretofore experienced a moderate amount of success in the fight against Tuberculosis. The DOTS program, which combines political commitment, microscopy services, drug supplies, surveillance and monitoring systems and use various drug regimes has been the most effective tool in the fight against TB and boasts a 95% cure rate even in the poorest of countries.^{ix} As such, it will continue to be the method of choice in the effort to reduce TB infections worldwide.

In light of the seriousness of this threat the fight against Tuberculosis has become a priority for both the developed and developing world. As such, it is likely that Tuberculosis will be treated much the same as AIDS in Kananaskis with the effort to fight it being channeled through the Global Fund.

3. Malaria

With over 90% of the more than one million malaria related deaths coming from Africa, costing the continent and estimated \$12 billion annually and slowing African growth by approximately 1.3% per year, addressing malaria will be a crucial step for the G8 in their development goals for Africa.^x

The fight against malaria will be waged through the *Roll Back Malaria* campaign and the Global Fund. Since its inception in 1998, the World Health Organization's campaign to halve the world's malaria burden by 2010 has made advances in the fight against the disease. Partnered with partnership national governments, civil society and non-governmental organizations, research institutions, professional associations, UN and development agencies, development banks, the private sector and the media, the RBM campaign has made progress in tracking, and monitoring malaria as well as providing treatment and prevention.

Given the prevalence of the Global Fund as the pre-eminent forum in the fight against these infectious diseases, it is most likely that the efforts of the group of eight in the fight against malaria will be channeled through the Global Fund rather than distributed piecemeal.

4. The Global Fund

One of the largest developments since last years meeting of G8 leaders at Genoa has been the emergence of the Global Fund to fight Aids, Tuberculosis and Malaria. Although the fund was created before last years meeting (through the UN special session on HIV/AIDS which concluded 27 June 2001) it has since become one of the most important tools in the fight against HIV/AIDS as well as Tuberculosis and Malaria. The stated purpose of the fund is to “attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development goals”^{xi} and to date the fund has accumulated approximately \$2.08 billion and has awarded \$378 million to be distributed to 40 programs in 31 countries over the next two years.^{xii} Despite being one of the best hopes for a significant reduction in these diseases the fund is still under-funded as it was mandated to receive \$7-10 billion per year to fight HIV/AIDS and another \$2 billion to fight Tuberculosis and Malaria. As such, there will likely be a push, led by countries such as Italy, for increased financial support to the fund.

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ⁱ Figures from www.globalfundatm.org and
<http://www1.worldbank.org/education/pdf/Exec%20SummaryAIDS-Ed-Final.pdf>

ⁱⁱ <http://www.un.org/Overview/SG/aidshiv.htm#scaling>

ⁱⁱⁱ http://www.globalfundatm.org/files/Financial_contributions280502.htm

^{iv} <http://www.aidspace.org/GlobalFundContributions21April2002.htm>

^v http://www.globalfundatm.org/files/Financial_contributions280502.htm

^{vi} http://www.usaid.gov/pop_health/aids/

^{vii} <http://www.who.int/inf-fs/en/fact104.html>

^{viii} <http://www.who.int/inf-fs/en/fact104.html>

^{ix} Ibid.

^x http://mosquito.who.int/cgi-bin/rbm/dhome_rbm.jsp?ts=3201868626&service=rbm&com=gen&lang=en&type=intro&channelId=-9465&chLevel=2&p=whatismalaria

^{xi} <http://www.globalfundatm.org/overview.html>

^{xii} <http://www.globalfundatm.org/index.html>