



## International Civil Society Position Paper on Health to G8 Health Experts Summit 2009 – La Maddalena

The current global economic crisis requires us to define a new model of development within the framework of human rights. The right to health for all, including rights related to sexual and reproductive health<sup>1</sup>, is recognized in numerous international declarations and conventions<sup>2</sup>.

Medical care is fundamental for the economic, social and human development of a country. Nevertheless, it is not sufficient to ensure the right to health for all, but it must be supported and integrated with a wide range of interventions aimed to ensure access to education<sup>3</sup>, water<sup>4</sup>, food<sup>5</sup> and decent work.<sup>6</sup>

***With reference to this principle, we urge G8 Governments to:***

- ***honour their financial commitments to health made in the previous G8 Summits, with special reference to the funding of US\$60 billion over five years to “fight infectious diseases and strengthen health”<sup>7</sup> and the need for a year-by-year action plan on how to achieve that;***
- ***guarantee the full implementation of Health Millennium Development Goals (MDGs) by 2015, with special attention to meeting the Universal Access to HIV/AIDS prevention, treatment, care and support by 2010 for all, including the most vulnerable and marginalised groups<sup>8</sup>;***

---

<sup>1</sup> Reproductive rights have been recognised and adopted by the Action Plans of the International Conference on Population and Development in Cairo (1994) and the World Conference of the United Nations on Women in Beijing (1995). The Beijing Conference also recognised the right to sexual and reproductive health.

<sup>2</sup> In the 1978 Alma Ata Declaration the right to health is defined as the right to fair access to basic care, without discrimination by race, sex, or other : the right to food, water, housing, a healthy environment; the right to education and access to health information, including information on sexual and reproductive health and family planning; the right to access to basic medicines, which implies research, development and marketing of drugs that are effective and accessible. The International Covenant on Economic, Social and Cultural Rights (ICESCR), the Arts. 11 and 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Articles 6 and 24 of the Convention on the Rights of the Child (CRC).

<sup>3</sup> The right to education is protected, among others, by Article 25 of the UNHR, Arts. 13 and 14 of the ICESCR, Ar.28 of the CRC, Article 10 of CEDAW and Art. 5 of CERD.

<sup>4</sup> The human right to water finds its legal basis, internationally, in numerous articles of the major conventions, including Articles 11 and 12 of the ICESCR, art. 14 (2) of CEDAW and art. 24 (2) of CRC. the General Comment No 15 of 2002 of the Economic and Social Council (ECOSOC), is also very important for the correct recognition of this right, it states at paragraph 1: "Water is a scarce natural resource and a fundamental public need for the realisation of other human rights. The human right to water states that everyone has the right to sufficient, safe, acceptable, physically accessible and economically viable water for private and domestic use."

<sup>5</sup> We refer to the right to adequate food as mentioned in the general comment n°12 of the International Covenant of Social Cultural and Economic Rights (1966) and developed by the FAO Voluntary Guidelines on the Right to Adequate Food.

<sup>6</sup> The right to dignified work is declared in the numerous conventions and declarations sponsored by the International Labour Organization, in Art. 23 of the UDHR and Arts. 6, 7 and 8 of the ICESCR.

<sup>7</sup> G8 Africa and Development Communiqué, Toyako, 2008.

<sup>8</sup> Including migrants and mobile people, prisoners, injection drug users (IDUs), sex workers and sexual minorities.

- **ensure that the innovative financing mechanisms for health mobilise resources that are additional to Official Development Assistance;**
- **ensure that international health interventions are harmonized and aligned with national health plans of developing countries, in line with the aid effectiveness principles agreed in Rome, Paris and Accra;**
- **strengthen free, public-led basic health services at the community level in order to effectively promote universal access.**

## Health MDGs

International donors have made some noteworthy progress towards the achievement of the right to health for all. Yet, Millennium Development Goals (MDGs) related to health have been progressing at a very slow pace<sup>9</sup> and, if they continue to do so, the 2015 target will be easily missed.

Today around one billion people in developing countries do not have access to health care and this mainly affects women and children. Both physical and mental illness require adequate health care services. Governments, international organisations, private sector and civil society organisations have to improve both the quantity and quality of aid in the years to come. The poorest people are those who have been excluded due to the lack of good quality health systems, water and sanitation and education. Effective and low cost measures for prevention and care of major killer diseases in developing countries have been available for a long time, nevertheless we still have old diseases killing people due lack of access to treatment.

Despite numerous international declarations and financial commitments, funding for health is still inadequate to meet the needs of people, especially children and women. According to the findings of the High Level Taskforce on Innovative International Financing for Health Systems, filling the financing gap to achieve the health MDGs will cost a minimum of US\$ 7bn (assuming previous commitments are met) and a maximum of US\$ 36bn (if those commitments are not met).

In the midst of this year's financial crisis, G8 countries have key opportunities to reduce child mortality (MDG 4), improve maternal health (MDG 5) and fight HIV/AIDS, tuberculosis and malaria (MDG 6). G8 countries have to increase their efforts to fight the main pandemics and to achieve MDG 6, to build on the concrete results that have been reached so far. And far greater international focus is needed towards achieving MDG 4 and 5 by stimulating the same innovative commitment and actions that led to the creation of the Global Fund to fight AIDS, Tuberculosis and Malaria in 2002.

## MDGs 4 and 5

**We recommend G8 leaders to:**

- **increase efforts to achieve MDGs 4 and 5 by committing to fully fund basic health packages for women and children's health<sup>10</sup> and to sustain funding for evidence-based national health plans based on a primary health care approach, with particular priority given to the integration of sexual and reproductive health and to improve maternal, newborn and child health**
- **deliver, as agreed at the G8 Summit in Heiligendamm in 2007, US\$1.5 billion to improve maternal, newborn and child health and scale up this support for an additional US\$10.2 per year as estimated<sup>11</sup>**

---

<sup>9</sup> Action for Global Health "Innovative Financing mechanisms – lessons learnt from the Health Sector" position paper 2, September 2008, [www.actionforglobalhealth.eu](http://www.actionforglobalhealth.eu).

<sup>10</sup> Reference is made to the basic health package for mother newborn and child health as developed by the Countdown 2015 initiative

<sup>11</sup> Partnership on Maternal, Newborn and Child Health estimates need at an additional \$10.2 billion annually. See [http://www.who.int/pmnch/media/press\\_materials/pr/g8investment\\_pr/en/](http://www.who.int/pmnch/media/press_materials/pr/g8investment_pr/en/).

- **provide adequate technical and financial support to address unmet needs for reproductive health services and supplies, including family planning, in order to achieve universal access to reproductive health by 2015**
- **revitalise the reproductive health and family planning agenda worldwide to achieve gender equality and recognise prevention of gender-based violence and the strengthening of sexual and reproductive health services as critical measures to fight pandemics and to reduce maternal, newborn and child mortality**
- **assure that the GFTAM produces accountable results for integration of reproductive health within HIV/AIDS and malaria programmes.**

## **MDG 6**

**We recommend G8 leaders to:**

- **develop a joint G8 plan of action to achieve the goal of Universal Access to HIV/AIDS prevention, treatment, care and support by 2010**
- **fill the US\$5 billion funding gap faced by the Global Fund to fight AIDS, TB and Malaria for 2009 and 2010**
- **set up a system ensuring long term predictable contributions to fully fund the GFATM**
- **deliver US \$1.8 billion for paediatric AIDS treatment in the context of Universal Access, pledged at the G8 Summit in Heiligendamm in 2007**
- **promote evidence-based HIV prevention, including condom distribution and harm reduction, in order to address the specific needs of sexual minorities and other vulnerable groups**
- **support the recommendations of the International Task Team on HIV-related travel restrictions and urge all nations to abolish any forms of travel restrictions based on HIV status**
- **recommit to increasing investment in combination HIV prevention that includes the development of new disease prevention technologies, such as microbicides and vaccines, and the transferring of these technologies to the developing world**
- **recognising the links between diseases, incorporate into the joint G8 plan of action the priority of joint HIV/AIDS and tuberculosis interventions,<sup>12</sup> addressing the urgency of the emerging HIV/TB co-infection, multi-drug resistant (MDR) and extensively drug resistant (XDR) TB and the need to commit to and support the Global Plan to Stop TB, which aims to halve TB prevalence and deaths by 2015, compared with the 1990 level**
- **increase donor resources for scaling up malaria prevention, treatment and operational research to US\$ 2.6 billion annually by 2010.**

## **Health systems strengthening**

Health MDGs can only be achieved by strengthening national health systems in developing countries, to guarantee equal and universal access to primary health care, including essential medicines, vaccines, adequately trained health workers, sexual and reproductive health services and family planning services to all.

As a result of strengthened national health systems, the spread of HIV/AIDS will be reduced and maternal, newborn and child health will be improved substantially.

Evidence shows that public free health care is the only way to provide equal and universal access to healthcare for people in developing countries<sup>13</sup>.

---

<sup>12</sup> World Health Organisation "Global Tuberculosis Control 2009 – epidemiology, strategy and financing" [http://www.who.int/tb/publications/global\\_report/2009/en/index.html](http://www.who.int/tb/publications/global_report/2009/en/index.html).

<sup>13</sup> "Blind Optimism. Challenging the myths about private health care in poor countries" Oxfam International Briefing Paper nr 125, February 2009, [www.oxfam.org](http://www.oxfam.org); [www.ucodep.org](http://www.ucodep.org).

Providing a basic package of free health services, represents an appropriate response to the challenge posed to reaching the health-related MDGs. Access to free family and community health care contributes dramatically to reducing maternal, newborn and child mortality.

Meeting the Universal Access commitment to HIV and AIDS prevention, treatment, care and support by 2010 should go hand in hand with health systems strengthening throughout the G8 process. Therefore the response to pandemics should be integrated into strengthened national health plans to guarantee universal access to primary health care and to improve maternal, child and neonatal health.

**We recommend G8 leaders to:**

- **at minimum honour and possibly expand<sup>14</sup> the commitments made in Toyako to invest US\$60 billion over five years “to fight infectious diseases and strengthen health” and draft a year-by-year action plan on how to achieve that.**
- **support and adequately fund the World Health Organisation in its efforts to promote and implement the Alma Ata commitments on comprehensive primary health care in all its interventions**
- **strengthen public health systems to ensure universal access to quality free primary health care**
- **allocate at least 10% of Official Development Assistance to strengthening community and district level health systems**
- **work with governments in developing countries to:**
  - **improve their capacity to develop and implement national health plans to ensure quality free and public health care for all, with special regard to (pregnant) women and children**
  - **develop outreach strategies and social health protection schemes to meet the needs of vulnerable groups and the marginalised, including local and rural communities**
  - **recognising community participation and empowerment as key pillars of the primary health care approach, ensure that health workers from health facilities engage with communities to learn their needs, and that the work of indigenous, grassroots and community organizations involved in the health sector is considered**
  - **ensure monitoring and evaluation mechanisms include robust gender and health MDG -related indicators**
  - **ensure integration of vertical funds to fight pandemics into strengthened national health plans based on a Primary Health Care approach, while assuring that health systems strengthening approaches include clearly identifiable financial coverage of family planning information, services and supplies, including efficient and sustainable supply chains for the procurement and distribution of contraceptives**
- **improve and promote new financing mechanisms within the work of the International Health Partnership (IHP+) and its High Level Taskforce on Innovative Health Financing.**

## **Health workers**

A shortage of health workers and health management capacity, as well as the challenge of health worker retention, especially in rural areas, are some of the most serious causes of the

---

<sup>14</sup> According to the High Level Taskforce on Innovative International Financing for Health Systems estimations, the funding required to achieve the MDGs and comprehensive primary health care for all will exceed US\$12 billion per year.

current crisis in the health sector. The number of health workers is utterly inadequate to meet the demand and the need of the poorest people, even for basic health care. A sufficient number of both male and female health workers should be trained and provided with decent employment and remuneration conditions. The lack of female medic and paramedic staff can prevent women from receiving care.. The G8 must therefore increase efforts to retain existing health workers and invest significantly in training new health workers to meet the shortfall.

Donor and receiving countries must invest more in education and training of health workers in order to improve health management systems at district level that play a key role in the provision of primary health care.

In order to address the issue of health worker retention, donors and receiving countries need to ensure that within the design of national health systems plans, health workers are provided with decent employment and remuneration conditions and that they are provided with ongoing support and training after qualification. Support and training for health professionals can be provided in many ways, including through the support of local health centres and health schools. It is important that training be decentralised and accessible. At the same time, community health workers and traditional health practitioners, most of them women, should be recognised and integrated into public health systems.

**We recommend G8 leaders to:**

- ***support the development of needs - and rights-based, comprehensive and fully funded health workforce plans – as part of national health plans - which address both training and retention of health workers, including of community health workers -- with reference to the target of 4.1/1000 human resources for health. Plans should be developed and implemented in at least the 57 countries with the most severe shortages by the end of 2010***
- ***commit to fully meet responsibilities assumed under the Global Action for Human Resources for Health adopted at the First Global Forum on Human Resources for Health held in Kampala in 2008, including the provision of predictable financing sufficient (combined with other sources) to enable these plans to be fully implemented and to provide technical support***
- ***support an immediate revision of policies that have led to setting budget ceilings for health investments and hiring freezes on health workers and teachers***
- ***meet their responsibilities under the Kampala Action in relation to brain drain, by the adoption of a Code of Conduct on Ethical Recruitment of Health Workers and also by supporting the development of self-sustainable health workforces in G8 countries themselves, in order to reduce pull factors of migration.***

## **Private sector**

The role of the private sector in health management has resulted in less access for poor people, especially women, to primary health care.

There is no evidence that the private sector can provide more cost effective health services. Generally, private sector interventions are profit-driven. Moreover, the quality of private sector healthcare is generally poorer than public sector healthcare<sup>15</sup>.

Costs of bids for health providers can be up to 20% of total national health budgets. Therefore, the growth of private sector in health management can have a direct cost and undermine public health sector capacity.

International donors and receiving governments have to strengthen their capacity to provide free public health care with targeted and consistent policies and subsequent funding to

---

<sup>15</sup> World Bank (2004), 'World Development Report: Making Services Work for Poor People', Washington DC: World Bank.

eliminate unequal access. This does not mean excluding the private sector from health management, but rather integrating private sector interventions within a public framework and public management.

The private sector should use their resources and technologies to support the implementation of national health plans to achieve the health MDGs.

***We recommend G8 leaders to work with governments in developing countries to:***

- ***sustain sound national and public-led health plans capable of achieving health MDGs, where private sector interventions on health are regulated.***

## **Health MDGs and the fight against poverty: the need for stronger links between health, education and access to water and food**

Poverty has an impact on health and, conversely, poor health conditions can lead to poverty. Improving access to education, food, clean water and sanitation can have a huge impact on improving the health conditions of women, families and communities.

If every child could get access to quality education, hundreds of thousands of HIV cases could be prevented annually.

An estimated 6 million of the more than 9 million child deaths each year are due to preventable and curable diseases that can be treated starting with adequate nutrition, access to clean water and sanitation and hygiene.

Therefore, G8 countries should act on the implementation of the Global Partnership for Agriculture, Food Security & Nutrition to monitor countries' commitments on the food crisis and supporting agriculture policies and the role of women in productive sectors.

Moreover, to guarantee the improvement of hygienic conditions, the Global Framework of Action on Water and Sanitation and other G8 initiatives on water should mobilise additional funding for water and sanitation infrastructure in developing countries.

***We recommend G8 leaders to work with governments in developing countries to:***

- ***meet all commitments to improve access to food and to water through increased food security and agricultural support and to increase funding to nutrition programmes, particularly those focussed on vulnerable people, such as those affected by HIV/AIDS, mothers and children.***

## **International financial institutions**

Financial institutions have imposed on developing countries fiscal conditions or user fees that have hindered the provision of universal and effective basic health services.

It is crucial to rethink the way International Financial Institutions (IFIs) have been operating with regard to fiscal and health policies in developing countries.

During the 1980s and 1990s the World Bank and International Monetary Fund (IMF) required developing countries' governments to drastically cut public spending with minimal safeguards for health. Some of the World Bank's prescriptions also included lending conditions that required the introduction of fee payments for health services, with devastating consequences. These fees still exist in most poor countries, undermining access to these services.

***We recommend G8 leaders to work with governments in developing countries to:***

- ***work with IFIs to prevent the imposition of unnecessary fiscal and monetary policies that constrain national governments from investing on health.***

## **Intellectual property rights**

In developing countries access to essential medicines is closely interlinked with the fight to address the main pandemics. The affordability of medicines, in particular antiretroviral drugs, which are indispensable in the response to HIV and AIDS, remains a critical issue<sup>16</sup>. Moreover, the fact that 90% of the global funding for research and development for medicines is allocated to the health needs of only 10 % of the world's population needs to be changed.

There is a need for the G8 to seriously address the problem of poor quality, substandard medicines, which are at best ineffective and at worst deadly. However, a clear distinction has to be made between poor quality medicines and quality generic medicines which have increasingly been termed as counterfeit (as they infringe intellectual property rights). Generic competition has proven to be the only way to significantly reduce prices of essential drugs for people developing countries who need them the most. Thus, the international patent regime as designed by Trade Related Aspects on Intellectual Property Rights (TRIPS) must not impede generic production of essential medicines.

Moreover, funding should be provided for new initiatives aimed to research and develop new effective and quality medicines including for the so-called neglected diseases that primarily affect people living in poor countries. Affordability and access can be increased by initiatives such as UNITAID or the WHO Drug Purchasing Facility, which was established in 2006 and to date is supported by Brazil, Chile, France, Norway, the UK and 27 other countries.

***We recommend G8 leaders to work with governments in developing countries to:***

- ***work to prevent and ensure that intellectual property rights agreements such as TRIPS do not undermine access to essential drugs, life-prolonging and life-saving medicines and vaccines***
- ***support international initiatives such as the WHO Intergovernmental Working Group on Public Health, Innovation and Intellectual Property***
- ***finance research initiatives for neglected diseases and increase generic competitions.***

## **The role of women**

Because of their unequal social and economic position, women are often discriminated against in the health sector, impeding their access to quality health services.

Conversely, women play a key role in providing health care for families and in communities. Investing in women's rights and health contributes to the social and economic development of a country.

The health related MDGs are closely linked with the empowerment of women in MDG 3. That's why MDG 5 includes a target on universal access to sexual and reproductive health.

Universal access to healthcare should include the provision of full sexual and reproductive health services, such as access to reproductive supplies and safe pregnancy. These services are often provided by community health workers:

***We recommend G8 leaders to:***

- ***work with developing countries' governments to develop, implement and monitor national plans with the participation of women that address sexual and reproductive health, including achieving universal access to sexual and reproductive health and including prevention, treatment, care and support in relation to HIV.***
- ***consider the Maputo Plan of Action<sup>17</sup>, that provides a helpful and specific strategic action and monitoring framework, as a resource for the G8 monitoring effort on MDG 5.***

---

<sup>16</sup>WHO, "The use of essential drugs", 2005.

<sup>17</sup>Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action, The Africa Union Commission, 2006).

- **provide leadership to reverse the continuous, multi-year decline in development cooperation funding for family planning as a central element of its commitment to reduce gender inequalities and empower women**
- **increase funding for research and development on female-controlled products that empower women to protect their sexual health, like female condoms and microbicides.**

## **The quality of aid for global health**

Despite many international declarations and financial commitments, the quality and effectiveness of aid is often lamentable: aid is unpredictable, uncoordinated and tied. As a result, the positive impact of aid on the lives of poor people is reduced.

G8 countries are called to a double effort: honour their previous financial commitments and find additional innovative resources, that are supplementary to ODA, mainly through the work of the High Level Taskforce on Innovative Health Financing.

Finalising the Toyako Framework for action on accountability will help to measure the G8 progress on the commitments made and to monitor whether the G8's promises are delivered on the ground.

Innovative financing tools, such as International Finance Facility for Immunisation (IFF-Im) and Advanced Market Commitment (AMC) have been experimented with and could have a positive role in securing additional resources; however, to date they have not lived up to their expectations in terms of transparency and coordination with developing country governments.

***In order to improve the quality of aid, we recommend G8 leaders to:***

- ***untie all aid and involve local communities and beneficiaries to ensure greater aid impact***
- ***ensure that international health interventions are aligned with national health plans of developing countries in line with the aid effectiveness principles agreed in Rome, Paris and Accra***
- ***use a mix of aid mechanisms, including programme aid and budget support, in order to support national health plans***
- ***continue the work started with the Toyako Framework for Action on Global Health to hold the G8 accountable for their commitments on health and develop strategies to meet commitments where the G8 is off-track***
- ***publish a time table of aid increases towards their promised aid target of 0.7% of GNI as ODA by 2015 and the EU recommendation to allocate 20% of that to health systems and education***
- ***monitor the use of budget support in developing countries as an aid mechanism by supporting Southern civil society in their work with the poorest communities, for instance work for women's rights and care of children, in particular those children affected by HIV and AIDS***
- ***promote national capacity building programmes for civil society, in order to strengthen their meaningful participation in governance processes and structures such as the Country Coordinating Mechanisms (CCM) of the Global Fund and in the International Health Partnership.***

## **Signatures:**

Action for Global Health  
Action Against AIDS - Germany  
Africa Japan Forum (AJF) - Japan  
AIDS infoshare - Russia  
BOCS Foundation - Hungary  
Bulgarian Family Planning and Sexual Health Association - Bulgaria  
Coalizione italiana contro la povertà (GCAP) - Italy  
Cyprus Family Planning Association - Cyprus  
French Family Planning Movement (MFPF) - France

German Foundation for World Population (DSW) - Germany  
Global Treatment Access Group (GTAG) - Canada  
Health Workforce Advocacy Initiative (HWAI)  
Japanese Organization for International Cooperation in Family Planning - Japan  
Medecins du Monde Japon - Japan  
Papardes Zieds - Latvia  
Physicians for Human Rights (PHR) – United States of America  
Project RING, Japan AIDS and Society Association (JASA) - Japan  
RESULTS – United Kingdom  
SENSOA - Belgium  
Spanish Interest Group on Population, Development and Reproductive Health (GIE) - Spain  
Stop AIDS Campaign - United Kingdom  
The Partnership for Maternal Newborn and Child Health  
Väestöliitto (Family Federation of Finland) - Finland